Evaluation of the 4th Multicountry Programme of the UNFPA’s Pacific Sub-Regional Office

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January 2012
Suva, Fiji
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### Acronyms and abbreviations

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AHD</td>
<td>adolescent health and development</td>
</tr>
<tr>
<td>APRO</td>
<td>Asia and the Pacific Regional Office (of UNFPA)</td>
</tr>
<tr>
<td>AWP</td>
<td>Annual Work Plan</td>
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<tr>
<td>AWPMT</td>
<td>Annual Work Plan Monitoring Tool</td>
</tr>
<tr>
<td>AusAID</td>
<td>Australian Agency for International Development</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
</tr>
<tr>
<td>COAR</td>
<td>Country Office Annual Report</td>
</tr>
<tr>
<td>CPAP</td>
<td>Country Program Action Plan</td>
</tr>
<tr>
<td>DHS</td>
<td>demographic and health survey</td>
</tr>
<tr>
<td>DOS</td>
<td>Division for Oversight Services (of UNFPA)</td>
</tr>
<tr>
<td>EmOC</td>
<td>emergency obstetric care</td>
</tr>
<tr>
<td>FACE</td>
<td>Funding Authorization and Certificate of Expenditures</td>
</tr>
<tr>
<td>FSM</td>
<td>Federated States of Micronesia</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>IP</td>
<td>implementing partner</td>
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<tr>
<td>GBV</td>
<td>gender-based violence</td>
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<tr>
<td>MCP</td>
<td>Multicountry Programme</td>
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<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>OFA</td>
<td>operating fund account</td>
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<td>PD</td>
<td>population and development</td>
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<tr>
<td>PoA</td>
<td>Programme of Action (of the ICPD)</td>
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<tr>
<td>PSRO</td>
<td>Pacific Sub-Regional Office (of UNFPA)</td>
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<tr>
<td>RH</td>
<td>reproductive health</td>
</tr>
<tr>
<td>RHCS</td>
<td>reproductive health commodities security</td>
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<tr>
<td>RHTP</td>
<td>Reproductive Health Training Programme</td>
</tr>
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<td>RMI</td>
<td>Republic of the Marshall Islands</td>
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<tr>
<td>SDP</td>
<td>service delivery points</td>
</tr>
<tr>
<td>SPC</td>
<td>Secretariat of the Pacific Community</td>
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<tr>
<td>SRH</td>
<td>sexual and reproductive health</td>
</tr>
<tr>
<td>TOR</td>
<td>terms of reference</td>
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<tr>
<td>TYPSS</td>
<td>Ten Year Pacific Statistics Strategy</td>
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<tr>
<td>UNDAF</td>
<td>UN Development Assistance Framework</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>VAW</td>
<td>violence against women</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive summary

The mission of the UN Population Fund (UNFPA) is to support countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. To achieve these objectives in the Pacific region, the agency’s Pacific Sub-Regional Office (PSRO) works with governments and other stakeholders in 14 countries in Melanesia, Micronesia, and Polynesia.

To comply with the decision of the UNFPA’s Executive Board that each country programme must be evaluated at least once during the programme cycle, the PSRO commissioned an independent evaluation of its 2008-2012 Multi-Country Programme (MCP) to take stock of achievements, assess the sustainability of activities, compile lessons learned, and propose recommendations to be included in the development of the next MCP (2013-2018).

To achieve these objectives, the evaluation was to be utilization focused and provide objective, fact-based evidence that informs: (a) UNFPA’s decision making regarding direction, focus, and programme implementation; (b) partner governments, particularly in regard to efficiency of expenditure, effective use of national systems and processes, and relevance to national development priorities; and (c) other development partners, including donors and other UN agencies, and current and potential stakeholders. Following the terms of reference for the evaluation, its intended audiences is primarily PSRO as it begins preparation of its next multicountry programme, but also to a lesser extent, other UN agencies that operate in the Pacific, and PSRO’s many implementing partners in the region.

The research for the evaluation was completed during July and August 2011 by a team of three consultants who were based in Suva, Fiji at the PSRO office. The main tasks were to review an extensive range of documents and to conduct interviews with key informants in Suva and during three weeks of travel to nine other countries, with each consultant visiting three countries.

The evaluation was conducted in compliance with United Nations standards, including use of an ethical and broadly consultative approach that sought to maximize the meaningful participation of key stakeholders. A results-based management focus was used with the primary aim of reviewing the achievement of outputs and progress towards realizing outcomes. Seven substantive areas were assessed: relevance, effectiveness, efficiency, impact, sustainability, monitoring, and coordination.

The evaluation was constrained in a number of ways. First, the process occurred during the fourth year of a five-year programme with the consequence that there had not been sufficient time to achieve all of the planned results. Second, the region’s geography posed challenges that had to be addressed pragmatically. Due to costs, time constraints, and travel schedules, less time was spent in the field than desired. Also, despite the team’s efforts, the thoroughness of field interviews was at times constrained because of the unavailability of
some informants and delayed flight schedules. Third, the documentation provided to the evaluation team was voluminous and difficult to absorb in its entirety, especially so because of the time required for interviews and travel.

The Pacific is a challenging environment. The region is not only vast, but it is also geographically diverse, ranging from rugged volcanic islands to low-lying, narrow atolls. Populations are ethnically varied, often small, and widely dispersed, with some reached irregularly only by boat. The cost of travel among and within countries is high and providing services is consequently expensive. There are few economies of scale in the region. Several of the countries’ economies are invariably weak, resulting in small government budgets and limited numbers of service providers that often experience high turnover, partly due to outmigration. The region is prone to natural disasters, with consequent negative humanitarian and economic impact. The effects of climate change are already evident. The position of women is low in a number of respects, and there is a large population of young people. This discussion of context underscores the challenges the PSRO faces in its efforts to support countries in the region.

The MCP is operationalized through one regional Country Program Action Plan (CPAP), ten country CPAPs, and several regional projects. The MCP’s overall goal is to contribute to the sustainable development and better quality of life in the Pacific Island countries. This is to be achieved by integrating population and development, reproductive health, and gender into national policies, plans, and strategies. In addition, the MCP seeks to (a) promote partnerships for institutional capacity development; (b) promote South-South cooperation by using regional experts to provide technical assistance at the local level; and (c) use targeted interventions in partnership with governments and civil society to address the needs of vulnerable groups. Each of the MCP outcomes is linked to a related outcome in the UN Development Assistance Framework (UNDAF) for the Pacific.

Findings

Relevance: The MCP is largely aligned with and relevant to major international agreements. At the regional level, matters related to reproductive health are not specifically stated but can be assumed to be included as a component of maternal health. At the national level, sectoral plans include reference to reproductive health, and UNFPA’s work aligns with to government’s strategic plans and stated national priority. The need for and use of improved population (and other) statistics were noted at all levels. In contrast, gender-related issues barely rate a mention at the regional and national levels – an indication that the UN as a whole has a role to play in the region in increasing attention to these issues.

Effectiveness: On the one hand, considerable evidence exists that the MCP has been active in a wide range of areas related to its mandate and that its assistance is well regarded by implementing partners. On the other hand, despite extensive planning and consultative processes, the MCP is fragmented. These issues affect the PSRO’s functioning as well as its capacity to produce results. Also of concern is the lack of specific evidence that the activities supported are effective and lead to their desired results.
Efficiency: PSRO has been productive in a number of areas and to some extent has used its human, physical, and financial resources in optimal ways. There was also evidence of some inefficiencies, several of which affect the programme’s implementation. These include the pending resolution of long-standing country-level financial reporting issues and challenges in substantiating the value of the MCP’s capacity-building efforts. Inefficiencies were noted in regard to research, publications, and reporting requirements. Some issues relate to the requirements of UNFPA headquarters and its regional office in Bangkok and are not due solely to the PSRO. There were some indications of duplication and overlap between the work of the MCP and other agencies, but by and large the MCP is efficient in this regard.

Impact and Sustainability: The evaluation team attempted to determine whether PSRO’s inputs are having an impact that would be sustained by the PSRO’s implementing partners after its funding ends. Some examples were identified that provide hope but not definitive proof that MCP’s inputs have contributed to achieving its objectives. In the current economic environment and as experienced by other development partners, however, sustainability is unlikely to be achieved in the foreseeable future, especially because countries rarely try to replace donor inputs and often do not have the capacity and perhaps not even the desire to do so. There was little evidence of an exit strategy for any of UNFPA’s activities in the Pacific, further diminishing the prospects of sustainability.

Monitoring: Although PSRO developed an exemplary framework for monitoring and evaluation (M&E) and, subsequently, a commendable database, several weaknesses undermine the usefulness of the M&E system. Many of the indicators in the annual work plans are deficient and of limited value, revealing a gap between activities, projected outputs, and expected outcomes. There appears to be an emphasis on implementation of activities rather than on the achievement of results. While the database remedies some of the problems, the inadequacies found in most annual work plans undermine their usefulness.

In addition, monitoring capacity and interest among implementing partners is weak, with little sense of ownership and responsibility for the information and its use in planning. The current situation risks a loss of benefits that effective monitoring provides, both for the countries and the PSRO. Various reasons for these weaknesses are identified, including a lack of appreciation by many PSRO staff of the value of M&E, which may partly be a result of other workload priorities. The situation described may mean that the 4th MCP will conclude with little specification of what results will occur in some countries or what will be better or different as a result of the MCP’s efforts to support governments’ efforts to improve their capacity to deliver services.

Coordination: The evaluation team examined the extent to which the MCP’s implementation reflects the principles of the Paris Declaration on Aid Effectiveness and the Cairns Compact on Strengthening Development Coordination in the Pacific. In terms of coordination between PSRO and its UN partners, there is considerable evidence of PSRO’s active and effective participation in the UNDAF and its interagency technical theme groups. There is also widespread appreciation of the PSRO’s leadership role, including its significant contribution
to the UNDAF’s monitoring and evaluation components. The office has similarly played an important role in the development of UN joint presence offices in several countries.

In contrast, several concerns were identified, including PSRO not using a manageable set of indicators and ones that do not always correspond with those of the national governments, not always using governments’ procurement and central finance systems (although there were reasons for that) and the making of late payments (although the latter relate largely to in-country acquittal issues).

With the exception of sustainability, which is not wholly within PSRO’s control, all of the concerns identified are amenable to change and improvement. In the opinion of the evaluation team, they require a reorientation of effort. To address the issues identified in the evaluation, priority recommendations include: (a) sharpening and focusing the design of the next MCP; (b) ensuring appropriate quality of PSRO’s reports and annual work plans; (c) increasing attention to monitoring and evaluation; (d) considering the placement of a UNFPA employee in each of the countries in which it works in the region; and (e) developing and implementing a demand-drive strategy for the enhancement and sustainability of individual and organizational capacity in the region.

By reducing the MCP’s complexity and resolving financial reporting issues, other improvements should ensue, including better balanced workloads, improved morale, and more time being available to focus on technical quality and monitoring issues. Attention to these matters would enhance the MCP’s efficiency and effectiveness and increase the likelihood of achieving impact and sustainability in the future. The evaluation team is confident that PSRO staff has the ability, desire, and dedication to achieve ambitious targets. Implementing the proposed recommendations will facilitate PSRO’s efforts to do so.
Background

The mission of the United Nations Population Fund (UNFPA) is to support countries in using population data for policies and programs to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. To achieve these objectives in the Pacific, the agency’s Pacific Sub-Regional Office (PSRO) works with governments and other stakeholders in 14 countries in three subregions (and provides technical assistance in Papua New Guinea):

Melanesia: Fiji, Solomon Islands, Vanuatu
Polynesia: Cook Islands, Niue, Samoa, Tokelau, Tonga, and Tuvalu
Micronesia: Federated States of Micronesia (FSM), Kiribati, Nauru, Palau, and Republic of the Marshall Islands (RMI)

The 4th Multicountry Programme (MCP) that encompasses these countries and covers the period from 2008 through 2012 is based on the Programme of Action (PoA) of the International Conference on Population and Development (ICPD); the Millennium Development Goals (MDG); the United Nations Development Assistance Framework (UNDAF) for the Pacific; the countries’ national development plans; a review of the previous cycle’s Multi-Country Programme; and the outcomes of the UNFPA’s Pacific Strategic Planning Meeting, which involved the countries through both regional and multicountry approaches. The MCP is operationalized through one regional Country Program Action Plan (CPAP), ten country CPAPs, and several regional projects.

The MCP’s overall goal is to contribute to the sustainable development and improved quality of life in the Pacific island countries by integrating gender, reproductive health (RH), and population and development (PD) into national policies, plans, and strategies. For each of these three substantive areas, UNFPA identified an intended outcome, as follows:

Gender: Gender equality is advanced and women and girls are empowered to enable them to exercise their reproductive rights and to be free of discrimination and violence.

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1 In Nauru, Niue, Palau, and Tokelau, UNFPA’s support is limited to the provision of reproductive health commodities and support for participation in regional capacity-building activities. Tokelau is a dependent territory of New Zealand. For the sake of simplicity, all fourteen entities are referred to as countries. Given that there are no country programme action plans for the four countries just mentioned, the limited range of UNFPA’s activities in the countries, and their small populations (and thus extremely limited demand for reproductive health commodities), the evaluation team did not collect any information or make any judgments about the agency’s efforts in these countries.

2 The PSRO is a subregional office, with UNFPA’s Asia and the Pacific Regional Office (APRO) its corresponding regional office in Bangkok, but the UNFPA’s internal organizational structure does not make the Pacific a subregion (i.e., subordinate to another region). Accordingly, the remainder of this report refers to the Pacific island countries as a distinct region rather than as a subregion.
RH: Increased utilization of high-quality, comprehensive sexual and reproductive health information and services, including comprehensive HIV prevention services, particularly for vulnerable groups, including young people.

PD: Population, gender, and sexual and reproductive health trends and issues are incorporated in regional and national policies, development frameworks and sectorwide approach programmes, in line with the MDGs and the ICPD goals.

Each of these outcomes is linked to a related outcome in the UNDAF for the Pacific region. The UNDAF guides the overall development support that 15 UN agencies provide in the 14 countries and reflects a desire to improve coordination among these agencies. As the UN has explained, “The joint UNDAF seeks to coordinate and harmonize its work across agencies for improved aid effectiveness and MDG achievements, and build national ownership over aid programming, by focusing on what the UN does best.” As the UNDAF declares, the UN will work “only in areas in which it can have the greatest impact in accordance with its comparative advantages, choosing capacity development and policy support as its main tenets of assistance in the region.”

In addition to the outcomes just mentioned, the MCP also seeks to (a) promote partnerships for the development of institutional capacity; (b) promote South-South cooperation by using regional experts to provide technical assistance at the local level; and (c) use targeted interventions in partnership with governments and civil society to address the needs of vulnerable groups.

The PSRO is staffed with a director/representative, a deputy director/deputy representative, two assistant representatives, two programme specialist posts that include the positions of programme technical specialists, i.e., health systems/reproductive health commodity security and planning, monitoring and evaluation programme coordinator, two assistant representatives, two programme analysts, two programme associates at PSRO, and three outposted programme/liaison staff.

To comply with the decision of the UNFPA’s Executive Board that each country programme should be evaluated at least once during each programmatic cycle, the PSRO commissioned an evaluation of the MCP to take stock of achievements, assess the sustainability of activities, compile lessons learned, and propose recommendations to be included in the development of the next multicountry programme. The terms of reference (TOR) for the evaluation can be found in Annex 1.

To achieve these objectives, the evaluation is intended to be utilization focused and provide objective, fact-based evidence that informs: (a) UNFPA’s decision making regarding direction, focus, and programme implementation; (b) partner governments, particularly in

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regard to efficiency of expenditure, effective uses of national systems and processes, and relevance to national development priorities; and (c) other development partners, including donors and other UN agencies, and current and potential stakeholders. These stakeholders primarily represent PSRO’s implementing partners (IPs) in the region, which typically include ministries of health and national statistical offices and, less frequently, nongovernmental organizations (NGOs).

**Context**

Understanding the context in which the PSRO operates is essential to appreciate the unique challenges PSRO faces in implementing the MCP. Although UNFPA has other subregional offices, no other region is as geographically large or as culturally diverse as is the Pacific region. The 14 countries in the region are spread over millions of square kilometers (see Figure 1).

**Figure 1: The Pacific Region**

Several of the countries are among the smallest in the world in terms of both population and land area (see Table 1). As an illustration, Kiribati’s land area is slightly more than 800 km² but this land is dispersed over more than 3.5 million km² of ocean. By way of comparison, Sydney, Australia’s urban area is slightly less than 1,700 km² but larger than ten of the countries covered by the MCP.
Table 1: Land area, estimated population, and GDP per capita of the MCP’s 14 countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Land area (km²)</th>
<th>Estimated population (2011)</th>
<th>Gross domestic product per capita ($)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Islands</td>
<td>236</td>
<td>11,124</td>
<td>$9,100</td>
</tr>
<tr>
<td>FSM</td>
<td>702</td>
<td>106,836</td>
<td>$2,200</td>
</tr>
<tr>
<td>Fiji</td>
<td>18,274</td>
<td>883,125</td>
<td>$4,400</td>
</tr>
<tr>
<td>Kiribati</td>
<td>811</td>
<td>100,743</td>
<td>$6,200</td>
</tr>
<tr>
<td>Nauru</td>
<td>21</td>
<td>9,322</td>
<td>$5,000</td>
</tr>
<tr>
<td>Niue</td>
<td>260</td>
<td>1,311</td>
<td>$5,800</td>
</tr>
<tr>
<td>Palau</td>
<td>459</td>
<td>20,956</td>
<td>$8,100</td>
</tr>
<tr>
<td>RMI</td>
<td>181</td>
<td>67,182</td>
<td>$2,500</td>
</tr>
<tr>
<td>Samoa</td>
<td>2,831</td>
<td>193,161</td>
<td>$5,500</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>28,896</td>
<td>571,890</td>
<td>$2,900</td>
</tr>
<tr>
<td>Tokelau</td>
<td>12</td>
<td>1,384</td>
<td>$1,000</td>
</tr>
<tr>
<td>Tonga</td>
<td>747</td>
<td>105,916</td>
<td>$6,100</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>26</td>
<td>10,544</td>
<td>$3,400</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>12,189</td>
<td>224,564</td>
<td>$5,100</td>
</tr>
</tbody>
</table>


* Gross domestic product per capita is based on purchasing power parity and reflects the most recent data available for each country.

All 14 countries included in the MCP bear the consequences of being small island developing states. As the Mauritius Strategy recognizes, “as a result of their smallness, persistent structural disadvantages and vulnerabilities, [these states] face specific difficulties in integrating into the global economy.”

4 They face the persistent risk of being marginalized due to the combined, adverse effects of their small size and geographically dispersed populations, their limited manufacturing base, their relative remoteness from the rest of the world and large markets, and economies that are largely agrarian. These circumstances contribute to a high vulnerability to economic shocks, such as rising prices for food and petroleum that are well beyond the countries’ ability to anticipate or manage. Furthermore, economies of scale are difficult to achieve.

All the countries except Tokelau can be reached by air, but international flights are expensive, often infrequent, and often limited to the countries’ capital cities. Intracountry travel is typically problematic; access to “outer” islands is usually by boat and can take as long as a week or more. The relative inaccessibility of many islands and their populations thus makes it infeasible for any UN agency to support meaningful programs for all the people who could benefit from them. Joint UN offices have been established in eight countries. In these offices, one agency, either the United Nations Children’s Fund (UNICEF), UNFPA, or

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4 *The Mauritius Strategy: A Programme of Action Centred on the Specific Needs of Small Island Developing States*, 2005. The strategy was adopted by 129 countries and territories at a UN-sponsored global conference on small-island developing states in Port Louis, Mauritius, in January 2005. The Mauritius Strategy is the current United Nations sustainable development strategy for Small Island Developing States for the period 2005 to 2015. It is the only global strategy to address specifically and exclusively the problems of island states.
the UN Development Programme (UNDP), represents the interests of the other two. UNFPA performs this role in FSM and in RMI. There is also a UNFPA-funded programme liaison officer in the Solomon Islands and a (currently unfilled) cost-shared position in Samoa, which also has a UN office.

Small populations also mean that there is limited local capacity to lead, assist in, or contribute to the implementation of UNFPA’s support for countries, not only with respect to reproductive health but to gender and population and development as well. As an illustration, Tuvalu has only two pharmacists, and there are an insufficient number of doctors and nurses to serve populations on the outer islands in several countries. In several countries the few doctors available address both clinical and administrative responsibilities.

High levels of unemployment and more attractive opportunities elsewhere encourage emigration, especially among people with the most desirable skills and qualifications. For those professionals who remain in their countries, providing services in isolated, outer islands may have little appeal.

For these and other reasons, turnover of staff, especially among public servants, is high in many Pacific Island countries, with a consequent and ongoing loss of valuable expertise and institutional memory. There are disparate reasons and consequences for this situation. With resources constrained, many of the region’s governments are “bottom heavy,” and the bureaucratic hierarchy is largely flat. As PSRO explained to the evaluation team, “there is no incentive for people to move up, the depth of skills is largely shallow, there is often no clear career path and manpower planning, and thus few incentives for retention.” Capacity building is a constant need; unfortunately and indeed, success at building this capacity can encourage its beneficiaries to seek better opportunities elsewhere because of their newly acquired skills. Capacity building risks becoming “training for export,” sometimes to other government ministries, donor projects, or academic institutions and occasionally to other countries that offer higher salaries and better opportunities for professional growth.

In addition to these issues, much of the Pacific is prone to earthquakes, drought, tsunamis, volcanic eruptions, and devastating tropical storms. They can cause millions of dollars in damage to small and already-fragile economies, as evidenced by an earthquake in Vanuatu in 2010 and cyclones in Samoa (2009) and Fiji (2010). Climate change and rising sea levels are also of concern. The Government of Kiribati believes it may be the first country to disappear because of rising sea levels and salination due to climate change, with Tuvalu and the Marshall Islands likely to follow.5

Cultural norms and mores are particularly strong in the Pacific and important because of their potential to affect and influence what UNFPA can accomplish. Many Pacific islanders have strong religious beliefs, and the religious denominations to which they adhere

are not always sympathetic to UNFPA’s advocacy of certain reproductive services, including family planning and adolescent sexual and reproductive health.

The status of women is low in Pacific countries, as reflected by their low levels of education and lack of participation in the formal economy. Their representation in the countries’ parliaments is among the lowest in the world. In addition, violence against women is a culturally tolerated form of discipline in many places. As one report for the Australian Agency for International Development (AusAID) concluded, sexual, physical, psychological, and economic violence against women is severe and pervasive in Melanesia. Other research has identified similar concerns in Polynesia and Micronesia.

In more than half of the MCP’s 14 countries a majority of the population is less than 24 years of age. These youth represent a large cohort entering their sexually active years and thus are in need of access to education and RH services to prevent unplanned pregnancies and sexually transmitted infections, including HIV, which is increasing in the region.

This discussion of context underscores the challenges that the PSRO faces in its efforts to support the implementation of an effective and efficient programme. Due to remote locations and the infrequency of travel, as an illustration, there is a risk that the duration of travel extends for periods longer than are necessary. The logistical and geographic conditions in the region lead inevitably to high travel costs, which cannot be avoided if the PSRO’s programmes are to be formulated, implementing, and monitored successfully. The litany of challenges is long and potentially affects the PSRO’s effectiveness and efficiency.

Finally, an appreciation of context requires some consideration of the resources that PSRO is able to devote to its three thematic areas. Given the number of countries in which the MCP operates as well as PSRO’s desire to make a difference in each of the areas in which it works, the financial resources available are not large. The UNFPA’s Executive Board approved the MCP in late 2007, with an indicative budget of $18 million, of which about 72.5 percent (or $12.5 million) was intended for RH, about 21.7 percent (or $3.75 million) for PD, about 5.8 percent (or $1 million) for gender-related activities, with the remainder of approximately $750,000 for programme coordination and assistance. Actual expenditure maybe more or less, depending on implementation progress, the availability of extra funds from UNFPA’s headquarters, and the PSRO’s success in obtaining additional funds from donors.

The data in Table 2 show the actual expenditures for each of the three thematic areas from 2008 through 2010. The data reveal higher levels of expenditures (to date) than projected for population and development due to PSRO’s support for several censuses, especially in 2010, and for gender. Expenditures on programme coordination as a percentage of funds spent on the three thematic areas ranged from 6.0 percent in 2008 to about 4.5 percent in 2009 and 2010.

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Table 2: Total expenditures (in US $) by thematic area, 2008-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Reproductive health</th>
<th>Population and development</th>
<th>Gender</th>
<th>Programme coordination and assistance</th>
<th>Total expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>$2,523,376</td>
<td>$106,159</td>
<td>$486,917</td>
<td>$185,601</td>
<td>$3,302,053</td>
</tr>
<tr>
<td>2009</td>
<td>$2,564,814</td>
<td>$2,050,165</td>
<td>$338,181</td>
<td>$229,656</td>
<td>$5,182,816</td>
</tr>
<tr>
<td>2010</td>
<td>$4,041,673</td>
<td>$1,517,913</td>
<td>$411,708</td>
<td>$269,926</td>
<td>$6,241,220</td>
</tr>
<tr>
<td>Total</td>
<td>$9,129,863</td>
<td>$3,674,237</td>
<td>$1,236,806</td>
<td>$685,183</td>
<td>$14,726,089</td>
</tr>
<tr>
<td>% of all expenditures</td>
<td>62.0</td>
<td>25.0</td>
<td>8.4</td>
<td>4.7</td>
<td></td>
</tr>
</tbody>
</table>


Note: Percentages sum to more than 100 due to rounding. The table reflects expenditures for all 14 countries but excludes funds from UNFPA’s regional programme for Asia and the Pacific, which are used to support the work of technical advisors at PSRO. The costs for programme coordination and assistance include PSRO’s overhead and for major UNFPA events, such as World Population Day. The costs for the UNDAF’s M&E manager, which PSRO hosts, are also part of the expenses for programme coordination and assistance. Throughout this report all monetary amounts are in U.S. dollars.

APPROACHES TO THE EVALUATION

STAKEHOLDER INVOLVEMENT

Consistent with UNFPA’s expectations, PSRO facilitated the evaluation team’s access to a wide range of stakeholders, and this created multiple opportunities for them to participate meaningfully in the evaluation. The evaluation team recognizes and appreciates that participation in surveys or interviews is not the same as involvement. Accordingly, the evaluation team also encouraged PSRO to share the TOR with interested parties and stakeholders (and the evaluation team asked PSRO to place the TOR on its website). To encourage the effective engagement of stakeholders in the process, the evaluation team used open communication techniques to encourage a free flow of opinions.

All respondents were encouraged: (a) to offer suggestions about how the evaluation team could best address its tasks and (b) to provide any suggestions or recommendations they might have to improve the MCP’s implementation, PSRO’s management and oversight of the MCP, and any other ideas to enhance the success of the next programmatic cycle. In addition, all PSRO staff received an email from the evaluation team encouraging them to provide any information they deemed of value to the evaluation team and all were further asked to suggest how to improve the MCP’s relevance, effectiveness, efficiency, impact, and sustainability. All respondents were also given contact information for members of the evaluation team so that, if desirable, respondents could contact a team member after having met him or her.

UNFPA’s Evaluation Guidelines indicate that an evaluation management committee should be established and “should comprise of key stakeholders, who can work closely with the [UNFPA evaluation] manager on the evaluation process and, preferably, should be chaired by a government representative.” PSRO established a nine-person evaluation management committee; all of its members were PSRO staff.
The evaluation team believes that these procedures met or exceeded reasonable standard for stakeholder involvement in evaluations as well as PSRO’s similarly reasonable expectations for such involvement.

CONCEPTUAL FRAMEWORK

The following frameworks and standards provide the basis for the evaluation, which addresses the MCP’s relevance, effectiveness, efficiency, impact, sustainability, monitoring, and coordination.\(^8\)

Results-based management (RBM): In accordance with the agency’s Evaluation Policy, the evaluation focuses on “performance in achieving development results,” which includes outputs, outcomes, and impacts. The primary focus is on (a) the achievement of outputs and (b) progress in realizing outcomes.

UNFPA has committed itself to mainstreaming RBM into all of its activities since 2000. Consequently, the evaluation uses RBM as an organizing framework. RBM requires that PSRO:

- Identify clear and measurable changes and results to be achieved;
- Select indicators that can be used to measure progress in achieving the results;
- Set explicit targets for each indicator used to judge performance;
- Develop performance monitoring systems to collect data on actual results; and,
- Review, analyze, and report actual results vis-à-vis the targets.

The RBM framework has been applied to the evaluation of the MCP, including its development and management results framework.

The Evaluation Quality Assessment Criteria of the UNFPA’s Division for Oversight Services (DOS): To assess the quality of evaluations undertaken by the agency’s programmes, DOS has applied two sets of standards. These standards address such issues as ethics, stakeholder involvement, methods, and the quality of the executive summary. The evaluation team has attempted to ensure that the evaluation at least meets and, whenever possible, exceeds those standards within the team’s control.\(^9\)

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8 The definitions of the first five evaluative criteria are those found in the Organizations of Economic Cooperation and Development’s *Glossary of Key Terms in Evaluation and Results Based Management.*

9 DOS revised its quality assessment criteria in January 2011. The current criteria, found in Annex 8, address eight parts of all evaluations: structure and clarity of reporting; executive summary; design and methodology; reliability of data; findings and analysis; conclusions; recommendations; and meeting needs. In addition, to promote quality control, the evaluation team also ensured compliance with the UN Evaluation Group’s *Quality Checklist for Evaluation Reports* before the team submits its report to PSRO.
ETHICAL CONSIDERATIONS

The evaluation was conducted in full compliance with the UNFPA’s Evaluation Guidelines, the UN Evaluation Group’s Standards for Evaluation in the UN System, its Norms for Evaluation in the UN System, and its Code of Conduct for Evaluation in the UN System.\(^\text{10}\) In particular, the evaluation team made its best efforts: (a) to ensure that respondents understood the evaluation’s purpose, the criteria applied, and the intended uses of findings; (b) to be sensitive to cultural norms and gender roles during interactions with all respondents; (c) to conduct the evaluation with due regard for all participants and respondents, especially women and members of vulnerable or disadvantaged groups; and (d) to respect their rights and welfare by ensuring informed consent and rights to confidentiality before interviews.

Attention to these ethical considerations is essential. In response, DOS has provided guidance related to ethical considerations for evaluators. This guidance notes that:

- Minimum expectations for ethical considerations should include documentation of consent procedures where beneficiaries or members of the public are surveyed;

- Brief descriptions of confidentiality provisions should be provided where personal information is used in the evaluation or the evaluation report;

In response to this guidance and to ensure respondents’ informed consent and their awareness of the scope and limits of confidentiality of the information they were asked to provide, all respondents were informed verbally or given a written statement of these rights (see an example in Annex 2) explaining the evaluation process before any substantive discussion occurred. The statement addressed informed consent, anonymity, and confidentiality. The team also ensured that sensitive information cannot be traced to its source.

No member of the evaluation team had any known or potential conflicts of interest or any prior or present connection to the MCP that affected their judgment or ability to provide a credible and independent evaluation. Moreover, no member of the evaluation team had any prior involvement with the MCP’s design, implementation, supervision, or financing and none have any expectation of such a role in the future. One team member, Margaret O’Callaghan, was the lead author of a composite review of a prior programme cycle (the 3\textsuperscript{rd} MCP) for PSRO. She had no other connection with the design or implementation of the current MCP.

EVALUATION METHODS

First, the evaluation team conducted a thorough review of documents provided by PSRO, key stakeholders, and government officials in the ten countries visited, including programme documents and action and work plans, budget information, annual reports, the

\(^{10}\) All members of the evaluation team agreed in writing to abide by the Code of Conduct.
MCP’s monitoring and evaluation (M&E) framework, UNDAF documents, national and regional development-related reports, and a Composite Review of the 3rd MCP that covered the period from 2003 through 2007 (see Annex 3 for a summary of documents reviewed). In total, there were several thousand pages of reports and documents relating to the 14 countries plus regional activities to review. The evaluation team also devoted considerable attention to PSRO’s monitoring and evaluation database and discussed it with PSRO staff on many occasions.

Given the large number of documents and their length, the evaluation team focused on annual work plans (AWPs), annual and quarterly reports, mission reports, reports to donors, annual work plan monitoring tools, and annual country programme reviews prepared during the programme cycle to determine, where possible, the expected results of PSRO’s efforts and the effectiveness in monitoring the achievement of these results.

Second, the evaluation team started and finished its data collection in Suva, Fiji, at the PSRO. In addition, each of the three team members also separately visited three countries in July and August 2011 to collect data and to interview representatives of key stakeholders. Richard Tobin, the team leader, visited Kiribati, the Solomon Islands, and Tuvalu; Bongs Lainjo visited the Cook Islands, the Kingdom of Tonga, and Vanuatu; Margaret O’Callaghan visited FSM, RMI, and Samoa. About three to seven days were spent in each country. The ten countries visited receive almost all of PSRO’s financial and technical support.

To make the most of time in each country, each team member undertook a review of the documents related to the countries to be visited before the field visits. PSRO provided the evaluation team with dozens of documents related to the 14 countries plus many regional reports.

The evaluation team met with 20 staff of PSRO and issued a written, open invitation to meet individually or collectively with the evaluation team at any time. The evaluation team consulted with some staff numerous times over several weeks on a range of matters. Some PSRO respondents believe that the 4th MCP is a model for other UNFPA programmes in the way it integrates various components and uses evidence to inform design while many others have concerns about various aspects of the programme’s effectiveness, efficiency, impact, and sustainability.

In all countries, the team met with as many key stakeholders as possible, most of whom were employees of ministries of health or national statistical offices as well as representatives of family planning associations, other UN agencies, donors, and regional organizations. PSRO and key stakeholders in each country assisted the evaluation team in identifying people to be interviewed (or contacted by telephone in the case of people living outside of the countries’ capital cities). In addition, a few focus group discussions were conducted with key stakeholders and PSRO’s intended beneficiaries. The evaluation team also identified still others to interview after arrival in a country. A list of people contacted can be found in Annex 4.
Due to the need to gauge the effectiveness of the relatively new UN arrangements in enhancing the delivery of UN development assistance (as well as the required attention to the PSRO’s coordination with other UN agencies), interviews were also conducted with UN staff in countries where there is a joint UN presence.

When visiting the ten countries, the team used a standard set of questions (see Annex 5) to guide but not limit interviews. These questions were supplemented as necessary depending on who was being interviewed as well as with three key questions. Is the right thing being done? Is it being done well? Are there better ways of doing it? The first question addressed the MCP’s rationale and relevance. The second question examined the effectiveness of the results achieved, with a view towards optimizing the use of resources, promoting sustainability, and leading to long-term impacts. The third question identified alternatives and suggested recommendations for actions to be taken by PSRO.

Triangulation was used as much as possible to ensure that outliers’ opinions are not presented as typical or assumed to be representative of all people’s opinions about the MCP.11 As the Evaluation Office of the Global Environment Facility has noted, “In the scarcity and/or absence of a reliable set of quantitative data, triangulation can be a useful substitute for obtaining reasonably solid and reliable evaluation results.”12 Following Denzin, three approaches to triangulation were used.13

**Data triangulation.** The evaluation team collected information across a range of countries and individuals with different levels of knowledge of and experience with the MCP. Throughout the report the greatest weight is assigned to the opinions of those with the most familiarity with the MCP. *References to comments from those interviewed typically reflect the opinions of several respondents.*

**Investigator triangulation** refers to the use of more than one evaluator to gather and interpret data. As noted above, the three-person evaluation team shared responsibility for data collection and interviewing of respondents.14

**Methodological triangulation** involves the use of mixed methods of data collection, as described above.

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14 As one person at APRO commented on the draft report, if each member of the evaluation team collected data in a different geographical location and thus one primary set of data was used for evaluation per location, is this still considered investigator triangulation? The evaluation team shares this concern, which the team recognizes.
The evaluation team is confident that its use of triangulation addressed as best as possible some of the evaluation’s limitations, which are discussed below. Unless otherwise noted, it is important to appreciate that country-based examples are used to illustrate patterns found in several countries rather than the single country from which the examples originate.

**METHODOLOGICAL LIMITATIONS**

Although the methods chosen were feasible, they were not without limitations. A programme covering 14 countries in a region as vast as the Pacific necessarily imposes constraints on what and how much can be achieved without considerable time and expenditure. Under ideal circumstances, for example, each member of the evaluation team would have visited all the countries in which the PSRO and its partners are implementing activities to ensure consistency in perspectives and in the application of the evaluative criteria. Despite the merits of such an approach, it was neither feasible nor cost effective. Some examples illustrate other limitations that were faced.

First, the terms of reference appeared logical for a country programme evaluation but in practice the evaluation was complicated and challenging because of the nature of the Pacific and its MCP, as well as prevailing UN strategies such as the UNDAF, which place an added layer of involvement on an already complex programme of work. Having 14 countries plus a regional programme to consider, along with having to consider the myriad of global, regional, national and UN plans and reports, meant that the evaluation was unusually challenging. Field trips to nine countries, while important, added to the complexity and affected the time available for analysis and collaboration among the members of the evaluation team.

Second, while the key stakeholders are relatively few in number and many were “captured” in the team’s interviews, the same situation did not obtain with respect to the MCP’s intended, ultimate beneficiaries. PSRO works primarily with governments and through IPs. Accordingly, most of the PSRO’s primary beneficiaries are the institutions with which it works. In addition, many of the agency’s ultimate beneficiaries, such as women and adolescent youth, may not know that UNFPA has funded an activity or project that benefits them.

Despite the team’s efforts, the thoroughness of field interviews was at times constrained by the unavailability of key informants, public holidays, limited time, and conditions not conducive to the in-depth interviews that would have been preferred. In several instances, delayed or aborted flights truncated the time available in some countries. The evaluation team recognizes that it missed opportunities to meet with some key informants and stakeholders, but not through neglect or disregard. The evaluation team regrets its inability to speak with all who have information relevant to the evaluation. Moreover, as noted above, many of the countries face high levels of turnover. Such turnover means that institutional memory can be in short supply.

Third, by necessity, the evaluation relied on an *ex post* design without a counterfactual. As Leeuw and Vaessen note, however, such designs are not especially useful “because changes observed by comparing before-after (or pre-post) are rarely caused by the interven-
tion alone, as other interventions and processes influence developments.”\textsuperscript{15} In the absence of a counterfactual any changes observed from the baselines cannot be attributed to PRSO’s efforts with confidence or certainty. Quite simply, “adequate empirical knowledge about the effects produced by an intervention requires at least an accurate estimate of what \textit{would have occurred} in the absence of the intervention and a comparison with \textit{what has occurred} with the intervention implemented.”\textsuperscript{16} The absence of a counterfactual is a common problem in evaluation, although not one typically identified or mitigated in many evaluations.

Fourth, and as UNFPA surely recognizes, there are multiple donors, international agencies, and private foundations working in the Pacific. In the Solomon Islands, as an illustration, there were 126 separate donor programs spread among 26 government agencies in 2009. Fiji’s Ministry of Health reported that it worked with nearly 30 other organizations in that year. In collaboration with the ministry, they organized 15 courses, 35 conferences, 13 workshops, and 15 other training activities. Each of the sponsors would like to claim some credit for whatever desirable results occur, and UNFPA is one of these sponsors in each of the three thematic areas in which it works. Fortunately, UNFPA acknowledges that a “contribution” is adequate recognition for its efforts.

Fifth, and as noted above, each member of the evaluation team visited three different countries. This situation made it difficult to ensure that each team member applied common standards and a consistent approach to their judgments about the MCP’s relevance, effectiveness, efficiency, sustainability, and impact – although they did try to do so as much as possible. Under ideal circumstances different evaluators, looking at the same evidence at the same point in time, will reach the same conclusions and make comparable judgments about each of the criteria. This is unlikely to occur in the absence of benchmarks or performance standards, and where circumstances vary as much as they do between the countries in this region.

Finally, although the evaluation team made its best effort to review all of the written information provided to it, that was not physically possible in the time allotted. And, as PSRO informed the evaluation team, there are “national data limitations at the outcome level.” Nonetheless, the evaluation team is confident that it was able to review a large and representative sample of these materials and that the evaluation fairly represents these materials.

To help deal with this challenge, the evaluation team has related all of its conclusions and judgments about the MCP to UN and UNFPA policies or to best practices associated with evaluations. As an illustration, UNFPA’s \textit{Accountability Framework} declares that the agency and its staff are:

\begin{quote}
fully accountable for the outputs in the Executive Board-approved programmes at country, regional and global levels. UNFPA is also accountable for monitoring and
\end{quote}


\textsuperscript{16} Leeuw and Vaessen, \textit{Impact Evaluations}. 22
reporting of outcome and goal indicators outlined in the development results framework in the strategic plan.¹⁷

The Accountability Framework also requires UNFPA to: (a) ensure that outputs contribute to outcomes; (b) monitor indicators of the outcomes; (c) monitor and report on outputs and progress toward expected results; and (d) ensure that national systems are in place to monitor and report on results. Furthermore, the Framework holds units accountable for implementing their activities so that they can measure and report on the impact of their programmes.

Finally, the MCP was developed and is being implemented as a five-year programme. Accordingly and understandably, PSRO’s reasonable assumption is that some of the MCP’s expected results will not occur or be evident until its last year, its final months, or perhaps not until subsequent multicountry programmes have been implemented. As the TOR explains, impacts include the longer term or ultimate results attributable to the programme being evaluated. By definition, long-term results do not occur in the short term. Much of what the PSRO seeks to achieve through the MCP, such as changes in national policies or long-standing cultural practices that discriminate against women, is not amenable to change in the short term or in the relatively brief duration of the present MCP.

Despite this situation, UNFPA requires that evaluations of country programmes be undertaken early in their penultimate year so that the results can contribute to the planning of the next cycle.¹⁸ The consequence is that the evaluation team was expected to make judgments about the MCP’s impact and sustainability while efforts to achieve both are still underway. Credible judgments, notably about the MCP’s impact and sustainability, are thus not yet possible or realistic. For these reasons and with PSRO’s concurrence the evaluation devoted less attention to impact and sustainability than might otherwise be the case.

Findings

RELEVANCE

Relevance relates to the extent to which the MCP is aligned to international agreements, commitments, and conventions and UNFPA’s mandate as well as to the regional and national policies of the 14 countries and their needs. Relevance also addresses whether the PRSO has effectively positioned itself in the areas of RH, PD and gender equality and whether its activities are appropriate or “right.”

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¹⁸ As of June 2011, UNFPA’s Programme Division is assessing all draft CPDs using ten evaluative criteria. One of these criteria is the extent to which recommendations from the country programme evaluation are reflected in the proposed programme. See Framework for Assessment of UNFPA Country Programme Documents for Results-based and Evidence-based Programming, June 2011.
The MCP’s relevance at the international level can be determined by examining how its work relates to the standards established by at least three major global meetings: the International Conference on Population and Development (1994), which resulted in the associated Programme of Action; the Beijing Fourth World Conference on Women and its Platform for Action (1995); and the Millennium Development Forum (2000), from which the MDGs arose. An international human rights treaty also of relevance is the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which all the Pacific countries except Palau and Tonga have ratified. The work of the MCP addresses these subjects in common ways so they can be addressed together.

UNFPA’s mandate, and therefore the MCP’s work, is closely aligned to the ICPD PoA, focused as it is on the reduction of maternal mortality and the achievement of universal access to reproductive and sexual health services as well as the need for governments to use population data to inform their development planning and to work towards gender equality and the empowerment of women. The MCP’s work also relates closely to three of the MDG goals – MDG 3: Promote gender equality and empower women; MDG 5: Improve maternal health; and MDG 6: Combat HIV/AIDS and other diseases. It also contributes to CEDAW’s goal of paying significant attention to reproductive health rights and emphasizes the importance of working “...towards the modification of social and cultural patterns of individual conduct in order to eliminate prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes, or on the stereotypical roles for men and women.”

CEDAW, ICPD, and the Platform for Action approved at the Beijing conference Beijing address violence against women and urge countries to take action and the international community to support them in this endeavor.

UNFPA’s mandate, and therefore the MCP’s work, is closely aligned to the ICPD PoA, focused as it is on the reduction of maternal mortality and the achievement of universal access to reproductive and sexual health services as well as the need for governments to use population data to inform their development planning. The MCP’s work also relates closely to three of the MDG goals – MDG 3: Promote gender equality and empower women; MDG 5: Improve maternal health; and MDG 6: Combat HIV/AIDS and other diseases. CEDAW pays significant attention to reproductive health rights and emphasizes the importance of working “...towards the modification of social and cultural patterns of individual conduct in order to eliminate prejudices and

19 The president of Palau signed the CEDAW on September 21, 2011, but the country had not ratified the treaty as of January 2012. The United States is the only other nation that has signed the treaty (in 1980) but not yet ratified it. Signature of a treaty is an act by which a nation provides a preliminary endorsement of the treaty. Signing does not create a binding legal obligation but does demonstrate a nation’s intent to examine the treaty and to consider ratifying it. Ratification is an act by which a nation signifies its agreement to be bound legally by the terms of the treaty.
customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes, or on the stereotypical roles for men and women.”

Much of the MCP is focused on supporting ten countries to improve access to RH education and services thereby addressing these global aspirations and targets. This includes: research to document countries’ health situations; in-country and regional training of health professionals; provision of RH-related medical equipment, supplies, and commodities; support for the revision of nursing curricula and the development of policies, strategies, and guidelines; publication of RH-related documents; and addressing the RH-related health and educational needs of young people, which is also relevant to the global objectives of preventing unplanned pregnancies, HIV, and other sexually transmitted infections.

In the area of population and development, and in line with the ICPD’s POA regarding the need for quantitative information, the MCP has contributed to countries’ efforts to address population-related data needs through training and technical support for data collection and analysis.

Attention to gender equality, and particularly violence against women (VAW), has also been an important component, in particular the national research supported during the current MCP into the subject of violence against women (in Kiribati and the Solomon Islands), including use of the reports for advocacy to leaders and to inform the design and implementation of follow-up activities in both countries. The need for supporting the collection of national data on gender-based violence (GBV) is one of the top priorities of the United Nations at the global level and is reflected in many resolutions and agreements related to gender.

The MCP can thus be seen to be closely aligned to the ICPD’s PoA, three of the MDGs, and to several key aspects of CEDAW. The compatibility between the MCP and the ICPD, the MDGs, and CEDAW does not necessarily mean that the MCP also reflects the relative importance of the issues included in these frameworks, especially the ICPD’s Programme of Action. As an illustration, the PoA identifies international migration as an issue deserving attention from the international community. Despite the significance of migration in the Pacific, it is not an issue that either the countries or the PSRO have identified as a priority for the MCP.

REGIONAL CONCORDANCE

The next level of relevance is that of regional declarations and agreements, the key one of which is the Pacific Plan, which was initially endorsed by leaders at the Pacific Islands Forum meeting in October 2005 and which was subsequently updated. The plan seeks to guide mem-

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20 Pacific Island Forum Secretariat, The Pacific Plan, 2005. According to a comment on the draft evaluation report, the Gender Outcome Group of the United Nations in the Pacific region considers the Pacific Plan “to be gender blind and lacking any recognition of the many gender inequalities in the region. This is a very conservative regional document which in the area of gender is highly unsatisfactory.”
ber countries to enhance (a) economic growth; (b) sustainable development; (c) good governance; and (d) security for the Pacific through regional cooperation.

The plan’s major focus is economic development and regional cooperation, but it also includes several areas to which the work of the MCP closely relates. They include:

- **Health**: The subjects of health, noncommunicable diseases, HIV, and bulk procurement are mentioned within the discussion of sustainable development and in the strategic objectives. While there is no specific reference to RH, there is reference to maternal health and to HIV among pregnant women, so it is safe to assume that RH is included and is therefore within the plan’s scope. In a 2010 progress report on the plan, health is identified as a major priority, along with HIV.

- The completion of the studies on GBV in Kiribati and the Solomon Islands rates special mention, illustrating that the issue has now been elevated to the region’s agenda for the first time. Similarly, an annex to the 2011 progress report devotes several pages to a discussion of what the region’s countries are doing to reduce GBV and to criminalize it in all forms.

- **Other relevant areas**: Improvement of statistics; supporting youth programmes; regional capacity building; need for harmonization; reducing poverty and promoting good governance; and ratifying and implementing international agreements when appropriate.

In short, while RH is not explicitly mentioned in the Pacific Plan, GBV and health, including HIV, are discussed in the Plan’s annual report for 2010 and 2011. The MCP’s activities can be regarded as supporting these regional plans. The outcomes of regional meetings of health ministers, especially the one in 2008, confirm this view. The Pacific policy framework for achieving universal access to reproductive health services and commodities provides one such example. Also, a number of other aspects of the MCP’s areas of work fall within various categories of the Pacific Plan and can be seen as contributing to strengthening capacity to address regional objectives. The only exception relates to the requirement that donors do not make excessive reporting demands on governments – an issue raised in this evaluation.

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**COUNTRY-LEVEL CONCORDANCE**

National development plans

National development plans are the major planning guide for countries. An indication of whether MCP’s focus fits within their boundaries and with their priorities is conveniently provided by a PSRO-produced review of the MCP’s main subject areas for the majority of the countries with which UNFPA collaborates.²¹

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At the time of the review’s publication in 2008, none of the region’s country development plans addressed reproductive health extensively. The plans of two countries (Fiji and the Solomon Islands) covered RH reasonably well, and five countries (Cook Islands, the FSM, RMI, Samoa, and Vanuatu) had limited coverage. The plans of Kiribati, Tonga, and Tuvalu had little RH content. The coverage of reproductive rights, including youth, as well as gender and GBV varied from zero to implicit, with few development plans covering the subjects explicitly.

Such a picture illustrates that, although mentioned to varying extents in most plans, RH and the related areas of youth, gender, and GBV are not priorities in any of the region’s national development plans. This may be due to a heavy focus on economic development. Also, several plans predate the current MCP. The relevance of MCP’s work could, therefore, be said to be partially related to the region’s current national development priorities, at least as reflected in official government documents. As a representative of one donor agency noted, “The subjects UNFPA deals with are not high on the priority lists of Pacific governments.”

A concurring opinion is found in one of PSRO’s publications, *Population and Development in the Pacific Islands: Accelerating the ICPD programme of Action at 15*, which contains presentations made at a conference on that topic in 2009. As one participant observed, the region’s governments have told their ministries of finance and directors of planning that the ICPD’s PoA is not a priority (although there are obvious links between migration and other demographic variables with economic development). In other words, and probably because economic challenges take priority, national planners do not seem to have been able to accord RH priority, despite long-standing efforts to educate senior government officials and parliamentarians about the topic.

**National health plans**

Sexual and reproductive health and health information systems are priorities at the sectoral plan level in all countries. These plans typically include references to the major elements of reproductive health. Such services are obviously regarded to be part and parcel of basic health services across the region and, therefore, the MCP’s work is relevant at the sectoral level.

**National budgets**

Allocation of funds specifically to RH, gender, youth, and statistical matters in national budgets would clearly demonstrate national commitment to the subjects within UNFPA’s mandate and the MCP’s agenda. In the health sector, however, evidence for such allocations is blurred by the use of different definitions and the grouping of health subcategories. Nevertheless, no specific allocations are known, except in Fiji, where the government procures contraceptives under a specific allocation. Considering a possible reason for this situation is important. Both reproductive health and GBV are “soft” subsectors in the health sector. Unlike other sectors to which policy makers can point to the “burden of disease” or effects on the disability-adjusted life years of people, GBV, maternal health and, teenage pregnancies are not diseases and thus may face challenges in decisions about how to allocate scare resources in national budgets.
In regard to PD, funding may be specified for major activities like a census, or for top-ups? for data collection, but generally speaking, allocations for statistics are comparatively minimal. Allocations for women’s empowerment programmes are similarly meager or missing entirely. National budgets therefore do not specifically indicate the relevance of the MCP’s work but it can be safely assumed that there is at least some degree of concurrence.

Country needs

There is much evidence to show that most Pacific countries are currently unable to provide universal access to quality RH services. Geographical situations, population spread, and low density contribute to difficulties with access to these services. Services are particularly inadequate on outer islands, which many countries have, because of staff shortages, transport challenges, weather etc. Not all countries are equally needy; some have achieved reasonable standards in many areas but none are completely self-sufficient in RH services (the Cook Islands may be an exception to this statement). There is also an increasing amount of information that shows that gender discrimination, particularly in the form of violence, is prevalent.

Evidence for this situation can be seen in reviews of the status of health clinics, their staffing, and equipment; reports of the status and availability of RH commodities, the needs of young people and the extent and nature of violence against women; the review of progress in achieving the MDGs in the region and an increasing number of demographic and health surveys (DHS) that provide data on contraceptive prevalence rates, proportion of births attended by trained personnel, adolescent birth rates, and unmet needs for family planning.  

This evidence demonstrates that many health services are not functioning well enough to meet the needs for RH services, despite years of UNFPA (or PSRO) inputs. Given current allocations of national budgets to health, donor support is often necessary to improve the services and capacity to provide them. The evaluation team’s interviews indicated varying degrees of reliance on the MCP for support for RH functions. In one Polynesian country, the team was informed that without donor funding there would be no funds for RH commodities or any capacity building related to family planning.

There is however, an increasing understanding about the nature and extent of GBV in the region, with some useful interventions occurring which expand on existing services, some linked to PSRO’s and AusAid’s efforts. Despite these commendable efforts, much remains to be done to address and eliminate violence against women.

Assistance to governments to help strengthen those services by the MCP could therefore be considered to be relevant. Although each country has many other pressing needs, such as for clean water, adequate sanitation, good nutrition, and immunization, as well as the capacity to deal with the increasing prevalence of HIV and noncommunicable diseases such as tuberculosis. Insect-borne diseases like malaria and dengue fever are also major problems in some countries. It

is understandable that Pacific governments, with their limited financial and human resources, are hard pressed to prioritize RH amid these multiple demands, even though maternal health is an acknowledged right and therefore should be a high national priority in every country.

**CONCORDANCE WITH UNDAF**

The MCP is designed to contribute both to the outcomes identified in the UNDAF for the Pacific and also to the achievement of UNFPA’s Global Strategic Plan. Several excerpts from the MCP’s results framework illustrate the close connection between the MCP, the Strategic Plan, and the results framework in terms of reproductive health.

- One of the UNFPA’s Global Strategic Plan Goals is universal access to RH by 2015 and universal access to comprehensive HIV prevention for improved quality of life.
- One MCP outcome is increased utilization of high quality, comprehensive sexual and RH information and services, including comprehensive HIV prevention services, particularly for vulnerable groups, including young people.
- One MCP output is increased national commitment and strengthened capacity to formulate and update national policies, strategies, and programmes on emergency obstetric care (EmOC), sexual and reproductive health, including maternal health, family planning, adolescent RH, and sexually transmitted infections, including HIV.
- The UNDAF for the Pacific includes an outcome that seeks (a) to strengthen equitable social and protection services through support to the development of evidence based policies and enabling environments and (b) improve capacity to deliver affordable, quality, basic social services with strengthened safety nets with an emphasis on equality, inclusiveness, and access.

**IS THE MCP DOING THE “RIGHT” THINGS?**

As just described, the MCP’s activities in the three thematic areas are relevant to a wide range of objectives. This relevance does not, however, ensure that the activities within each of the thematic areas are the right ones or represent the best use of the funds that the MCP provides to the countries. Consider, for example, that there are many ways to change behaviors to reduce the sexual transmission of HIV or to improve maternal health. Which of these are the “right” and most effective and efficient ways to achieve these objectives?

Several examples suggest that the answer to this question often contradicts conventional wisdom. A recent report from the World Bank summarized a series of rigorous impact evaluations, which represent the “gold standard” in evaluation design. One of the impact evaluations assessed the results of efforts to prevent HIV through information and education campaigns. As the report noted, changes in behavior did occur, but they were attributable to “a reporting bias.

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fueled by the people’s greater knowledge of what they would need to do to reduce their risk, rather than a reflection of substantial changes in actual behaviors.”

Another impact evaluation mentioned in the Bank report found that “clean” deliveries have the largest effect on reducing maternal mortality. Other interventions, in contrast, such as building community support and advocacy groups, involving other family members through community mobilization, or training community health workers and traditional birth attendants has little or no impact on reducing maternal mortality.

Before dismissing these studies as irrelevant to PSRO’s work, consider the findings of a recent report from UNFPA’s Division for Oversight Services. It found no correlation between the reproductive health status of the countries in which UNFPA works and the levels of its investments in reproductive health. Furthermore, “the same absence of correlation exists when using other reproductive health indicators such as contraceptive prevalence, unmet needs or teenage pregnancy rates and budgets or expenditures.”

DOS also found that most country programmes intended to spend between 53 and 58 percent of their resources on RH, between 22 and 26 percent on PD, and between 13 and 17 percent on gender. From this evidence, DOS concluded that “in too many cases country programme indicative assistance is indiscriminate and not based on the needs of the beneficiaries.” No less important, such consistency in indicative spending is clearly not random. As some people have suggested, UNFPA’s headquarters, not national priorities, drive much of the decision making about how to allocate funds within country programmes.

How do these findings apply to the PSRO and its MCP? First, conventional wisdom has probably guided the selection of some of the MCP’s interventions. “It stands to reason,” for example, that behavioral change campaigns are the “right intervention” to change behaviors.

Second, while almost all of the MCP’s AWPs note that their activities are the result of discussions with the PSRO’s implementing partners, but there are at least two ways that such discussions can occur:

- UNFPA can propose activities and countries can accept them. As many people have noted about this approach, few countries will decline such an offer, and the activities will be included in the AWP.
- UNFPA can discuss with the IPs the possible uses of the resources that are available within UNFPA’s mandate, without first proposing specific activities (although in reality,

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24 UNFPA, Report of the Director of the Division for Oversight Services on UNFPA Internal Audit and Oversight Activities in 2010, DP/FPA/2011/5, April 11, 2011. As APRO explained to the evaluation team, the relative allocation of funds to each of the three thematic areas is due partly to a mistaken belief among staff and country offices that UNFPA has a rule or policy that stipulates a particular allocation of resources among the three core areas.

25 As the data in Table 1 indicate, the MCP’s actual expenditures through 2010 are similar to these percentages in each of three areas, although there is a slight bias in favor of reproductive health.
many are continuations of previous ones. This is traditionally the way UNFPA approaches its national partners.

Interviews with participants in several countries suggest that the first approach may not be uncommon. There are examples where PSRO has initiated some activities, such as the EmOC studies, despite national counterparts’ lack of appreciation of the connection between the data produced by research and the evidence-based approach that UNFPA promotes. More than one professional officer in PSRO believed such studies to be time consuming, suggesting that there are better ways of doing things, despite their understanding of PSRO’s “grand plan” behind the studies. In some cases PSRO appears to be leading countries to consider new options that can be healthy for their programmes and that are in line with international developments. In contrast, some countries may not have exerted their authority over the funding agency to encourage focus on what they consider to be national priorities.

In Tuvalu, UNFPA’s support is much appreciated, but the country’s highest priority for sexual health, according to a senior government officer, is the vaccine for the human papillomavirus. Cervical cancer is one of the leading causes of death in the Pacific, so Tuvalu’s Ministry of Health would like to vaccinate as many young women as possible. Several people also suggested that an analysis of contraceptive usage in Tuvalu would not be a priority and that $25,000 to strengthen integrated RH services at a new clinic was too much. Respondents in another country labeled PSRO’s training programme as “excellent” but said they are not a priority. A senior official in still another country concurred, saying that her ministry is “flooded” with offers of training. “We don’t want to sound ungrateful,” she said, “but we get many, many offers for training.” There is an issue of matching supply with demand; the latter should be the governing factor. As one person at APRO cogently commented, “With so many development partners working in the Pacific, there is a need to be more strategic in organizing trainings which are ‘demand rather than supply oriented’ and that do not overburden the system and prevent people from performing their actual job.”

In the instances just mentioned, there appears to be a lack of convergence in opinions of what is “right.” This situation may create tension between global and national objectives.

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26 In response to this concern, PSRO notes that the $25,000 covered two components, the Ministry of Health’s overexpenditure for renovating the RH clinic at a cost of approximately $21,000. The request for reimbursement in December 2009 missed the last pay cycle of 2009, and this reimbursement was thus carried forward to the budget for 2010 and charged to the RH clinic line. The remaining $4,000 was used for “demand creation activities” in Funafuti and outer islands in 2010.

27 PSRO disputes the validity of this senior official’s response. PSRO asserts that “this could be a typical response from a senior official who depends on junior staff to push the pen and papers for the official, hence opportunities for training for junior officers [are] considered by the senior official as taking away the junior official from valuable and productive time that should be utilized in country and in the office to doing the work for the senior official. Perhaps the senior official does not really value the knowledge and skills enhancement such training can provide to the junior official. The decision or approval for training may not rest on the senior official but the Head of Department or Ministry.”
and priorities. It is also true that UN agencies, being in the vanguard of international development, sometimes encourage governments into action, as with GBV, as the need for action might come from NGOs and the women’s movements. In such cases it is difficult to argue that such encouragement is undesirable.

In any case, it is imperative to ensure that the activities included in AWPs represent not only the best use of the MCP’s resources but that they are the “right” ones in terms of ability to achieve the desired results. Reaching these objectives requires both meaningful consultation with IPs and adequate assessment of what works and what does not in a particular cultural context. As just suggested, rigorous impact evaluations are important for informing decision making—and these may well challenge long-accepted understandings about what is right. UNFPA’s headquarters should take the lead in supporting such evaluations on a global basis, but PSRO can and should initiate its own impact evaluations.

In sum, the MCP is largely aligned and relevant to international and national objectives and needs and to UNDAF. At the regional level RH matters are not explicitly stated in the Pacific Plan but can be assumed to be included as a justifiable component of health. National health plans do include RH matters, and often as a key area of activity, but other pressing health priorities compete for funding and attention. The need for and use of improved population (and other) statistics are noted at all levels and fit well with the MCP. In contrast, gender-related issues barely rate a mention in most documents at the regional and national level—although there has been a recent breakthrough in regard to GBV as can be seen in the updated Pacific Plan.

**EFFECTIVENESS**

Effectiveness reflects the extent to which the MCP’s objectives have been achieved or are expected to be achieved by the programme’s end. Judging effectiveness thus requires a comparison of what is supposed to occur with what has actually occurred in terms of projected results. The ability to make judgments about effectiveness (as well as efficiency, impact, and sustainability) is premised on the availability of suitable indicators and their corresponding baseline and targets, which are integral for evaluation. Perhaps even more important, meaningful targets justify a programme by specifying what UNFPA’s investments intend to produce.

In the case of the MCP it is difficult to identify specific indicators of success because of issues with the indicators. Despite this situation and despite the multiple contextual challenges, there is some evidence that conveys a picture of considerable effort and positive contributions having been made as well as a strong sense of appreciation by the countries involved.

Some indications exist that the MCP’s efforts have made positive differences and are likely to have contributed to improving country situations in each of the three thematic areas, even though there is little evidence of specific outcomes. Some of the following examples were dependent on regional inputs, while others clearly demonstrate national ownership and
initiative. All rely, to varying extents, on PSRO funding and sometimes on the provision of technical assistance, as well as on country effort.

ACCOMPLISHMENTS

Many representatives of the MCP’s IPs expressed their appreciation for the PSRO’s commitment and dedication and the practical value of the technical support it provides. Similarly, the evaluation team was frequently told of the staff’s awareness and appreciation of the social and cultural differences among the countries. As one person in the Solomon Islands observed, there is good communication with PSRO, it responds promptly, and there is frequent interaction with PSRO staff in Fiji. “We feel as if we are part of a family,” he added. Another accomplishment is the extent to which the MCP’s activities are subsumed within national systems, being government owned and managed – although this has the disadvantage of making attribution difficult. The dedication and commitment of PSRO staff has resulted in several notable accomplishments, examples of which are described below.

RH commodities

A regional warehouse to store RH commodities was established in Suva in 2004. It provides a key service to the region. Its presence has enabled countries throughout the region to access commodities that have been obtained in bulk from UNFPA’s global procurement center in Copenhagen, thereby ensuring a cost-effective regional procurement option in line with one of the principles of the Pacific Plan. The warehouse has been functioning successfully, providing countries with a reliable and prompt source of supplies. Its functioning is currently reliant on PSRO staff to oversee its operations and dependent on Fiji’s Ministry of Health for the facility.

While the regional warehouse is successful, the same situation is not always found at the country level. In Tonga, for example, RH commodities are stored at the Ministry of Health instead of at the medical stores as recommended. Due to limited space, the ministry has also stored some of these commodities in corridors. This is a not a location conducive to product safety and reliability. These shortcomings were discussed with staff of the ministry and the central warehouse. Both agreed that the current situation is unacceptable and agreed to have all RH commodities moved to the central warehouse. PSRO is currently working with the authorities to resolve these issues, which surprisingly still exist despite long-standing support for the strengthening of commodity systems. Storage problems also exist in Vanuatu.

In comments on the draft evaluation report, one person suggested that this section begin with a discussion of the MCP’s outcomes and what was achieved or not. Next, the suggestion was that each of the related outputs be discussed and whether they were achieved. This would then be followed by a discussion of each related activity and whether it did or did not contribute to each output. In theory this approach has certain appeal. In reality, using such an approach would have produced a discussion of effectiveness that could have been several hundred pages in length – given the existence of 10 country programmes with hundreds of output targets and hundreds and possibly even thousands of activities spread over multiple years. Moreover, such an approach would have required far more time than was available to the evaluation team. Consequently, it was not possible to address all aspects of the MCP.
UNFPA-provided RH commodities had been stored in a room where the temperature was around 40 degrees Celsius when the team visited. When the team asked why a fan and air conditioner were not operating, the team was told that this minimized the ministry’s bills for electricity. The team requested that the fan and air conditioner be turned on and that the air conditioner can be turned off after sometime while letting the fan continue to operate.

A new approach to training for managers of RH commodity supply systems, initiated in 2010 in collaboration with the University of Canberra, received favorable reviews from all those who are familiar with the training and who were also interviewed, as a sample of comments reveals:

- A family planning coordinator: “It was hands-on, easier to absorb. I learned much more and remembered it, practice not just theory, not old school way of learning. The instructor was culturally acceptable. Yes, the methodology could be used with other forms of health training.” A colleague concurred.
- “Now ordering is much improved and [our clinics] rarely have stock outs. The new card system is very easy to use.”
- A reproductive health manager: “The new project was really good. The leader had really brought the training to the right level, it was great. It was unusual, it was the first time they had ever seen such training, and everybody was very happy.”
- A medical officer: “The new training was a good model that was really working and was important.”

The style of training was compared to other technical training, which was reported by one medical officer as being “probably good in its way but it is hit and run, unfocused and not grass-roots.” Or, as another person commented, “All talk and chalk.” Another comment was that such traditional forms of training failed to identify what was working well locally, inferring a top-down approach in which little time was devoted to reviewing the local scene.

Interestingly, many of those interviewed agreed that the practical approach taken by the instructors could also be applied to other areas of training related to sexual and reproductive health “because it is practical.” The training is also being reinforced by an ongoing mentoring programme, which appropriately addresses a point made elsewhere in this report about the importance of following up training events so that they are not just “hit and run.”

The initial reactions to the training have been positive and there is some evidence of reduced stock outs and increased confidence in working the supply chain among those who received that professional development, although changing staff has the potential to undermine developments. Having a dedicated coordinator for reproductive health commodities security (RCHS) appointed in each country has also helped to improve the processes, with the plan being that these positions will eventually be absorbed by government. It will also be

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29 PSRO has acknowledged that this problem with the storage of RH commodities “is a common phenomenon around the region.” In response, PSRO, in collaboration with the University of Canberra, has initiated a capacity-building effort to address such problems.
necessary to determine whether the system should continue to run parallel to the national health procurement system or whether RHCS can be absorbed without losing its effectiveness. It is recognized that lessons learned may contribute to improving the larger system.

Just how challenging these system development processes can be seen from the history of efforts to strengthen RHCS. The subject received high level notice in 2003 at an annual meeting of the region’s health ministers, following advocacy by UNFPA’s regional office, and the regional supply centre was established in Suva. Attention to the topic was subsequently reinforced at the 2008 meeting when a regional agreement was reached, entitled “Achieving Universal Access to RH,” and a related policy framework was produced. Despite these positive developments many outstanding issues still need to be addressed if family planning is to be much more widely adopted in the Pacific. It is apparent that countries must strengthen their efforts to reinforce the developments that have occurred, including addressing the matter of sustainability, especially so given the current reliance on external technical assistance and funding from donors.

Adolescent health in Majuro

Given the large and increasing numbers of youth in the region, the occurrence of unplanned teen pregnancies, and the ominous presence of HIV in the region, an emphasis on the reproductive health is important. The Youth to Youth in Health Center in Majuro, RMI, which receives UNFPA funding as part of the Adolescent Health Development project, appears to be a good example of a well-run programme that helps to address these needs.

According to verbal reports, visible evidence, and quarterly project reports, Youth to Youth offers an integrated programme of activities for young people, including counseling, peer education, and community and school-based educational activities. The center’s work is integrated with clinical services provided by the Ministry of Health, and which youth are increasingly accessing. Youth to Youth in Health is also undertaking advocacy to government and traditional leaders on youth-related issues and contributing to the formulation of a national youth policy.

The center appears to be popular with young people. Its staff is currently expanding the services to an area of great unmet need elsewhere on the atoll. The coordinator, who was originally a peer educator, appears to have benefitted from the training she has received over the past two years. She accesses other expertise on the atoll for the training courses she organizes.

The Ministry of Health has recently taken over implementation of the project from SPC, which reinforces the close ties between government and the NGO. The disadvantage of such an arrangement is that the NGO does not receive the funding directly and therefore is not eligible for the administrative services grant provided by UNFPA, funds which the project could well use. Nongovernmental organizations that are implementing partners are eligible for such reimbursement; governments are not. Despite the positive relationship the center has with the ministry, the latter may not have the educational and communication expertise
that the project requires to support its effective implementation. Some technical support may therefore be needed to support the new arrangement.

In spite of these minor concerns, the center represents a positive example of a youth-to-youth education and services programme that exemplifies the mainstreaming of adolescent health and development into a national programme for reproductive health. The center has the potential to show long-term, positive impact, especially if the social aspects of reproductive health can be addressed.

**Evidence-based research**

There is much evidence in the 4th MCP (and the previous one) of a systematic approach to the planning and implementation of some of its activities in the region, with phased programmes of research that provide evidences of situations and needs, and in some cases baseline data. This research has been followed by provision of support for policy development, which is informed by the data collected. Support for the provision of equipment and supplies (meeting needs defined in the studies), and training in various aspects of RH services (also as identified by the surveys) then follows. In regard to the research into GBV, funds have also been allocated to implement key interventions such as national dissemination of data on the subject and the development of multisectoral national GBV policies and national action plans. Information obtained from demographic and health surveys, which PSRO has supported in seven countries, has also been used. As part of the reporting associated with these surveys, PSRO technical staff have contributed chapters on HIV, gender, fertility, family planning, and maternal health.

This programme of work provides proof of an evidence-based approach being taken to inform some activities, as can be seen from the following:

i) Family planning and EmOC

An early achievement in the 4th MCP was the conclusion of an assessment of the EmOC situation in seven countries. The assessment included an analysis of the state of EmOC facilities, gaps in services, data on RH indicators, development of lists of commodities required, and recommendations for the formulation and implementation of policies, guidelines, and protocols. The results have filled substantive gaps in the regional knowledge base and have been used subsequently by ministries of health to inform their policies and priorities. The research also accumulated data on which to inform the design of interventions and to develop funding proposals for projects aimed at addressing the opportunities and deficiencies identified by the research.

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30 PSRO, *Family Planning and Emergency Obstetric Care in Seven Pacific Island Countries*, 2008.
ii) RHCS country analyses

In recognition of the importance of having efficient commodity supply systems for RH services (and HIV prevention), situational analyses were conducted in 13 countries in 2008 and 2009 to determine the state of supplies and systems. Publications on each country’s specific situation were produced.

iii) Policies and strategies for RH and RH commodities

By the end of 2010, PSRO’s technical and financial support enabled more than six countries to develop and finalize policies and strategies that set the scene for RH within health services, encourage the prioritization of the subject, and provide the structure for activities. The development of these policies followed the regional meeting of health ministers in 2008 at which the Pacific Policy Framework for Achieving Universal Access to RH Services and Commodities was endorsed.

Seen together, these examples demonstrate accomplishments, with much complex research completed, knowledge shared, and evidence of use of the findings in development of country-based policies, strategies, guidelines, and protocols, notably achievements at the output, not outcome level.

PSRO’s gender advisory services

The addition of a gender advisor to the PSRO team during the MCP has enabled the office to mainstream gender issues into its work more effectively than it had been able to do in the past. Among other tasks the advisor contributed to country-level matters, including advising on the GBV studies in Kiribati and the Solomon Islands and to the revision of the manual for PSRO’s project on Men’s Involvement in Reproductive Health. PSRO cochaired the UN’s Gender Theme Group for the Pacific for three years, with representatives of other UN agencies expressing appreciation of the high level of cooperation and initiative that was exhibited. An example of such cooperation occurred when a paper was coauthored and presented to the 2011 Australian Parliamentary Round Table on Ending Gender-Based Violence in the Asia-Pacific Region. This paper was primarily based on the PSRO-supported national GBV studies and attempted to educate regional policy makers on the importance of having national data on GBV to guide national programmes and policies. Following the completion of the GBV studies in Kiribati and the Solomon Islands, PSRO submitted a proposal to AusAID requesting $2.7 million which was fully funded to support follow-up activities.

RH Training Programme

The five-month long Reproductive Health Training Programme (RHTP) has become a regionally recognized course, one which has evolved to meet the region’s needs for training

31 PSRO did not have a gender advisor in place at the time of the evaluation.

on the topic. The RHTP has become institutionalized in the Fiji School of Medicine and has been designated as a certificate-level course. A total of 189 people have graduated from the programme since 1999, at an approximate total cost of $1.3 million to PSRO, which has provided scholarships to many of the graduates. The programme no longer relies entirely on that support, although the average of 17 PSRO scholarship students per year does comprise the majority of participants.

Anecdotal evidence suggests that graduates return to their countries with enhanced clinical and managerial skills and contribute in positive ways because of the training. There are also examples of South-South learning such as that provided by graduates from the Solomon Islands who have initiated a programme to share their skills in nonscalpel vasectomy with other countries. In terms of follow-up of graduates, at least one country (Cook Islands) has an item included in its work plan that the work of each graduate “… will be evaluated throughout the year” and that “… their skills will be utilized in RH related activities.” The extent to which these aims are achieved is unclear due to a problem with record keeping. As part of the RH coordinator’s duties in the Solomon Islands she travels among the provinces to undertake monitoring and supervision of staff, as well as to train public health nurses in family planning using guidelines developed with PSRO assistance. As an RHTP graduate she is demonstrating and sharing the skills enhanced by that experience.

The RHTP appears successful, but there has not been an evaluation to determine the extent to which graduates return to and remain in their countries of origin or continue to work in areas related to the RHTP. Such a study would help validate the practical value and cost effectiveness of the training provided. As the PSRO explained, the situation in the Pacific “is such that hardly anyone will continue to work in their areas of expertise for which they were trained because of the small pool of expertise and high turnover.” This statement raises a concern about the sustainability and effectiveness of PSRO’s efforts.

Furthermore, at least one country is “awash with RHTP graduates” and does not need to accept PSRO’s annual offers of scholarships, preferring instead to request support for training on other topics, such as midwifery at the Fiji School of Nursing. PSRO responded favorably to the request, but doing so raises questions about the number of scholarships that should be available to a particular country and whether that decision is based on need or supply. Also, the content of the programme, including the educational methodologies, have not been evaluated since 2007 and this should be done. Given the long-standing issue of staff turnover in the region, the RHTP may be needed for many years, as long as the course contents remain relevant and are taught effectively.

Formulation and endorsement of the Ten Year Pacific Statistics Strategy (TYPSS)

The Secretariat of the Pacific Community (SPC) initiated the TYPSS but PSRO contributed to its formulation and has played an advocacy role in bringing the TYPSS to the attention of other UN agencies. This advocacy resulted in endorsement of the strategy by more than five other UN agencies. Results include the establishment of the Pacific Statistical Steering Committee, of which PSRO is a member. The committee oversees the strategy’s imple-
mentation and seeks financial support for this implementation. TYPSS has attracted funding for four years from AusAID, with continued funding dependent on the results achieved during that period.

Port Orly Health Center, Vanuatu

The Port Orly Health Center provides comprehensive services ranging from an outpatient department to maternity rooms. Two staff members – a midwife and an advanced nursing practitioner – manage the center. Services are provided seven days a week with 24-hour emergency services also available. The center’s coverage area includes between 50 and 60 communities and about 7,000 people. A major problem with the center was the lack of a waiting room so clients had a tendency to roam around until they were able to receive the services they needed. In many cases, some people got tired or frustrated, went home, and never returned.

In 2010, UNFPA provided funding to rehabilitate the building and procure seating for clients. Since that initiative, the center has experienced an increase in client load of 30 percent and an increase in the daily outpatient load of over 50 percent.

During a focus group discussion with the center’s clients, the feeling was overwhelming in terms of their satisfaction and gratitude to UNFPA for funding the project. They unanimously agreed that the rehabilitation was a timely, constructive, and an effective intervention, although still more seating is required. Based on the discussion with these people, it is clear that the center’s rehabilitation will have sustainable effects as the structure is part of an existing facility that is already well managed. This activity is a good example of how practical inputs can make a positive difference.

University of the South Pacific’s Statistics Programme

PSRO’s support has enabled the University of the South Pacific to strengthen its capacity to train students in statistics through the provision of internships, preparation for accreditation of the courses, and enhanced collaboration with other regional capacity development institutions. Interns from Samoa are currently being supported and the country’s national statistician has applauded this support for capacity building in his country. Other countries have expressed interest in similar arrangements to boost their capacity. Some people believe that the university’s accreditation programme will stimulate job retention, thus boosting the sustainability of efforts to develop capacity, thereby addressing a significant problem in the region. Others, alternatively, suggested that the programme will enhance the marketability of graduates. In any event, it is too early to expect long-term results, but the programme’s placement at the university enhances the probability that the programme will be sustainable.

ISSUES OF CONCERN

As described above PSRO can point to several accomplishments that demonstrate some degrees of effectiveness at the output level. In contrast, there is also evidence that
PSRO has been less effective than might reasonably be expected at a higher level. In particular, the evaluation team identified a considerable gap between the projected outputs and outcomes identified in AWPs and the corresponding results achieved. This gap directly raises questions about the MCP’s effectiveness. To a large extent this gap exists because of a weak relationship between many activities and the results that are expected to follow. While it may be the case that activities are based on requests from countries, these countries are not always engaged in discussions about what the expected results are supposed to be. Indeed, the evaluation team repeatedly came across instances during the field visits in which there was local endorsement of activities but little or no recognition or ownership of the projected results. This is not surprising given PSRO’s belief that it is “hardly relevant” whether IPs are aware of the outputs and outcomes to be achieved.33

The judgments that follow are based on a comprehensive review of PSRO’s country-based AWPs for four years (2008–2011). In the words of PSRO “basing all statements related to achievements on the AWPs, given the lack of attention to output indicators in the AWPs, was inappropriate given an ME database was created to inform and consolidate information from AWPs, facilitate easier follow up of progress of all programmes as well as contribute to quality assurance.” The evaluation team scrutinized this database thoroughly and discussed it frequently with PSRO staff. Unlike the PSRO, however, the evaluation team does not consider the database and its indicators to be substitutes for the indicators identified in AWPs.34

The obligations and responsibilities of implementing partners for achieving targets are limited to the targets included in AWPs. All of the work plans were developed in collaboration with the countries and jointly approved by PSRO and the countries’ senior officials. The work plans include relevant indicators and are required to include baselines and related targets or goals to be achieved by the end of the MCP in December 2012 (or sooner). These plans thus represent the single best source of information about what PSRO and IPs have agreed and what they are supposed to achieve collaboratively. In turn, judgments about effectiveness are best made by comparing what is supposed to be achieved with what has actually been achieved.

THE MCP’S OVERALL EFFECTIVENESS

To collect the information required for the completion of the 2010 country office annual report (COAR), the PSRO’s deputy director/deputy representative sent an email in early 2011 to the staff responsible for overseeing the office’s country-based programmes. Citing the language in the COAR template, the email asked the staff to indicate the percentage of outputs in the AWPs that “have achieved their indicator targets.” The responses were consolidated and used to prepare the COAR for 2010.

33 The quoted words are from written comments that PSRO provided to the evaluation in response to the draft evaluation report.
34 Annex 6 further explains why the evaluation team has relied on AWPs rather than the M&E database to make judgments about the MCP’s effectiveness.
The completed COAR, which was submitted to UNFPA’s headquarters, noted that 75 to 99 percent of the indicator targets in the MCP’s 10 countries had been achieved by the end of 2010. As the PSRO observed in its comments in the COAR, “For some countries it was 70% and for others it was close to 90% of outputs achieved their indicator targets” (emphasis added). The PSRO further noted that “obtaining updated information for indicators has been slow and response from national partners delayed, thus required regular follow-up.” Although this statement indicates that some data had been delayed, the statement did not indicate that any data were missing or had affected or in any other way altered the PSRO’s calculations of the percentages reported in the COAR.

The evaluation team was provided with the “achievement rates” that each of the programme managers reported in their email responses to the deputy director/deputy representative for each of the countries for which they were responsible. The percentages reported for each country are shown in Table 3. For 8 of the 10 countries, the programme managers reported that 75 percent or more of the output targets had been achieved.

The percentages reported in the COAR substantially overestimate the actual situation. None of the countries had achieved 75 percent of their annual indicator targets for 2010, and none were close to doing so. To validate the percentages reported to the deputy director/deputy representative, the evaluation team met individually with each of the programme managers and reviewed every indicator in the AWPs for 2010 for each country to determine whether the annual targets had been achieved and the evidence that supported that judgment.35

As can be seen in Table 3, which shows the achievement rates that PSRO staff reported to the evaluation team, the actual percentage of output targets achieved ranged from 0 in Samoa to 31 percent in Tonga, with a mean achievement rate of 15 percent. To calculate the percentages, the evaluation team used the total number of output indicators in each country’s AWPs as the denominator. To do otherwise would invalidate the comparison with the information reported in the COAR, not make use of available information, provide potentially misleading information, and “reward” the PSRO for not having mandatory baselines and annual targets in AWPs and for not monitoring achievement of outputs, as it is required to do.36

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35 AWPs are supposed to identify intended outputs and indicators, including annual targets.
36 UNFPA’s policies and procedures on Country Programme Monitoring and Evaluation (July 2004) note that programme component managers are required to “monitor progress of each IP in producing...outputs,” “compile output data,” and “assess progress of the component in achieving outputs.” Country offices, in turn, are required to “report progress in achieving outputs” to UNFPA’s headquarters in the COAR. Why might the information be misleading? Consider a situation in which a country’s AWPs had 20 outputs. If ten output targets had been achieved but no data were available for the other ten targets (and the latter ten were omitted from the denominator), then it would be possible to report that 100 percent of the output targets had been achieved although only half had actually been achieved. APPO requested that Table 3 indicate the percentage of achievement for each indicator (e.g., 75 percent of the target was achieved). There are several problems in doing so. First, and most important, one purpose of Table 3 is to compare the data in the COAR with what the PSRO staff told the evaluation team. APPO’s proposed approach would not allow such a comparison. Second, several of PSRO’s targets are dichotomous, such as whether a national policy exists. In such a situation there are only two possible percentages – either 100 percent (the policy exists) or 0 percent (the policy does not exist). Some progress may
Furthermore, PSRO is accountable for achieving outputs. Nonetheless, if indicators with missing data had been excluded from the calculations, as PSRO prefers, the results would not have been notably different for Kiribati, RMI, Samoa, Tuvalu, or Vanuatu, and the overall percentage would not have come close to or even approached the 75-99 percent achievement rate reported in the COAR.

Table 3: Percentage of AWP output targets reported to UNFPA Headquarters as achieved and actually achieved, as of December 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>% of output targets achieved by end of 2010 according to written reports from PSRO’s programme managers</th>
<th>Number of indicators</th>
<th>% of output targets actually achieved by December 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Islands</td>
<td>75-99</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>FSM</td>
<td>60</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Fiji</td>
<td>75-99</td>
<td>14</td>
<td>29</td>
</tr>
<tr>
<td>Kiribati</td>
<td>70</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>RMI</td>
<td>90</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Samoa</td>
<td>75-99</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>75-99</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Tonga</td>
<td>75-99</td>
<td>19</td>
<td>31</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>75-99</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>75-99</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Mean %</td>
<td></td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

The Solomon Islands provides an example of a country with a modest rate of achievement. For 2010, its AWP included nine indicators for reproductive health. According to the PSRO programme manager, none of the nine targets had been achieved by the end of 2010, and no progress had been made with most of them. One indicator was the proportion of service delivery points (SDPs) offering at least three contraceptives. The baseline was 85 percent; PSRO’s 2010 Annual Report notes that no change had occurred from the baseline. The same situation – no change – was true for other indicators as well.37
Why are the percentages reported for the COAR different from the percentages actually achieved? Two programme managers explained that they had misunderstood the instructions in the request. One manager reported that the percentages reflected the proportion of funds that had been spent rather than the percentage of output targets achieved. These responses, as well as a review of multiple Annual Work Plan Monitoring Tools (AWPMTs), also underscore PSRO’s emphasis on the implementation of activities rather than the achievement of results.38

Why does this situation exist? Part of the explanation is that PSRO may not understand the purpose and function of annual work plans. As the agency’s Policies and Procedures Manual repeatedly makes clear, an AWP:

“provides detailed activity planning and sets out what is expected to be accomplished during the year”;

“describes the activities to be carried out during the year and…provides country offices with the flexibility to plan and budget activities related to each country programme output on an annual basis”;

“reflects the…output indicators and annual targets to be achieved”; and

Provide output indicators with annual targets.

In contrast to these mandates, PSRO contends that “setting indicator targets for outputs in the AWP is quite unrealistic because a majority of the outputs are attained within more than two years and often not annually.” Several additional examples illustrate the challenges that PSRO and its partners face in achieving the outputs included in the AWPs.

Unrealistic targets

UNFPA’s Global and Regional Programme Guidelines require that clear and achievable results be identified. Several of the MCP’s targets are unlikely to be achieved however successfully its activities are implemented. In several instances the presumed causal relationships are unclear or uncertain; there are activities without discernible outputs as well as outputs without corresponding outcomes in the AWPs. In other instances the indicators identify changes that are well beyond UNFPA’s control or ability to affect.

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38 In response to these findings, PSRO commented that it knows the baselines and targets in most countries and that such information is included in its M&E database. As PSRO also noted, however, “If programme officers are still using old indicators in their AWPs and AWPMTs then the issue is one of quality assurance on AWPs and not the situation with baseline data.” The evaluation team agrees with PSRO that there are problems with the quality and content of AWPs, and the problems are evident in AWPs approved for 2011. Although the situation may have changed, as PSRO contends, the data in Table 4 represent the situation at the end of 2010 based on information provided to the evaluation team by PSRO’s programme managers. The data permit comparison of what PSRO’s management reported to UNFPA’s headquarters with what had actually occurred. When discussing the achievement of outputs with the evaluation team, none of the programme managers referred to or mentioned the M&E database.
Example: An indicator found in the AWPs of several countries is the proportion of the population within two hours of a comprehensive EmOC facility. Achieving the target associated with this indicator would require the upgrading of existing facilities, construction, equipping, and staffing of additional EmOC facilities, or reducing the time required for expectant mothers to reach a comprehensive EmOC facility. With the exception of a collaborative effort with the European Union to upgrade several facilities on Kiribati’s outer islands, no activities in any of the AWPs for any of the other countries address these possibilities. As a consequence, improvements in access to EmOC facilities will not and cannot be achieved as a result of the MCP’s support for implementation.

Contradictory objectives

At least one of the MCP’s multicountry activities potentially and likely discourages IPs from making any effort to achieve one of the targets.

Example: A common target is that countries should allocate a portion of their health budgets to purchase contraceptives. UNFPA has been providing most of the countries with a comprehensive range of contraceptives at no cost for many years. As one representative of an IP asked, why should his country devote its scarce resources to purchase contraceptives when UNFPA is already providing them at no cost? Another person in the same country noted that there is no demand for female condoms and negligible demand for male condoms. As a result of this situation, both people said their government was not doing anything to achieve the target, and there was no reason to do so.39 The MCP is ineffective in meeting this target.

Uncertain effectiveness of PSRO’s capacity-building activities

The MCP devotes considerable resources to training and capacity building. PSRO estimates that it spent over $4.65 million for training in the MCP’s first three years. How effective has this training and capacity building been? The IPs and PSRO have done little to track the participants trained or seek to determine what is better or different as a result of the training. In addition, the evaluation team was also unable to determine the existence within PSRO of a comprehensive strategy for human resource development or support to countries to initiate or develop this capacity. Given the amount of money devoted to training and capacity building, such a strategy seems imperative, as does a systematic approach to the evaluation of training that goes beyond end-of-workshop assessments of participants’ reactions to training. For example, a pre- and posttraining assessment of skills and knowledge could be useful as would a longer term consideration of how participants had applied their newly acquired skills.

39 In another country the target is that 1 percent of the country’s health budget be allocated to the purchase of contraceptives. This target, if achieved, would provide more than twice the amount of money needed to meet the country’s entire demand and need for contraceptives, in the opinion of one of the country’s most knowledgeable RH specialists.
EFFICIENCY

Efficiency considers how economically or optimally inputs (financial, human, technical, and material) and resources have been used to produce outputs. Accordingly, the evaluation team examined the following:

- The measures taken during the MCP’s planning and implementation to ensure that funds are used efficiently;
- The extent to which programme activities overlap or duplicate other similar interventions funded by other development partners; and,
- The timeliness of inputs.

There is much evidence that PSRO has been productive in a range of areas and has, in several respects, used its human, physical, and financial resources in optimal ways. Nonetheless, there are other areas where inefficiencies are apparent. Evidence for both positions is described below.

EFFICIENCIES

Notable examples of efficiency relate to procurement and to organization, coordination, and planning.

Procurement

The way in which RH commodities, equipment, and supplies are procured and distributed provides an example of both logistical and financial efficiency. UNFPA’s global procurement system in Copenhagen is used to obtain items in bulk and at competitive prices. Doing so provides significant savings (and provides an example where reliance on national systems for procurement is undesirable).

Another aspect of the efficiency in this arrangement is that supplies ordered are based on the surveys undertaken by PSRO and governments (e.g., the EmOC and RH commodities surveys). This means that the quantities and types provided should be in line with actual needs. While some countries are still experiencing challenges with monitoring stocks, ordering, storing, and shipping supplies to outer islands, the regional supply system reflects a high level of financial and organizational efficiency.

Organization, coordination, and planning

An important aspect of efficiency relates to organization. To be managed efficiently, a regional programme in a vast geographical region, with a diverse group of countries, requires a high level of planning and organizational skills as well as a high degree of coordination.

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40 Evaluation team member Bongs Lainjo has prepared a separate discussion of efficiency and requested that it be placed in an annex (see Annex 9).
This capacity is generally evident in the PSRO’s work, with an extensive range of documentation indicating significant effort devoted to planning and coordination, both internally and with other UN agencies, country and regional partners, and other development partners. The UNDAF, CPAP, and mission and annual reports suggest that much thought has gone into planning the programme and many of its components (even if overly ambitious and fragmented, as discussed below).

The minutes of UN technical working groups provide evidence of increased UN coordination, while other documentation testifies to matters related to staff management, financial planning, and other operational matters, including procurement and information technology, all of which must function at a high level if services are to be efficiently delivered to this challenging region.

Planning for technical assistance in such an environment is particularly challenging due to the need to specify the type of assistance required, who is to provide the assistance and for which countries, as well as the cost and timing. Travel is also required of managers, consultants, and programme and operational staff as well as country-level staff. The numbers of countries, the distances to be covered, and the sometimes complex flight schedules (including once-a-week flights) as well as the occasional interruptions due to cyclones and torrential rains create a unique situation for a UNFPA office. Managing such a programme requires skills equal to those held by air traffic controllers at a major international airport.

As a form of efficiency, wherever possible, travel typically addresses several tasks, such as attending a regional meeting and providing programme assistance to IPs. With the cost of travel increasing, such efficiencies will need to be increased.

Coordination is also required for organizing participation in national, regional, and international meetings. Juggling such demands along with day-to-day administrative and programme tasks adds to PSRO’s organizational burden. Additional work-related stress results from the jetlag associated with long-distance travel and the length of time PSRO staff is away from their families. Modern technology also means that tasks, such as making payments to IPs, can be done on planes and in airports, so duties follow staff members wherever they go, adding to already heavy workloads.

The general smoothness of the travel-related arrangements testifies to a high level of efficiency as well as an excellent cooperation with local travel agents and between management, finance, programme, technical officers, and the recipient countries.

Another aspect of efficiency is demonstrated by the well-functioning information technology system in place, linking PSRO internally and with the UN joint programme offices, UNFPA’s regional office in Bangkok and its headquarters in New York, and to the countries in the region.

Efficiencies are also evident in the provision of financial, operational, and human resource capacities (albeit there is currently a major, temporary gap in the latter area, and a shortage in the finance area), all necessary to support such a complex programme. The lack
of a communications officer is an important omission. Without that level of expertise, capacity, and commitment, the MCP’s implementation would be weakened and less efficient.

In short, the PSRO demonstrates a high level of organizational efficiency and is generally, but not always, well supported with resources. Along with the provision of excellent office quarters, PSRO is largely well equipped to deliver services to the region and generally shows evidence of doing so in an efficient manner – with the exceptions discussed below.

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**INEFFICIENCIES**

The following areas demonstrate concerns about the programme that should be addressed as matters of priority because of the way they affect both efficiency and effectiveness.

Programme design

A key aspect of efficiency is whether the MCP was designed in (a) a manner that makes it manageable and achievable, with the least expensive and time-consuming implementation options, and (b) in ways that achieves the MCP’s technical objectives and suitably considers the geographical and sociocultural context.

The MCP’s design is less efficient than might be desired. A review of the AWPs and discussions with PSRO and field staff leads the evaluation team to conclude that the MCP is both overly ambitious and fragmented. This is a sentiment widely though not universally shared among PSRO staff. The team was informed that the MCP was designed to be comprehensive with many linkages, and “together they constitute a comprehensive approach to address many different aspects that hamper national development.” This may be the theory and the theory may be correct, but for many people in PSRO, fragmentation and a lack of coherence provide a better description of reality. Resources are spread too thinly across many, often small-scale activities in the ten countries, the evaluation team was repeatedly told. Not only does such a situation create management and administrative issues within countries and the PSRO, but the effectiveness of such fragmentation is problematic.

Work plans consist of dozens of line items and budgets for some activities are as small as $500, and other activities with only slightly larger budgets are common. As one staff member informed the evaluation team, due to the small amounts of funds involved in so many activities, “UNFPA funds are seen as a pain.” Many respondents informed the evaluation team during the field visits that the number of activities included in AWPs is typically too high, thus suggesting high transaction costs as well. To illustrate, one partner observed that “We can do without a lot of the activities.” To put this statement in perspective, a review of PSRO’s AWPs for 2008 through 2011 identified 213 activities in the first year. The number of activities increased every year. By 2011, the number of line-item activities had reached 382, or nearly 80 percent more than in 2008. Over the four-year period there were 1,152 activities listed in the AWPs. The problem with too many activities is further exacerbated when
funds intended for disbursement in January or February are not provided to IPs until several months later.

Late approval of AWPs is not always or entirely the fault or responsibility of PSRO. IPs are often tardy in submitting their proposed AWPs for PSRO’s review and approval. In other instances, findings from financial audits must be resolved before PSRO can release funds to IPs. When audits are not an issue, however, PSRO should review why its recent efforts to correct this problem have not been entirely effective. In too many instances, AWPs have not been approved in a timely manner and deadlines for approval are typically missed. It is appreciated however, that year-end requirements are intensive and do not mesh well with the region’s holiday season.

Despite the small amounts allocated to so many activities, the agency’s reporting requirements, typically seen as burdensome by IPs, remain the same regardless of the amount of money involved. Several people in PSRO shared similar concerns, remarking that their workload is “quite overwhelming.” Another mentioned that “we are spreading ourselves too thin and we are not producing the expected outcomes.” Another person described the MCP as “unwieldy” and offered that the PSRO “lacks an organized approach to its work.” The consequence of such fragmentation is that the effectiveness and efficiency of the PSRO’s management is diminished and therefore the quality of results is affected.

The widespread agreement within PSRO about its workload and the concurrent programme fragmentation point to a serious problem – the expectations for achievement of results exceed the capacity of staff as well as the capacity of most of the region’s countries. The multitude of activities also means that the attention of programme officers is often diverted from focusing on technical matters and quality control due to the need to spend so much time on administrative tasks. Such work is time consuming and not professionally motivating.

Another issue is that several country-based respondents mentioned their inability to gain assistance from PSRO even when the assistance requested is consistent with the MCP’s purposes. In one country, as an illustration, a person in another UN agency remarked that her agency had received requests for assistance from government officials – for tasks within UNFPA’s mandate – because PSRO had either not responded or had indicated that it could not provide the requested advice or assistance. Tasks (often un-programmed) requested by UNFPA’s regional office and headquarters, as well as heavy reporting requirements also contribute at times to diversion of attention from the planned areas of focus.

The UNDAF for the Pacific notes that its signatories will work in areas where they can have the most impact and where they can demonstrate a comparative advantage. UNFPA has elsewhere noted that its global comparative advantage is partially based on its strong country presence. That strong presence does not currently exist in the Pacific region, at least for the UNFPA.

There is also fragmentation in the core RH-related subject areas being covered, including management and service delivery (e.g., antenatal care, obstetrics, family planning,
supply systems, adolescent RH, gender, GBV, family life education, parliamentary advocacy, male involvement, communications, and sexually transmitted infections). The MCP also has components related to laboratories, colposcopy, and cervical cancer in Tuvalu, which appear to be beyond the immediate scope of RH even though important in their own right. Trying to cover such a range of issues with limited human resources (only one RH advisor and none in the areas of adolescent education and communications) and minimal in-country staffing raises questions about both efficiency and effectiveness. One can also question why PSRO needs to have additional components to address HIV given that (a) its core RH work naturally includes related elements and (b) there are other donors and implementing partners with considerable resources already addressing the issue. Having raised this question, it is important to note that PSRO coordinates its work on HIV with other UN agencies and within the UNAIDS framework.

Activities are also varied, including research, training, publications, meetings and conferences, the development of policies, protocols and curricula, communications and advocacy, and the provision of equipment and supplies. These components comprise a comprehensive package of support for RH, but the workload associated with delivering such a range of inputs is heavy and requires adequate staffing if inputs are to be used efficiently and overload is to be avoided.

Fragmentation of activities is not only problematic but the coverage of ten countries is also questionable. The exclusion of the four small countries from the main programme activities reflects a pragmatic decision, but further efficiencies in the provision of programmatic and technical support are possible, such as the provision of in-country (programmatic) and subregional (technical) assistance, which would have the potential to decrease travel costs and increase opportunities for intensive country-focused inputs and increased quality assurance.

The evaluation team was informed that the PSRO’s preference for the next multicountry programme is to have activities in all three of its thematic areas in each of the ten countries. The evaluation team was not able to discern a compelling or persuasive justification for trying to address UNFPA’s core thematic areas in each of the ten countries.

Financial reporting

UNFPA’s financial regulations require field offices (including the PSRO) to (a) establish budgets for all IPs within the context of an approved country programme and (b) prescribe and arrange for the efficient and accurate management of financial records, including annual audits, to ensure accountability. These requirements imply timely distribution of funds to IPs for activities described in AWPs and accurate and timely acquittals at the end of each quarter. The requirements also imply that appropriate systems are in place and that staff members at both the PSRO and country levels have the capacity to operate effectively within these systems. There is no doubt about PSRO staff’s ability to use these systems effectively and efficiently (although capacity maybe constrained at times), but the same cannot be said for many of the MCP’s IPs.
Information obtained from staff suggests that the current UNFPA-wide system is not efficient. In PSRO’s view (and one that the evaluation team partially shares), agencywide requirements provide a major explanation for many of the financial problems described here. Indeed, financial reporting is a major issue for the MCP, affecting several important aspects of implementation. At the country level, as an illustration, one Micronesian government official shared a widely held view: “UNFPA financial reporting is very labor intensive. UNFPA uses existing [government] staff to complete the quarterly report [FACE] form and they have many other tasks to do.” Another person commented that “Getting funds out of the UN is difficult. The processes are cumbersome and tedious.” From a country perspective UNFPA’s financial requirements are too complicated and in some cases are different from those required by the region’s governments. Despite training given to IPs, complying with UNFPA’s financial requirements is widely regarded to be problematic and troublesome. This may partly be due to an attitudinal problem for some who consider donor funds as “easy money” and who do not appreciate the need for full accountability while others may be constrained by their multiple responsibilities and workloads.

A review of the process does not reveal any particular complexity in the Funding Authorization and Certificate of Expenditure (FACE) form that IPs use to request advance funding and to report expenses incurred. Problems first appear when trying to match expenditures with their corresponding receipts. Given the number of items that may be involved, this process can be tedious, especially if one has not been well organized (or had the time to be) during implementation. One Polynesian country recently submitted over 320 receipts with a quarterly FACE form. The process is further complicated by having to submit both an acquittal of past expenditures and an adequately supported request for the next tranche of funds. Unless the acquittal is approved, the advance payments may be delayed or withheld.

Even small amounts of money require the same level of acquittal as much larger amounts. At one regional workshop the burden of reporting compared to the small amount of funding being received was identified as a problem. This issue was temporarily resolved about four years ago when UNFPA’s headquarters agreed to twice-yearly instead of quarterly reporting, at the same time as there was an increase in national execution. The result was that the number of qualified audits increased, thus suggesting inherent problems at the country level. The twice-yearly arrangement was halted. Even more onerous requirements were put in place. These required that every FACE form be accompanied by full supporting documentation, including quotations for the next tranche of funding as well as vouchers, receipts, etc., for past expenditures.

From the PSRO’s perspective, the main issue is that planning processes at the country level are less than optimal. Programme officers report that IPs’ staff members have a tendency to leave the completion of FACE forms to the last minute, perhaps completing the process in a hurry and then submitting them with an urgent request for advance funding, expecting an immediate response from the PSRO, especially when a major event is pending. Stress levels rise on both sides when this situation occurs.
Some IPs do not seem to appreciate the processes that PSRO staff must follow to complete and approve financial transactions, in addition to the requirement that expenditures and receipts must be matched and that planned expenditures be justified with quotations of projected costs. IPs also may not appreciate that as many as five people at PSRO are involved in processing a payment and that a transaction can require two to three days to be completed.

An associated issue is that programme officers must verify the accuracy of FACE forms and cannot approve them until they are accurate – a discipline well maintained but one that some IPs fail to appreciate. Several PSRO staff noted that this task requires considerable time because so many FACE forms contain errors or are incomplete. This situation leads one to ask why technically qualified staff within PSRO must spend so much time doing basic accounting when their talents would be better used to ensure quality control of technical matters, including AWPs. Also, having to focus so much time on financial matters detracts from the time that programme officers and assistant representatives have available to devote to other tasks such as procurement, managing technical assistance, regional meetings, UNDAF country analysis, strengthening partnerships, and monitoring and evaluation.

Yet another reason for delays in UNFPA funding is related to problems with settling audit queries, which are also time consuming. PSRO has maintained appropriately high standards in this regard, even though outstanding reporting matters are often minor. Nonetheless, the bottom line is that without a clean audit no funds can be provided to IPs. Some countries find this difficult to understand and accept. In 2008 five countries were affected and, consequently, were not able to receive funds. They were, however, able to benefit from technical assistance, procurement, and some regional activities, all of which PSRO funds directly. In such instances PSRO controls the expenditures and is responsible for the financial reporting.

The implications of these issues, aside from the stress of not being able to implement IPs’ planned programmes in a timely manner, is that the receipt of the next tranche of funds is delayed, sometimes until mid year, and on one occasion reported by a Melanesian country, until December! This situation contributes to reduced implementation rates and to delays, with most country-level activities occurring in the last two quarters of each year. The most serious problem related to funding delays occurs when project staff received no salaries for several months, as occurred in Tuvalu, and where trained peer educators in FSM disappeared because no allowances were paid.41

The process of having annually prepared and approved work plans is also an issue in regard to the delays experienced. Instead of having a five-year MCP rolling plan, activities are negotiated annually between the country and the PSRO, and proposed budget developed,

41 What happened in this situation in Tuvalu is not entirely clear. The respondent informed the evaluation team that she had not been paid for several months. PSRO provided a copy of a FACE form with a request for salary on April 27, 2010. The requested funds were provided within 13 working days.
then approved and signed.\textsuperscript{42} The issue is not the annual negotiation of details, which may be practical and necessary, but rather that the plans are approved at a high level in each country. This process can be time consuming and would not be necessary if there is an approved multiyear work plan, with annual details being agreed at a lower level. Unless this time-consuming process is begun well in advance, which is what is now one of PSRO’s objectives, there will undoubtedly be delays in providing funds to the PSRO’s IPs.

All of the above issues can be complicated by delays in receiving funds from UNFPA’s headquarters and also from donors, as happened with the census in the Solomon Islands. As the 2008 COAR stated “…UNFPA internal processes and its requirements were other factors that also affected the rate of programme implementation and budget utilization.” The 2010 COAR similarly noted that there were internal issues – with monthly programme operations meetings resulting in concrete and actionable follow-up steps being identified but which were “not often actioned in timely manner so that the same issues continued to be addressed at each meeting.” The latter is an internal management issue, the former an issue requiring attention from UNFPA’s headquarters.

There is no simple answer to the many of the issues just discussed, and due recognition must be given to the attempts that have already been made to address them. Examples include the placement of in-country support in the Solomon Islands in 2008 and the subsequent opening of joint presence offices that play a role in “chasing” FACE forms and checking their accuracy. Front-loading activities in the work plans is also being done so that peak implementation occurs in the second and third quarters, with the fourth quarter being left for wrap-up, reporting, and planning of the next year’s activities. Nonetheless, the problems are broader than that. One important factor is that training on financial reporting has had only a limited effect because of constant changes in country-level staff and because of the multiplicity of their roles.

Another question is whether the current financial system would be more efficient if government accounting systems were used. As one country-based interviewee (a UN staffer) said, “Headquarters’ requirements could be changed to accept whatever the local system is.” PSRO’s consideration of increased reliance on such systems might ease its administrative burdens and increase the office’s efficiency.

\textbf{OTHER INEFFECTIVENESS}

\textbf{Research}

A notable feature of the 4\textsuperscript{th} MCP (and the previous one) is the extensive programme of research aimed at providing data and evidence for policies and strategies. Subjects of this research include ageing, adolescent RH issues, the status of RH commodities, situational analyses of clinics, and violence against women (VAW). All of these extensive and time-

\textsuperscript{42} This procedure is standard for all AWPs throughout UNFPA. The evaluation team understands that UNFPA is considering the use of multiyear work plans.
consumer consuming activities were undertaken with professionalism and produced reports covering a range of data that PSRO and the countries use to advise and guide subsequent activities. The annual reports provide specific examples.

Attention to evidence-based decision making is important, and none of the following comments negate the potential usefulness of the research that has been completed. The research findings have obviously contributed to informing implementation. In the interests of maintaining the focus on efficiency in achieving results, however, the evaluation team has several observations that might usefully be considered before further large-scale, expensive, and time-consuming research is undertaken.

What follows is a case-study discussion of some of the research that PSRO has sponsored or supported on violence against women and children. The discussion is appropriately long – in response to concerns expressed by PSRO that the evaluation team had not suitably considered this research in the draft evaluation report. No less important, the research on VAW addresses a more complex subject than most other studies (e.g., compared to examining RH equipment and supply needs), so this research can serve as a case study of the MCP’s research-based activities.

**Violence against Women: A Case Study of PSRO’s Research**

With funding from AusAid and the Government of New Zealand, the PSRO initiated and SPC implemented on its behalf, a research programme on violence against women and children that ended in 2010 at a cost of approximately $2 million. The research produced the first-ever nationally representative studies on VAW for Samoa (representing Polynesia, and being conducted during the 2nd MCP, in 2002), the Solomon Islands (representing Micronesia), and Kiribati (representing Micronesia). As a result of the studies, local partners, NGOs and government learned new skills, and their own understanding of the issues was raised through their participation in the studies. Also noteworthy was the endorsement and the subsequent use of the information to support the development of national policies in the latter two countries. Health workers were trained in VAW, an example of the importance of including follow-up interventions as part of a research package (although it is noted that the training did not need the research for it to be initiated). Community awareness-raising also took place using abbreviated versions of the information obtained and a useful summary of lessons learned in undertaking the research process was produced to share the experiences with other countries.

As successful as this research appears to be, an evaluator must still ask whether it was an effective and efficient method of supporting the urgent need to reduce VAW in the Pacific. For example, did such information already exist and would it be sufficient to inform programmes? Examining the Samoan situation provides relevant information. Some research had been completed (e.g., in 1995, 1998, and 2001), although none of it was nationwide. In fact,
the research findings from *The Samoan Family Health and Safety Study* were reported as substantiating the major findings of two of the early studies. Some research had also already been undertaken in Kiribati and the Solomon Islands (2005 and 2008). The evaluation team was also informed by an international social scientist that the 2005 research, though not academically rigorous, contained sufficient information to support planning of expanded interventions.

Accordingly, it can be asked whether: (a) further research was justified because it would provide information not already known; (b) the research represented the best use of the resources available; and (b) whether the research that was done needed to be as exhaustive as it was. On the one hand, the basic information about VAW already existed in the countries, even if it was not as comprehensive as that achieved by the large-scale research that PSRO initiated. The research conducted in Samoa found that VAW was widespread, affecting at least half the population of women, that most such violence was perpetrated within the home by an intimate partner and that it was generally socially condoned. This was not new information (although admitting that fact publicly in Samoa might be new). The information was also controversial, providing as it did strong factual evidence that questioned the prevailing view of the sanctity of the family and the value of men’s as protector and its head.

On the other hand, several key and well-informed respondents described the studies as “over the top” with respect to the amount of information and detail provided. The sample sizes of both studies were large, with a sampling error of about 1.8 percent in the Solomon Islands (based on a sample of 2,882 women) and only slightly higher in Kiribati. Consider, in contrast, that a sample of about 1,035 women in the Solomon Islands would have produced a margin of sampling error of 4 percent with a 99 percent confidence level (or a margin of sampling error slightly above a 3 percent with a 95 percent confidence level) using the most conservative assumptions about the distribution of women’s responses. Also, questions were raised about the unwieldy size of the questionnaire (between 35–49 pages, depending on the country and what questions were included or excluded) and why many questions of no relevance to VAW were asked. To illustrate, the survey instrument for Kiribati included ques-

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44 Although the VAW study in Samoa was completed prior to the 4th MCP, the experience with the study and its consequences may be illustrative of what can or will happen with the VAW studies conducted in Kiribati and the Solomon Islands during the 4th MCP.


tions about what materials respondents used on their roofs, whether they had a refrigerator in their home, and whether anyone in their household owned a bicycle.

Were there existing activities already in place that would benefit from a concerted programme of increased support? The answer is yes in all three countries (going back to as early as 1983, if not earlier, in the Solomon Islands), including women’s organizations and church groups sponsoring awareness-raising programmes, media campaigns being undertaken, government ministries providing some support, police being trained and activities to support victims being provided, although there were no national policies and coordination was limited.

Would or did the PSRO-initiated research and resulting reports provide an essential or added impetus for successful advocacy at high levels? One could say it provided impetus during the process and in the immediate postresearch period for both Kiribati and the Solomon Islands as demonstrated by the high level endorsement of findings. In Samoa, however, the impact was mixed as the subject was perceived as being both sensitive and embarrassing. There was considerable resistance – even though (or because) the findings demonstrated the existence and widespread nature of the problem within many families. The report was still valuable for prompting discussion and debate about VAW and that was clearly positive. As the first such study in the region it should have led the way for additional public and ministerial level discussion of VAW but the unfortunately the impetus appears to have lagged.

The situation is different now as more studies have identified the extent and nature of the problem in the region – the subject is now definitely on the Pacific agenda. The question then is whether such extensive and expensive research, a report, and the dissemination process is essential for raising the profile of the subject and obtaining support for addressing VAW. PSRO argues that the studies were essential, largely because the results are regarded as being indisputable evidence of widespread VAW. There is some justification for that assertion – if significant political support is achieved – and the impetus is maintained (see below).

It is also reasonable to suppose that a well-planned and organized strategic advocacy campaign could also have been undertaken, using the information already available, with similar results. This is also true now for other Pacific countries – even though some argue that each country requires its own data to be able to “believe” the situation. However, it is notable that the three studies were meant to be representative of the subregions in which they were completed and thus presumably have value and relevance to other countries in the same subregions.

The next question asks whether any momentum was sustained after the reports’ release. Unfortunately the answer is qualified for Samoa. Various activities have taken place subsequent to the report’s release, including proposed legislation on domestic violence that has been prepared but not yet passed despite several years of effort. But other activities have lacked cohesiveness and impetus and both government agencies and NGOs have suffered from lack of adequate human and financial resources. The level of interest initially raised ap-
pears not to have been sustained, not only because of difficulties regarding the perceived sensi-
tivity of the subject, but perhaps due to lack of sufficient and skillful follow-up to address
those concerns. In Samoa such a contribution, had it been culturally attuned, might well have
provided the required impetus to maintain the momentum and make the initial research in-
vestment more worthwhile.

In Kiribati and Solomon Islands the situation in the immediate postresearch period
appears to have been more positive, with multisectoral involvement resulting in a national
policy and action plan being approved or drafted. This all happened in a short period of time,
exemplifying considerable effort being devoted to follow-up, which is admirable. Whether
that momentum has been maintained and can move the focus from research (late 2008 and
early 2009) and policies to implementation of comprehensive, well-focused, and effectively
implemented programmes of suitable interventions remains to be seen. By 2011 only minimal
evidence of progress was available.

One must then ask whether the lessons learned from the Samoan experience were
considered before the subsequent studies were approved, especially given the importance of
anticipating and having a strategy to address anticipated resistance and sustaining follow-up,
however challenging that might be. From the experience of the most recent two studies it ap-
pears that, at least to some extent, the lessons have been learned.

Other aspects of the VAW research worth examining include data, publications, inter-
national methodology and comparisons, donor points of view, PSRO contributions, generic
solutions, cultural differences, attribution, cost, interventions and use of the UN Trust Fund in
Support of Actions to Eliminate Violence Against Women.

It is recognized that research exercises can produce considerable and valuable gender-
related data and experience for statistical staff but unless this capacity continues to be strong-
ly supported the data’s value is likely to diminish. The need to value, collate, and use existing
data (such as collected by the Samoan Victim Support Group since 2005 and the police and
courts), however scattered and incomplete, should also not be neglected, even if it is not as
“sophisticated” as that provided by the large-scale research. A further point in regard to data
is that, as AusAID has noted, “the prevalence of violence against women is difficult to mea-
sure,” “data paucity is the norm,” and there is “significant under-reporting.” Consequently,
the data produced by large studies may not be significantly more reliable than small-scale
studies because both are subject to sampling and nonsampling error, which are inversely re-
lated. The problems with nonsampling error are of particular concern when the research has
been undertaken in challenging environments and when the issues discussed are sensitive. As
Swimming Against The Tide makes clear:

The sensitivity of the subject matter makes that its measurement is not only less ame-
nable to quantification compared to people, births and deaths, inventories or goods,
but there is a real risk that measurement of VAW jeopardizes safety of participants.

This risk may increase further when measurements are done by those who previously have not dealt with measuring sensitive subjects and may not (yet) be fully aware of those risks and of the specific approaches that are recommended to minimize these risks.

Bias is also an issue of potential concern when the people and organizations conducting the research and collecting the data want to change the situation they are investigating.

VAW is indisputably widespread in the Pacific region. Academics and others argue that small-scale studies are not sufficiently rigorous from which to generalize but where resources and services are (usually) limited, as in all Pacific countries, this may have to be enough. When adequate resources for both research and follow-up are available and systems are strong enough to absorb such inputs, then comprehensive research undoubtedly enables the subject to be described with considerable confidence and provides enlightening detail.

A further point about data is that the reports for both Kiribati and the Solomon Islands recommend that even more research be undertaken. Given the many other needs and priorities in these countries the question has to be asked whether more resources should be devoted to research, especially when interventions to stop VAW are either underfunded or not yet initiated when they should be.

As Swimming Against The Tide notes, the VAW studies produce massive amounts of information (“more than ever can be put in reports”), not all of which is initially (or perhaps even later) used, raising a question about the cost effectiveness of collecting so much information from so many, unless plans and funds are included for analysis and use of that data. Far more information was collected in the two countries than was included in the reports, and one can reasonably ask what will happen to the data that were collected but not yet reported or analyzed. As the Samoan report notes, due to the extensive programming involved in the statistical analysis, “it was not feasible to carry out multivariate analysis within a reasonable time frame.” If the international experts who completed the report faced challenges in completing the analysis, what are the prospects that less statistically sophisticated nationals would be able to perform the analysis in the absence of any funding to do so?

The publication and distribution of research results is also important. The reports for Kiribati and the Solomon Islands are glossy and include many full-color photographs and tables and figures, which make them large, heavy, and expensive to write, edit, and produce. The reports are impressive “PR” productions but it is difficult to imagine such large reports being regularly consulted, yet hundreds of copies were printed. Indeed, the evaluation team made a concerted effort to identify people who had actually read either report. Many respondents acknowledged that they had only skimmed or glanced at one of them, but only three people – one in PSRO, one in SPC, and one at an NGO – said that they had actually read one of the two reports. Only one of these three people was among the reports’ primary or intended audience. There may be a reason for this limited readership. Swimming Against The Tide, a PSRO-sponsored review of the studies in Kiribati and the Solomon Islands, described
the reports as “very detailed, dense and rather technical, therefore not very accessible for a general audience.”

Moreover, the reports’ production seems to have conflated the scientific reporting with a “PR” exercise. The *Swimming* publication mentions their size too, and notes that short, summarized user-friendly versions of the studies were produced together with simple fact sheets. However none of these shorter versions were seen in the field or at PSRO. The VAW report on Samoa report is simpler than the other two, but was not widely disseminated because of alleged embarrassment about the issues. An additional output could well have been a video (or a series of them), which can more directly and perhaps more appropriately than the written word, convey key messages in an advocacy campaign (and in local languages) to influential opinion maker as well as the general public.

Also, from the donor point of view, the reports of studies such as these provide concrete evidence of the successful completion of a discrete, relatively quickly completed exercise, which is rare in donor circles where development activities usually tend to be of long duration and unclear outcomes. VAW is currently on the donor agenda and large-scale funding is available. Even within donor agencies, however, there is disagreement about the value of expensive large-scale research on VAW in such an environment, and the studies discussed here serve as a prime example of this disagreement.

Another aspect of research is that senior PSRO staff have had to devote time to monitor and advise research implementation and later assist with, if not doing, report writing and editing, detracting from their other responsibilities. Although tasks such as editing can be outsourced, the final product still has to be vetted internally even if being implemented under the auspices of another organization. Comments received during the evaluation suggest their time could be better spent on other tasks, such as increasing support to interventions. Also, as PSRO staff acknowledged to the evaluation team, PSRO’s identity, which is meant to be important for the organization, is diminished when the research is outsourced. UNFPA is not even referenced on the title page on the reports for Kiribati and the Solomon Islands, although the agency’s advisory and financial contributions are noted in the reports’ forewords. Likewise, SPC’s website page for the Kiribati report makes no mention of UNFPA’s support or contribution to the study.48

It is notable that the recommended solutions are not likely to be notably different from country to country – as can be seen from the recommendations in the most recent country reports, which are almost identical, focusing as they do, for example, on the need for specific government organizational structures, policies, and plans and multisectoral responses including legislation and advocacy. Many of the recommendation are vague, generic, and widely known – the recommendations did not need extensive research to be determined (e.g., governments should promote gender equality and observe human rights).

48 See http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=89&Itemid=44
A further argument for questioning the need for fully fledged research comes, inadvertently, from *Swimming Against The Tide*. The report emphasizes that such research is labor intensive and, at times, risky, both for informants and researchers. Certainly that is the case for countries like the Solomon Islands, as that report clearly describes.

Adding to this point is the cost issue – over $2 million constitutes a large proportion of the MCP budget. Some of the costs were incurred because such comprehensive exercises cannot be undertaken without expensive international expertise. With respect to cost and wise use of resources, the evaluation team wonders whether the PSRO would have sponsored the VAW research in the absence of donor support. If not, then one can reasonably ask about the relative priority and importance of the topic.

To conclude, well-designed research can provide comprehensive, evidenced-based data to inform policies and programmes, and that is evident from the content of the three data-rich reports. Nonetheless, from the country point of view (and RBM), their value is realized only if the momentum is maintained and significant follow-up interventions occur. One has to ask if large-scale research is an essential prerequisite to upscaling interventions and if so, is that justified?

In sum, the evaluation team believes that PSRO’s objectives for VAW may be able to be met with considerably less attention devoted to exhaustive studies especially when the resources devoted to the elimination of VAWs are limited or constrained, as they are in PSRO and within many of the governments with which PSRO collaborates. This is especially so when solutions are, in broad terms, already well known and often waiting to be implemented or strengthened and expanded – and surely vital given the urgent nature of the subject and the capacity of local systems. Just as the skills of a neurosurgeon are not required to remove a splinter, there seems to be a disjunction between the expensive research on VAW and its utility and applicability in the region.

**Other Publications**

The PSRO supports an extensive programme of publications at a cost of several hundred thousand dollars. Publications address research studies, meetings, reviews and annual reports, briefing notes for parliamentarians, and RH country policies and guidelines. Pamphlets and posters have also been produced, as well as tools such as a family planning wheel and an EmOC Action Card.

These publications are professionally presented and attractive. They are educational, clearly demonstrating the types of work PSRO is supporting and regional needs and challenges. The annual reports produced for external audiences provide a comprehensive and use-

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49 The evaluation team attempted to determine the total costs of PSRO’s publications, including costs for labor, fringe benefits, and overhead, but was unable to do so. PSRO was able to provide partial information on the cost of producing publications but does not have a system to track or capture the full costs of its publications, with the exception of the cost of printing the publications and consultant inputs. One consequence is that PSRO is unable to assess the value of the publications relative to their measurable benefits, which are also not known.
ful overview of all activities undertaken in a year. Such documents have strong public relations value and are useful to give to visitors, donors, and to staff at UNFPA’s headquarters. Together these publications make an attractive presentation at PSRO and also in the joint presence offices where they join the publications of other agencies.

Other publications, such as “ICPD+15 – Achievements, Challenges and Priorities in the Pacific,” are academically oriented, with researchers, teachers, and students in mind, providing up-to-date discussion and analysis of population issues in the region. The Proceedings of the 2009 Regional Symposium on Population and Development is part of the USP curriculum. Reports like Achieving the MDGs in the Pacific: Policies and Strategies and Ageing in the Pacific – A Situation Analysis are particularly relevant to planners and parliamentarians, who also have their own Briefing Notes – a simplified version of major population-related conventions and facts, enabling them to obtain a snapshot of regional population issues. Population and Housing Census – the Fiji Experience shares that country’s experiences with other countries.

It was not possible, given the range of other issues to explore during the evaluation, to examine thoroughly how well used these publications were in the region and whether they provide value for money. Such publications are expensive, because publishing is inherently expensive in the region and commercial options are limited. There is also a cost issue related to the amount of time they take to produce.

The PSRO does have a distribution list but it is general (e.g., ministries, donors, and UN country offices, but, interestingly, not other UN agencies). In the joint presence office in one Micronesian country the evaluation team found copies of reports on RH commodities for all other countries in which studies on the topic had been completed. It is unlikely that anyone in that country would be interested in the situation in other countries on such a technical matter, which is of interest only to the respective health officials.

PSRO also supports the printing of posters and pamphlets that are distributed to ministries of health, and some of these posters were observed in the field. These products most often describe temporary rather than permanent methods of family planning, an omission given the latter’s importance in contributing to the reduction of unmet need for family planning after desired family size has been reached.

PSRO’s publication of a guide for behavioral change provides another example of the evaluation team’s concerns. A recent assessment of the guide found that many people had been trained in its use, but few people possessed the guide. Furthermore, those that did have the guide reported rarely or never using it because the one-week training on the guide had

50 The VAW studies in Kiribati and the Solomon Islands appear to be exceptions to this concern. For the two studies, a separate mailing list was made, in collaboration with SPC, which had its own mailing list. PSRO sent the reports primarily to its UN partners and other donor agencies, including NGOs in region. SPC sent the document to governments and libraries.

been too focused on theory and not enough on the practical skills required for trainees to then return to their job sites and use their newly acquired skills. Such a situation raises questions about the quality of educational methodologies and also about the overall value of the guide.

On a different note, despite the large number of national censuses recently completed in the region, no short, user-friendly versions of the results have been published, which is a missed opportunity. In other countries this type of publication has been popular with teachers and parliamentarians as well as with the general public and has the potential to contribute to increasing awareness of population issues in each country. Fiji’s census-related booklet did not serve the same purpose. It was designed to share procedures, a different and more limited objective.

Editing, formatting, designing the graphics, and overseeing the production of the extensive set of publications also exacerbate the PSRO’s workload and impair its efficiency.

OVERLAP AND DUPLICATION

Another aspect of efficiency relates to the extent to which PSRO-sponsored activities overlap or duplicate similar interventions that other agencies or donors fund – leading to inefficiencies in the provision of development assistance. Avoiding overlap among disparate development partners is problematic, especially in the Pacific, but should not occur among UN agencies, which are guided by the regional UNDAF and intensive consultation and planning processes.

Despite this expectation, the evaluation team learned of several instances in which UN agencies appeared to be duplicating efforts. UNICEF has moved into the area of EmOC in the Solomon Islands. In the area of adolescent health, UNFPA and UNICEF appear to have reached a satisfactory arrangement regarding complementary inputs, although UNFPA has no special educational expertise, nor specific adolescent, communications, or sociocultural expertise (apart from gender), which would seem to be the necessary prerequisites for working in this area. Having said this, it is important to note that UNFPA is increasingly contracting for technical expertise in specialized areas. This is particularly necessary for adolescent health and development, where the range of required expertise spans familiarity with curricula and teacher training for comprehensive programmes related to sexuality, peer education, youth friendly services, and the prevention of HIV and sexually transmitted infections. Likewise, this model of contracting for technical expertise on adolescent health is common in other UN agencies, including UNICEF.

UNFPA was observed to be working closely with UN Women but as the latter’s role (and capacity) changes and probably develops, it may be necessary to ensure that there is clarity of roles.

52 PSRO correctly notes that several census-related publications are available online, but this is of little benefit to those without access to a computer, a printer, and internet access.
Given the long-standing presence of a major organization covering the Pacific, namely the SPC, another obvious question to ask is how its mandate relates to that of the UNFPA and the PSRO. SPC is a respected organization, with a history of more than 60 years of technical support to all countries in the region. It is large and well-resourced administratively, although the strength of its various programmes varies considerably, being largely dependent on donor support and the current level of interest in particular issues. SPC’s expertise is also matched with an excellent reputation for the quality of much of its work, a headquarters and three regional offices in the Pacific, and an increasing in-country presence.

In the area of population and development, as an illustration, SPC has considerable expertise and far more subject specialists than does PSRO. SPC is particularly well resourced in PD, with 13 professional staff members in its Statistics for Development programme, which has been enhanced significantly over the past decade. PSRO, in contrast, has a single, technical advisor in this area. Under its public health programme SPC is (now) reliant on contracted project staff, although it previously had an experienced technical officer; PSRO has no one with specific educational expertise with adolescent health and development (although it does have years of experience working in the area). SPC also has a comprehensive programme on HIV and sexually transmitted infections with staff in Suva and Micronesia; PSRO had a single HIV/AIDS advisor, but the position has been vacant for ten months.

SPC has had only limited capacity on gender-related issues. This capacity currently consists of a programme manager for gender. PSRO is in a stronger position with respect to gender, although it did not have a gender advisor during much of 2011. Curiously, despite SPC’s lack of gender expertise PSRO contracted with SPC to manage the studies on GBV in Kiribati and the Solomon Islands. SPC then relied on the PSRO’s gender advisor to provide technical inputs for the studies and other gender-based work. SPC’s capacity in this area was primarily managerial and administrative rather than technical and substantive. PSRO’s selection of SPC for the studies on GBV therefore raises a question as to why PSRO does not manage its own projects rather than hiring other organizations. In the case of the GBV studies, which AusAID funded, PSRO retained 7 percent of the funding for its own overhead costs then covered a portion of SPC’s overhead costs, thereby paying the overhead costs of two organizations and reducing the amount used in-country. The efficiency of such an approach is problematic.

This discussion addresses the issue of PSRO’s comparative advantage in the Pacific region. SPC appears to have an advantage in PD and aspects of HIV but not in terms of RH and gender. In particular, given the strength of SPC’s statistics programme, the evaluation team was concerned that there might be overlap and duplication but the team was assured, albeit somewhat unconvincingly, that SPC’s efforts were complementary and reinforcing.

In contrast to SPC’s relative expertise, PSRO has a special advantage, that of international authenticity and competency and representing a globally recognized standard bearer of expertise. Regional organizations do not have such authority, their advantages are in other
areas, such as local knowledge and ownership, and also for dealing with regional priorities such as noncommunicable diseases and access to funds.

Otherwise, apart from the above matters, PSRO does appear to have its own niche, at least regarding RH, and there did not seem to be significant overlap or duplication.

In conclusion, while there is evidence of some efficiencies in the MCP, there are also key areas where its human, physical, and financial resources could have been used more efficiently. The issues raised could usefully be addressed during the planning of the next MCP.

IMPACT AND SUSTAINABILITY

The TOR directs the evaluation team to consider the longer term or ultimate results attributable to the MCP’s interventions, taking into account both positive and negative long-term effects. In particular, the team is asked to consider:

- The extent to which the long-term results are likely to be achieved;
- The overall effects of the intervention, intended and unintended, long term and short term, positive and negative; and,
- The extent to which PSRO’s interventions have contributed to capacity development and the strengthening of institutions in the partner countries.\(^5^3\)

It is also necessary to consider the matter of sustainability, which refers to the continuation of benefits from a development intervention after its assistance has been completed. This includes consideration of whether PSRO’s inputs have been institutionalized and whether countries are maintaining programmes started with the support of UNFPA. In short, what is the likelihood that the MCP’s benefits will continue in the future without PSRO’s support? Due to the close relationship between impact and sustainability these subjects are considered together.

Given the difficulty of identifying much firm evidence of the achievement of desired outcomes it is even more difficult to comment on whether the MCP is likely to have a sustainable impact, now or in the foreseeable future. Compounding the problem is that activities are largely subsumed into government programmes, which is a positive outcome but which clouds attribution.

This quandary should not be surprising. Some organizations make no effort to ascertain the impacts of their interventions until several years after they are finished. To the extent that impacts are expected to occur over the longer term, it is unreasonable to expect that they can be observed, measured, or explained in the midst of an ongoing intervention, such as the MCP. One should also appreciate that several of PSRO’s interventions, such as those related to GBV and some to RH, seek to change the long-standing cultural behaviors of some groups.

\(^5^3\) APRO recommended that the discussion of the MCP’s impact and sustainability be separated. Due to the relative brevity of the discussion about the two evaluative criteria and the challenges in providing definitive conclusions about them, the team has chosen to retain the combined section.
who may see no need to change these behaviors. Major changes are frequently difficult to achieve, even when many people favor the changes. In contrast, in the absence of enthusiasm for change and when interventions seek to alter long-standing practices, change, and subsequent impact, will always be problematic. The latter situation characterizes the environment in which the MCP operates, as discussed below.

Despite these constraints, PSRO can demonstrate evidence of progress in achieving some RH outcomes, and this is an indication of a contribution to possible impact. These indications include increases in the availability of youth friendly services and the proportion of births attended by a skilled birth attendant. Also, three countries are reported to have shown a decrease in maternal deaths and five had no maternal deaths in 2010. In other areas progress has stalled, such as with contraceptive prevalence rates, with no country in the region having a rate higher than 50 percent – a particularly disappointing situation for the only UN organization with family planning in its mandate.

Progress can be found at the output level of policy development. PSRO has supported governments in and in Kiribati and the Solomon Islands with national multisectoral policies and national action plans on GBV. Similarly, PSRO has supported efforts in Fiji, Kiribati, Tonga, Tuvalu, and Vanuatu to develop national RH policies and strategies. The challenge, as PSRO would surely agree, is for these policies to provide the impetus for action, meaning their integration into national development plans and, most important, into meaningful budgetary commitments to RH. Understandably the latter will always be difficult because of competing priorities for the governments’ scarce resources. Nonetheless, having policies in place for RH and GBV does represent a step toward sustainability, at least in theory.

Some progress is also evident with RH commodities security, with supplies being increasingly available throughout the region in amounts that more closely match requirements than in the past. Family planning services can increasingly meet their clients’ needs, if the demand is there, with potentially positive impact on family size and maternal health. In any event, the lack of evidence of increasing contraceptive prevalence rates, for example, does not indicate much impact resulting from the availability of supplies. With the exception of Fiji, however, it is notable that the MCP is completely reliant on PSRO’s support for the provision of RH supplies. Until countries make budgetary allocations, RH commodity supplies will remain insecure and what has been achieved, unsustainable.

In regard to the VAW aspect of gender empowerment there is evidence of impact at the policy level in the three countries with the completed research studies (and included In the Pacific Plan) and increased awareness of the nature and extent of the problem among governments and, to some extent, communities – a direct result of the research studies. Policies are only a means to an end and a more appropriate indicator would be nationwide and effectively functioning prevention and care programmes. Meaningful impact would ultimately equate to fewer women being mistreated or abused. Due to the nature of the issue, howev-

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54 The process remains a work in progress in FSM, RMI, and the Solomon Islands.
er, reported instances of VAW are likely to increase initially rather than decrease as women begin to exercise their rights and report violence more frequently, as shown in the data from the Samoan Victim Support Group. More appropriate measures of impact in the interim would, therefore, be an increase in the number of men and women who know that violence against women is wrong and, possibly, illegal, an increasing number of communities collectively saying no to violence, more abused women accessing increasingly available services, and more perpetrators being charged.

One major area where there is lack of evidence regarding impact is that of training and capacity building. As described earlier, a significant proportion of the MCP’s funds have been allocated to strengthening technical capacity, with over one thousand people having been trained so far. This number is impressive, but neither the evaluation team nor PSRO are able to assess the positive, individual, and institutional effects of the MCP’s support. Through discussions with some beneficiaries, the team confirmed that most participants believe that the MCP-sponsored workshops and training sessions are useful. In contrast, little or no evidence exists that this training has been effectively applied in the work situation or has led to a positive difference for either service delivery or health outcomes. The same can be said for training in the PD sector.

In the PD area some progress is discernible in the number of countries with national development plans that incorporate population dynamics, although it is not possible to determine PSRO’s or SPC’s relative contribution to this progress. Overall progress is not possible to discern because national plans often cover longer periods than the MCP. In any event, there is no strong evidence of the plans having been used to garner support for enhanced RH services.

There are also cases in which PSRO’s inputs have contributed (with SPC) to the successful, largely national execution of censuses by countries. In these instances the training and other forms of support has had some impact. In Fiji, Samoa, and Vanuatu, for example, staff members stated that they were no longer in need of external technical assistance to accomplish their work, although there was some evidence that belies this claim, such as the difficulties experienced with scanning and the long delay in concluding the census in Fiji. Several respondents indicated that nationals are reportedly now able to design appropriate forms, train census takers, and compile, collate, and process the data sets. They are now also capable of producing the preliminary releases and final reports and disseminating the results effectively. RMI, FSM, and Samoa also reported increased capacity to undertake their censuses.

Some institutional partnerships can be seen as potentially having sustainable impact, such as RHTP, which is based at the Fiji School of Medicine, and the statistics programme at USP, both of which were discussed earlier. That both of these courses have been institutionalized is both positive and commendable, but that praise must be tempered with the realization

55 As one person in APRO commented on the draft evaluation report, “I agree that the programme shows no evidence of impact from capacity building and trainings.”
that both programmes are dependent on donor funding, particularly for the scholarships. In
neither instance, therefore, are the programmes likely to continue without continued donor
support. There are few fee-paying students in the region, and both institutions rely heavily on
fees and donors’ generosity for their survival.

There is currently no regional or country-based strategy on sustainability. The views held
among some national partners in regard to sustainability appear to have no basis in fact. In the
countries visited, there was a common feeling (though generally not openly expressed) that de-
pendence on donor support will not change any time soon. This may be a self-fulfilling prophecy
among country nationals as well as among PSRO staff who confessed that sustainability is un-
likely. In one Polynesian country, for example, one senior official, an active board member of a
NGO, relinquished her post because the chair of the board was unwilling to phase in some activi-
ties as part of preparing for potential donor pull out. A staff member in another country said that
government would never contribute to contraceptives while PSRO was doing so, while another
noted that without UNFPA funding they would just train fewer staff. Until donors start phasing
out their financial support, recipients are likely to continue to depend on this support.

In other words, one can reasonably conclude that some or many of the countries have no
incentive or reason to consider reliance on their own resources to ensure sustainability in view of
the PSRO’s and other donors’ seeming willingness to provide support for the foreseeable future.
The absence of a PSRO plan or strategy for achieving sustainability reinforces this perspective. If
PSRO is seemingly unconcerned about sustainability, why should the countries be concerned?56

Looking at impact and sustainability from an historical perspective, one should appr-
ciate that UNFPA has been working in the region for 40 years. In fairness to PSRO, however,
it is obvious that many issues affect the region’s development, such as modernization, urban-
ization, increasing need for cash incomes, and widespread lack of access to paid employment,
to name just a few. Other factors include outmigration, global economic issues affecting local
economies, and social issues like the clash of traditional and modern values and lifestyles, as
well as increasing religious conservatism. Competing health priorities, especially
noncommunicable diseases, are also part of the picture. All of these factors are likely to have
played a part in inhibiting development and adoption of RH services, especially family plan-
ing. It should also be noted, however, that some developments are actually positive for RH,
such as urbanization which greatly improves access to services, increase their cost-
effectiveness, and provide opportunities for economies of scale.

MONITORING

The TOR requires the evaluation team to consider whether a monitoring and evaluation
(M&E) system is in place with appropriate indicators at various levels of outputs, out-

56 This assumption presupposes that UNFPA will always have resources to provide to the countries. If there is
any doubt about this supposition, then wise planning and risk management suggest the need to consider what
will happen if UNFPA’s resources for the region are diminished or no longer available.
comes, and impacts. With respect to monitoring, the TOR asks how effectively the M&E system has been used to track and monitor progress. As UNFPA’s policy on results-based management notes, monitoring “is the ongoing process by which stakeholders obtain regular feedback on the progress being made towards achieving their goals and objectives.” Accordingly, it is appropriate to consider the roles and responsibilities of the MCP’s implementing partners as well as those of PSRO. Before doing so, however, it is first necessary to consider whether PSRO and its IPs use valid, reliable, and appropriate indicators.

INDICATORS

The evaluation team considers many of the indicators included in the PSRO’s country-based AWPs to be deficient and of limited value. The PSRO’s internal M&E database, discussed earlier, remedies some of the problems, but not the deficiencies found in nearly all the AWPs reviewed.

Outcomes versus outputs

The first area of concern relates to the MCP’s mischaracterization of outputs and outcomes as well as PSRO’s responsibilities for achieving them. Outputs, according to the UNFPA’s policy on results-based management “are changes in skills or abilities, or the availability of new products or services, produced by an intervention or activity.” UNFPA is accountable for delivering the outputs it defines on time and within cost. Outcomes, in contrast, “represent institutional and behavioral changes in the development conditions that occur between the completion of outputs and the achievement of goals.”

The distinction between outputs and outcomes is important. UNFPA is responsible and accountable for producing outputs. In turn, UNFPA is expected to demonstrate that its outputs contribute to the achievement of outcomes, which are typically beyond the agency’s control. In many instances, however, PSRO has identified some outcomes as outputs.

Examples of indicators of outcomes identified as indicators of outputs:

- Proportion of the health budget allocated to contraceptives (i.e., a change in institutional behavior);
- Proportion of parliamentarians advocating sexual and reproductive health and reproductive rights (i.e., a change in individual behavior).

By characterizing outcomes as outputs, PSRO has accepted responsibility and is willing to be held accountable for achieving what it considers to be outputs. This establishes a high standard, especially because PSRO relies extensively on other organizations to achieve the alleged outputs.

An unmanageable number of indicators

One of the key principles of UNFPA’s policy on results-based management is that there should be a “manageable set of performance indicators” for the agency’s programmes.
This manageable number is well illustrated by the six indicators used for MDG 5 on maternal and reproductive health. In contrast to this parsimonious number, a review of the AWPs and PSRO’s *Strategic Plan and Project Document 2008-2012* identified at least 50 distinct indicators just for the MCP’s activities on reproductive health. In the opinion of the evaluation team, the current number of the MCP’s indicators in its AWPs is unmanageable, especially in view of PSRO’s awareness that it operates in a data-poor environment. Moreover, too many indicators strain and perhaps overwhelm the limited capacity of the PSRO’s IPs to monitor progress using the indicators.

**Absence of baselines and targets**

Many indicators for RH and PD in the AWPs have no baselines or targets, further frustrating assessment of effectiveness, efficiency, impact, and sustainability.

*Examples of indicators in multiple AWPs without baselines and targets:*

- The national composite policy index for HIV;
- Caesarian sections as a proportion of all births; and,
- Proportion of national databases that include disaggregated, gender-sensitive data on population, gender, and sexual and reproductive health (SRH).

The data in Table 4 summarize the situation with baseline data as of August 2009. Forty-five percent of the indicators had no baselines. Data on baselines and annual targets are commonly not available when UNFPA’s country programmes are designed or in the earliest stages of their implementation. In recognition of this situation, UNFPA’s *Guide for Implementing Partners* notes that for “indicators without baselines and/or targets, there should be clear indication of a deadline by which the missing data will be available. If data for indicators are not available from existing sources, data generation should be built into the AWP.” In other words, PSRO is required to have data on baselines and targets or a plan to acquire them. Despite this requirement, *none of the ten countries’ AWPs include any deadlines by which the missing baselines and targets will be available*. The AWPs do not discuss what PSRO would do to generate the baselines or targets.

Many AWPs for 2011, the MCP’s fourth year, note that surveys or policy analyses will be conducted to provide baseline data. Midway through the fourth year these surveys and analyses have not yet been conducted (and are not likely to be). In any event, data collected at this time cannot be considered to be “baseline.” Fiji’s AWP for reproductive health for 2011 provides an example. Of the AWP’s 35 indicators, 17 had no baselines and 30 had no targets. Of the baselines that were included in the AWP, many conflicted with the baseline values in PSRO’s separate database on the indicators. In short, the absence of so many baselines and targets prevents assessment of the MCP’s effectiveness with respect to a large number of indicators.
Table 4: Number of the MCP’s indicators without baselines in mid-2009

<table>
<thead>
<tr>
<th>Country</th>
<th># of indicators</th>
<th># of indicators with no baselines</th>
<th>% with no baselines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Islands</td>
<td>20</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>FSM</td>
<td>15</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>Fiji</td>
<td>18</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>Kiribati</td>
<td>33</td>
<td>13</td>
<td>39</td>
</tr>
<tr>
<td>RMI</td>
<td>21</td>
<td>13</td>
<td>62</td>
</tr>
<tr>
<td>Samoa</td>
<td>22</td>
<td>11</td>
<td>50</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>30</td>
<td>19</td>
<td>63</td>
</tr>
<tr>
<td>Tonga</td>
<td>29</td>
<td>12</td>
<td>41</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>29</td>
<td>15</td>
<td>52</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>28</td>
<td>13</td>
<td>46</td>
</tr>
<tr>
<td>Total</td>
<td>245</td>
<td>110</td>
<td>45</td>
</tr>
</tbody>
</table>

Note: The number of indicators with baselines is likely to overestimate the actual number of indicators with valid and reliable baselines for the reasons described above.

Source: PSRO, Strategic Plan and Project Documents 2008-2012.

Invalid baselines and targets

In contrast to frequently missing baselines and targets, there is another problem that brings into question the reliability and accuracy of the baselines and targets reflected in the AWPs. Table 5 displays the baselines and targets for the most commonly used indicators for reproductive health as reflected in AWPs. As can be seen in the table, the baselines and targets are almost all identical, which is extraordinarily improbable. In several instances the baselines and targets are specious.

Why are some of these baselines and targets specious? Consider the case of Tuvalu. It has ten SDPs for the entire country, with two in Funafuti, the capital, and the remainder on the outer islands. According to the AWPs for 2009 and 2010, 1.8 percent (or 0.18) of the ten SDPs provided basic EmOC services in 2008 and 43 percent of the SDPs were within two hours of a comprehensive EmOC facility in the same year. These specious percentages for Tuvalu are also found in the PSRO’s UN Agency Annual Activity Report for 2009 and in the PSRO’s Annual Work Plan Monitoring Tool for 2010.

The targets for one indicator contradict PSRO’s and UNFPA’s own recommendations as well as those of UNICEF and the World Health Organization (WHO).

Example: For Tonga, as shown in the AWPs for 2010 and 2011, one target is for the proportion of all deliveries done by caesarean section to be maintained at 15 to 20 percent through 2012.

57 Furthermore, many of the baselines reported in table 6 are inconsistent with the baselines provided in PSRO’s annual reports. As an example, whereas the data in the table indicate a baseline of 18 percent (and a target of 30 percent for 2012) of Fiji’s service delivery points as being youth friendly, the annual report for 2009 cites a baseline of 70 percent, more than twice as high as the target.
Table 5: Baselines and targets for selected indicators in AWPs

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Samoa</th>
<th>Kiribati</th>
<th>Solomon Islands</th>
<th>Fiji</th>
<th>Tuvalu</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proportion of SDPs offering at least three critical services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>85</td>
<td>85</td>
<td>85</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>Target</td>
<td>95</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>95</td>
</tr>
<tr>
<td><strong>Proportion of SDPs offering youth-friendly SRH services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Target</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td><strong>Proportion of SDPs offering last three contraceptives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>85</td>
<td>85</td>
<td>85</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>Target</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Proportion of SDPs offering basic emergency care services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Target</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>Proportion of SDPs within two hours of a comprehensive emergency obstetric care facility</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>43</td>
<td>43</td>
<td>43</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>Target</td>
<td>50</td>
<td>50</td>
<td>75</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td><strong>Proportion of SDPs reporting stock outs in the last 12 months</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Target</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>?</td>
<td>0</td>
</tr>
<tr>
<td><strong>Proportion of young women and men aged 15 to 24 who correctly identify ways of preventing the sexual trans-mission of HIV and reject misconceptions about HIV trans-</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>--</td>
<td>39</td>
<td>39</td>
<td>--</td>
<td>39</td>
</tr>
<tr>
<td>Target</td>
<td>--</td>
<td>60</td>
<td>60</td>
<td>--</td>
<td>60</td>
</tr>
</tbody>
</table>

Sources: AWPs, Annual Work Plan Monitoring Tools, and UN Agency Annual Activity Reports for the countries.

This range of percentages is inconsistent with PSRO’s *Strategic Plan and Project Document, 2008-2012*, which declares that the proportion of all births by caesarian section should be within “the recommended range” of 5 to 15 percent. Since 1985 WHO has recommended that the rate not exceed 10 to 15 percent. WHO, UNFPA, and UNICEF further

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58 In RMI, the corresponding target is “Not less than 5 percent and not more than 15 percent of births delivered by caesarean section.”
note that “the proposed upper limit of 15% is not a target to be achieved but rather a threshold not to be exceeded.”

Some targets seek to achieve a situation less desirable than what already exists.

Example: For Tonga, as reflected in the AWPs for 2010 and 2011, the baseline is that 100 percent of the country’s SDPs offer basic emergency obstetric care. The target is that 50 to 75 percent of these SDPs offer such services by 2012. The same target is also reflected in the Annual Work Plan Monitoring Tool for 2010. In contrast, PSRO’s internal M&E database indicates that only one of 27 facilities meet the criteria for basic EmOC in 2004 (and provides a target of 10 percent).

Some targets were achieved before the MCP’s initiation or are set at levels lower than what have supposedly already been achieved.

Example: One target in Fiji is that 35 percent of young women and men aged 15 to 24 are able to identify correctly ways of preventing the sexual transmission of HIV and reject misconceptions about HIV transmission. Fiji’s Ministry of Health reported that 50 percent of males and 54 percent of females in this age group were able to identify correctly the ways of preventing the sexual transmission of HIV in 2008.

Inconsistent baselines and targets

Some indicators, baselines, and targets for the same country vary from one year to the next, thus creating uncertainty about how to assess PSRO’s effectiveness in achieving the targets.

Example: For Samoa, the PSRO’s Strategic Plan and Project Document, 2008-2012 indicates a baseline of 14.3 percent of young men and women aged 15 to 24 years who correctly identified ways of preventing sexual transmission of HIV and rejected misconceptions about HIV transmission. As indicated in the Strategic Plan, the target to be achieved is 50 percent by 2012.

The AWP for 2009 specified that the baseline was 23 percent with a target of 50 percent. The AWP for 2010, in contrast, reflected a baseline of 39 percent with a target of 60 percent for 2012.

The 2010 AWP for the Solomon Islands had six indicators for one of the expected outputs for reproductive health; for the 2011 AWP this number had increased to 23.

60 UNAIDS, Fiji 2010 Country Progress Report, available at UNAIDS.org
Indicators are not objectively verifiable

UNFPA’s *Global and Regional Programme Guide* stipulates that the agency’s indicators should be direct, objective, practical, and adequate. Several of the MCP’s indicators are not objectively verifiable, thus preventing an objective assessment of their achievement. Indicators are objectively verifiable when different people reach the same conclusion when observing the same situation.

*Example:* Indicators for several countries address the proportion of service delivery points that offer basic and comprehensive EmOC. Among medical personnel interviewed in several countries, not everyone agreed about what constitutes either basic or comprehensive EmOC. As an illustration, some of the medical personnel interviewed believe that a caesarian section is a procedure that can be completed at a basic facility while others thought that such a procedure should be limited to comprehensive EmOC facilities. Others believed that intravenous infusion of oxytocin, a drug administered in the event of postpartum hemorrhage, is a characteristic of comprehensive EmOC facilities while others consider it to be a characteristic of basic EmOC (see Annex 7).

A similar situation exists with regard to the meaning of “critical” services for sexual and reproductive health, gender equality, “youth-friendly services,” and service delivery points. Judging whether the MCP has achieved or promoted critical or youth-friendly services requires subjective judgments, which are anathema to evaluators seeking to be objective and impartial. The evaluation team is also unsure what it means “to advocate population” (as in the 2011 AWP for Kiribati) or achieve the “proportion of at least 20 percent of SDPs offering youth-friendly services” (as in the 2010 AWP for Fiji). Gender equality, which has multiple meanings and interpretations, is not defined in either the PSRO’s *Strategic Plan* for 2008-2012 or in the UNDAF for the Pacific.

Indicator data are costly to collect

Experience in other countries shows that useful data can be collected at low cost and without great difficulty. This situation does not exist for several of the MCP’s indicators with the consequence that reliable data are unlikely to be collected and available at a reasonable cost. Indeed, problems with measurement may be so challenging that no data are collected.

*Example:* One target for reproductive health in several countries is that all pregnant women who are HIV positive receive antiretroviral drugs. Ensuring that this target is met requires that all pregnant women be tested for HIV. Unless they are tested there is no way to know whether the target has been achieved. Few of the countries in the MCP are able to test all pregnant women for the virus. As reported in the Solomon Islands, only about 1 percent of pregnant women are tested for HIV.
Lack of sex-disaggregated data

In 1999 the UN General Assembly adopted a resolution on “Key Actions for the Further Implementation of the Programme of Action of the ICPD.” The resolution declared that “all data systems should ensure availability of age- and sex-disaggregated data, which are crucial for translating policy into strategies that address age and gender concerns and for developing appropriate age- and gender-impact indicators for monitoring progress.” The current UNDAF for the Pacific similarly emphasizes the importance of sex-disaggregated data. In a draft of the framework its authors noted that the “lack of sex-disaggregated data and gender indicators undermines the monitoring of progress.”

Despite these guiding principles few of the MCP’s key indicators disaggregate data by sex. Indicators that could usefully reflect such data in the PSRO’s internal M&E database include: (a) contraceptive prevalence rate; (b) the number of people trained in reproductive health and family planning per country; (c) the number of young people utilizing youth-friendly services; (d) the number of peer educators trained in adolescent sand sexual reproductive health; and (e) the percentage of young people who are infected with HIV. Given how many years it is since ICPD it is surprising how few sex-disaggregated data there are.

Problems with quality assurance

At least one other issue merits attention. As this report suggests, the evaluation team believes that there are serious and widespread problems with quality control within PSRO. The best evidence of the team’s concerns can be found in AWPs, most of which are incomplete, contain errors, are not properly vetted, or are inconsistent from one year to the next for the same IPs. Several PSRO staff share the team’s concerns, with some noting that mechanisms for quality assurance of AWPs are “not functional.”

The evaluation team appreciates that this situation may be due to what appears to be excessive workloads, challenges with financial management (as described elsewhere), and the multitude of tasks related to reporting and coordination for which management and programme staff are responsible. Insufficient attention to quality control may also be a function of having many projects subsumed into government systems, which can “camouflage” how effective inputs have been because of intervening local factors. Whatever the reasons, management needs to ensure effective supervision and support to ensure that quality control issues, rather than just quantity-related ones, are addressed satisfactorily.

MONITORING AMONG THE IMPLEMENTING PARTNERS

Under the agreements signed with PSRO, IPs have several M&E-related responsibilities. First, the agency’s Guide for Implementing Partners requires these partners to have an M&E plan, which includes an M&E calendar, both of which are meant to be updated annually and approved by UNFPA. The calendar is supposed to identify the activities planned to collect information (e.g., surveys, reviews, evaluations or operations research) to inform and improve the effectiveness of interventions. Second, when requesting advances or reimburse-
ment of funds already expended, partners are further expected to monitor and report on their progress in achieving the expected outputs using a “quarterly monitoring tool.”

The evaluation team was informed that implementing partners have not been asked to develop or provide M&E plans to PSRO. Similarly, although PSRO’s Planning, Monitoring and Evaluation Framework requires that annual progress reports be submitted for all UNFPA-funded programme components, few have been submitted to PSRO.61

The absence of partners’ required monitoring reports from country-based IPs compromises PSRO’s ability to assess progress in achieving expected results. There are far more important consequences. Based on scores of interviews, there does not appear to be a culture that values or enhances monitoring or evaluation among most implementing partners, at least with respect to their collaboration with PSRO. No less important, few of those interviewed were attentive to the indicators and their baselines or targets (at least where they exist) in their AWPs, possibly seeing the indicators as yet more work and being unable to understand their relevance.

The PSRO’s AWPs invariably note that they have been developed in “close consultation” (or similar language) with implementing partners. This collaboration does not extend to the selection of indicators and perhaps not to their baselines or targets. For nearly all countries, PSRO has used a standard set of indicators, many of which were developed well before any AWPs were developed or approved. The draft MCP was presented to the agency’s Executive Board in October 2007 and approved in January 2008. The first AWPs for the MCP were approved several months later; they typically reflected indicators that had been identified in mid 2007.

Perhaps as a result of this situation the evaluation team did not detect a sense of responsibility for or ownership or understanding of most of the indicators in the AWPs among the IP-based respondents as well as more than a few people within PSRO. As many people observed, the indicators and the targets are UNFPA’s – not those of the national, implementing partners.62 These partners described many of the indicators as unrealistic, too ambitious, beyond their ability or desire to monitor, and inconsistent with the indicators their countries use to monitor progress in RH, PD, and gender. In Tonga, as an example, a lengthy report of a national review and planning workshop in 2011 provided extensive data on the state of reproductive health in the country. Data in the report was presented on many indicators, but none corresponded with the 18 indicators in the MCP’s 2010 AWP for the country. Progress

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61 The evaluation team received conflicting information from PSRO about whether the IPs had submitted annual progress reports. On the one hand, the team was told that IPs do not submit these reports. Others within PSRO indicated that some IPs for regional projects do submit the reports. Similarly, the evaluation team was told that the reports are supposed to be forwarded to UNFPA’s regional office in Bangkok. Others within PSRO disagreed and insisted that the reports are “never forwarded” to the regional office.

62 UNFPA’s Accountability Framework explains why the indicators should be perceived as the agency’s rather than those of the implementing partners: “The country, regional and global programme outputs are envisaged to be aggregated based on a reference set of outputs. This reference set of outputs…will also enable aggregation for monitoring/reporting purposes.”
reports from the FSM were similar. When asked, many implementing partners in other countries typically could not indicate the status of progress toward achieving most of the targets in their AWPs and few were aware of any efforts to collect relevant data.

The interviews thus emphasized the often limited relationship between indicators associated with health or national development strategies and many of the indicators in the AWPs. While acknowledging that many of the MCP’s indicators are relevant to RH and PD, many people further noted that no efforts were underway in their countries to collect on a routine basis the information on most of the MCP’s indicators (such as the proportion of community leaders trained in advocacy and behavioral change communication promoting SRH, the proportion of SDPs offering youth-friendly services, or the number of parliamentary discussions on RH, gender, or population issues).

Several possible explanations exist for this situation. Few partners are aware of the PSRO’s expectations that activities should be linked with measurable results, the office does not provide these partners with any funds for meaningful M&E, and collection of data for many of the indicators requires large, national surveys, such as a DHS, which are well beyond the scope and financial and human resources of the IPs. Moreover, and as already noted, many of the output indicators actually address outcomes for which neither PSRO nor these partners are accountable. Finally, in the absence of multiple baselines and targets, there is little to monitor except the implementation of activities.

The limited monitoring among many of the MCP’s implementing partners creates an unfortunate situation. As noted earlier, PSRO does not have an on-ground presence in most of the countries in which the MCP operates. This absence means that PSRO is largely dependent on its partners to provide information on the status and progress of implementation. Until recently SPC implemented the adolescent health and development project on behalf of PSRO. SPC provided quarterly financial reports, but its monitoring was limited to narratives on how activities have been implemented, at least according to PSRO. The youth programme does have a monitoring system, but the evaluation team was told that it is inadequate and a work in progress.

As PSRO has emphasized, monitoring helps stakeholders to make informed decisions that enable them to achieve their development objectives and to demonstrate results. If partners’ monitoring is weak or absent, as is the case with the MCP, can or should one conclude that decisions have been “informed?” In sum, the present situation with partners’ monitoring of their implementation risks a loss of the benefits that effective monitoring provides, both for PSRO and its IPs. By the same token, such a sophisticated system does not appear to mesh well with the reality on the ground, resulting in, as it were, a “monitoring culture clash.” Such a situation indicates a need to reconsider monitoring approaches and develop a simpler, more realistic system that takes into account local situations and capacities.
Do PSRO’s own M&E efforts compensate for the absence of effective monitoring among its implementing partners? The MCP document submitted to the UNFPA’s Executive Board in 2007 observed that a lack of baseline data made it difficult to monitor and document the impact and achievement of the agency’s joint program on adolescent health and development. The same situation was likely to be true in other areas as well. Recognizing this data deficiency, as PSRO did, suggests that it would actively address the problem during this MCP.

PSRO staff does make monitoring visits to the countries (once a year at a minimum and sometime more frequently). In addition to monitoring, such visits often involve several tasks, such as attending meetings with other UN agencies and representatives of the IPs. A structured monitoring tool is used during the visits. The tool provides programme managers with opportunities to seek clarification, identify needed programme support, and address other important issues during implementation. The tool also includes a section on monitoring results and a checklist to be used when health clinics are visited. According to what the evaluation team was told, not all staff members complete the forms, perhaps because they are long and tedious to complete. PSRO’s management should remedy this situation.

PSRO prepared in 2008 and updated in 2009 an exemplary Planning, Monitoring and Evaluation Framework for 2008-2012. The Framework demonstrates an impressive and comprehensive knowledge of the fundamentals of M&E and commits PSRO to results-based management of the MCP. As this Framework notes, the “supply, quantity, and timeliness of statistical information currently falls short of what is required to monitor and evaluate the MCP and the UNDAF’s M&E framework.” In response, the Framework pledged “significant technical resources…to address the gaps in baseline data” for RH, PD, and gender. The Framework further explained that the “availability of reliable indicator data is critical to assess programme performance and outcomes…if such data are unavailable, surveys must be conducted” (emphasis added).

To illustrate, PSRO noted its plans to conduct a survey of all parliamentarians in the region in 2008 “to determine their level of knowledge, attitudes and activities” related to RH, gender, and population and development” and to form a baseline for evaluating the impact of the MCP’s work with parliamentarians. A second survey of parliamentarians was scheduled for 2011. In addition to surveys and policy analyses to collect baseline data, the Strategic Plan also indicated PSRO’s intention to collect “midline” data.

Furthermore, the Framework identifies a series of mandatory M&E activities, including: (a) the establishment of baseline and endline indicator data; (b) implementing partners’ submission of standard progress reports; (c) the evaluation of pilot and demonstration pro-

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63 PSRO staff informed the evaluation team that in-country capacity exists to monitor and document parliamentary proceedings related to gender, RH, and PD. In contrast, PSRO staff also informed the evaluation team that the indicators on parliamentary discussions have been dropped.
jects; (d) the evaluation of major country programme outcomes; and (e) annual UNDAF reviews. UNFPA’s Accountability Framework further commits the agency to “ensure that national systems are in place to monitor and report in results.”

Despite the comprehensive scope of the PSRO’s M&E Framework, implementation has fallen short of the commitments described in the Framework. This document called for the completion of a substantial number of surveys to collect baseline data; few of them have been conducted. RH surveys were supposed to be but were not conducted in the Cook Islands, FSM, Tonga, and Vanuatu. There was no census of parliamentarians and none is planned for 2011 as had been projected. Similarly, there have been few evaluations of pilot or demonstration projects, or country programmes.64

There are some examples in which PSRO has helped to strengthen national systems to monitor or report on desired results. UNFPA is supporting a UN volunteer statistician to work with RMI’s Ministry of Health. In collaboration with UNICEF, PSRO has also reviewed the M&E systems in Kiribati, the Solomon Islands, and Vanuatu. Similarly, PSRO’s involvement in national reviews of adolescent and reproductive health contributes to capacity building in M&E, but the outcomes of these reviews are uncertain. Discussions have also been held each year with officials in Tonga and Vanuatu during annual reviews for capacity building on RBM indicators.

In the MCP document that PSRO submitted to UNFPA’s Executive Board in 2007, there was recognition of the difficulty of monitoring the agency’s programmes in the region. The situation was expected to improve, however, as a result of the establishment of the joint presence offices in several of the Pacific Island countries. Unfortunately, no baseline data exist that would permit comparison of the ability to monitor the results of the previous MCP and the present one.

These lapses have created a situation in which many country programmes still had no baselines or targets as of mid-2011, at least as reflected in their AWPs.65 The Annual Work Plan Monitoring Tool for 2010 reveals that seven of the eight indicators in the AWP had neither baselines nor targets. The eighth indicator had both a baseline and a target, but the target had been achieved in 2005 – several years before the current MCP had initiated a single activity. The 2010 and 2011 AWPs for PD for Tuvalu contain three indicators, none of which have either baselines or targets. In such situations there is no progress to monitor or no indi-

64 An exception is the evaluation of the PSRO’s project on Male Involvement in Reproductive Health, evaluated in December 2010. PSRO intends to evaluate its project on adolescent health and development in 2012. As noted above, PSRO also evaluated its manual on behavioral change communication in 2011.

65 PSRO contends that its separate M&E database addresses the need for baselines and targets. The evaluation team concurs that the database, which is still a work in progress, represents a commendable effort to monitor the MCP’s progress. To date, however, there remain considerable and significant differences between the M&E-related data and indicators in the AWPs and in the database. If the evaluation team understands PSRO’s concerns, PSRO would have the evaluation team discount or perhaps even ignore the indicators in AWPs and rely exclusively on the recently created M&E database. For reasons previously noted, this report, while applauding and commending the creation of the new database, places greater weight on AWPs, which represent official and approved agreements between UNFPA and its IPs.
cation of what stakeholders, the UNFPA, or the organizations that provide funding to the agency should expect to receive from their investments of time and resources.

Each AWPMT is supposed to discuss progress toward achieving outputs, which is a monitoring function. The PSRO’s AWPMTs typically discuss the status of activities and whether they have been completed rather than the progress in achieving outputs. The evaluation team’s review of these monitoring tools (and the corresponding UN Agency Annual Activity Reports, which serve the same function) for several years revealed that expected outputs are invariably identified, but there is no consideration of any progress toward the outputs or even any mention of what has changed from the previous year in terms of these outputs. As a consequence, there is no serious review of progress in achieving programme results, at least in terms of the AWPMTs. In short, AWPMTs within PSRO are not used properly and are of limited value in identifying results achieved. The mandatory and detailed use of tools such as AWPMTs and monitoring missions can contribute to improved reporting.

The evaluation team believes that this situation is indicative of a lack of appreciation and valuing of M&E among many PSRO staff. The notable exceptions include PSRO’s deputy director/deputy representative and its M&E officer. Their efforts require the support and collaboration of all PSRO staff; such support is not always evident for reasons that may relate to the staff’s administrative workload, which is largely focused on financial management and which may not provide sufficient time for higher-level work. Moreover, programme staffs infrequently rely on or mentioned PSRO’s internal M&E database, even though PSRO’s technical advisors were involved in reviewing the indicators in the database. Despite this involvement and despite the persistence of a few M&E advocates within PSRO, there is little evidence that the database informs development or oversight of AWPs or even the selection of activities, indicators, or targets to be included in the AWPs.

The M&E situation just described may mean that the MCP will conclude with little specification of what results have occurred in many countries or what will be better or different as a result of the MCP’s implementation. Such a situation is not what UNFPA envisaged when it committed itself and its entire staff to results-based management. In addition, the limited attention to effective monitoring among IPs means that PSRO is not taking sufficient advantage of the learning opportunities that this monitoring can provide, such as the possible need to alter implementation strategies when current ones do not lead to the desired outputs. PSRO’s planning decisions are also not likely to be as well informed as they could be by the lessons learned in each country.

66 As the evaluation team was informed, PSRO has organized several presentations on M&E for its staff, “but not many staff attended.” This finding is consistent with the DOS report to the UNFPA executive board in 2011: “M&E activities are largely perceived by staff as add-on tasks or administrative procedures rather than as an essential learning and quality assurance process within the organization.”
The TOR tasks the evaluation team to consider the extent to which regular monitoring of activities, budget allocations, and fund utilization contribute to high implementation rates and low balances in the operating fund account (OFA).

PSRO’s mean implementation rates, as measured by total reconciled expenses divided by total budgets, were 83.4 percent, 79.8 percent, and 91.3 percent in 2008, 2009, and 2010, respectively.\(^{67}\) Considerable differences in implementation rates among countries and from one year to the next exist, as shown in Table 6. In fact, the data in the table suggest that a few countries or NGO partners with high implementation rates (i.e., 95 percent or above) counterbalance several countries with much lower implementation rates. The low implementation rates might also provide an explanation for the low achievement rates noted in Table 3 and raise questions about countries’ capacity to absorb and use the funds that UNFPA budgets for the countries. In addition, the Table 6 also reveals different implementation rates for countries versus other IPs, such as SPC.

Table 6: Implementation rates of PSRO’s IPs, 2008-2010

<table>
<thead>
<tr>
<th>Country</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Islands</td>
<td>67.1%</td>
<td>67.6%</td>
<td>84.1%</td>
</tr>
<tr>
<td>Fiji</td>
<td>29.0%</td>
<td>65.7%</td>
<td>66.3%</td>
</tr>
<tr>
<td>FSM</td>
<td>--</td>
<td>74.9%</td>
<td>77.1%</td>
</tr>
<tr>
<td>Kiribati</td>
<td>--</td>
<td>--</td>
<td>77.0%</td>
</tr>
<tr>
<td>RMI</td>
<td>--</td>
<td>40.0%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Samoa</td>
<td>2.4%</td>
<td>61.4%</td>
<td>90.1%</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>137.5%</td>
<td>89.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Tonga</td>
<td>-7.5%</td>
<td>94.6%</td>
<td>80.9%</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>62.8%</td>
<td>126.1%</td>
<td>95.6%</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>99.9%</td>
<td>77.3%</td>
<td>72.6%</td>
</tr>
<tr>
<td>All ten countries</td>
<td>62.5%</td>
<td>83.5%</td>
<td>86.3%</td>
</tr>
<tr>
<td>Other IPs</td>
<td>85.4%</td>
<td>78.0%</td>
<td>91.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures as a percentage of total budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
</tr>
<tr>
<td>Cook Islands</td>
</tr>
<tr>
<td>Fiji</td>
</tr>
<tr>
<td>FSM</td>
</tr>
<tr>
<td>Kiribati</td>
</tr>
<tr>
<td>RMI</td>
</tr>
<tr>
<td>Samoa</td>
</tr>
<tr>
<td>Solomon Islands</td>
</tr>
<tr>
<td>Tonga</td>
</tr>
<tr>
<td>Tuvalu</td>
</tr>
<tr>
<td>Vanuatu</td>
</tr>
<tr>
<td>All ten countries</td>
</tr>
<tr>
<td>Other IPs</td>
</tr>
</tbody>
</table>

Note: Percentages larger than 100 indicate that total reconciled expenditures exceeded the amounts budgeted. For Tonga’s negative percentage in 2008, its budget was $7,500 and its reconciled expenditures equaled -$566.

Source: PSRO.

OFA represents the difference between funds advanced to IPs and expenditures that have subsequently been justified, reconciled, and reported properly on quarterly FACE forms. As an illustration, if an IP had been advanced $100,000 but had reconciled or cleared $90,000 in expenditures, the difference (i.e., $10,000) would represent the OFA. Under ideal circum-

\(^{67}\) Source: PSRO’s COGNOS reports. Estimates include biennial support budget and regional programmes implemented by PSRO.
stances there would be no OFA at the end of each calendar year. In addition, “old” OFA is particularly undesirable. Such OFA represents funds that have not been reconciled after more than 180 days.

The sum of all of PSRO’s OFA for the Pacific was about $212,000 in 2008 and this amount increased to more than $244,000 in 2009 and to $253,000 in 2010. These increasing amounts reflect increases in total budgets implemented by national partners, so percentages of total budgets in OFA provide a better indication of the status of OFA. According to the UNFPA’s “Indicators Metadata, Strategic Plan – Midterm review: Management Results Framework” (August 2011), the baseline for “old” OFA in 2010-2011 was 9.9 percent, with a target of 9 percent for 2012. PSRO provided the evaluation team with data on its OFA, but these data did not identify the age of the OFA.

If 9.9 percent is the agencywide baseline for old OFA, then PSRO’s OFA is low at 5.4 percent, 2.8 percent, and 3.1 percent, for 2008, 2009, and 2010, respectively. For the same years, the median OFA per country or NGO was $15,856, $11,323, and $11,272.

In contrast to these numbers, it should also be noted that OFA is widespread among PSRO’s implementing partners. In 2010, as an example, of PSRO’s 16 countries or NGOs that served as IPs, 13 had OFA balances, with half of the balances at more than $10,000. In 2009, 12 of 14 had OFA balances, and half of these had balances above $10,000.

At the country level, OFA balances as a percentage of total budgets were notably high in 2010 in the Cook Island, Fiji, Kiribati, Tonga, and FSM and exceptionally high in the Cook Island, FSM, RMI, and Vanuatu in 2009, as shown in Table 7.68

<table>
<thead>
<tr>
<th>Country</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Islands</td>
<td>15.2%</td>
<td>33.7%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Fiji</td>
<td>52.0%</td>
<td>2.6%</td>
<td>12.2%</td>
</tr>
<tr>
<td>FSM</td>
<td>580000.0%</td>
<td>27.8%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Kiribati</td>
<td>--</td>
<td>--</td>
<td>12.3%</td>
</tr>
<tr>
<td>RMI</td>
<td>100.0%</td>
<td>59.4%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Samoa</td>
<td>61.8%</td>
<td>17.4%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>-37.5%</td>
<td>1.5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>646.7%</td>
<td>-28.8%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Tonga</td>
<td>31.7%</td>
<td>8.6%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>0.0%</td>
<td>21.1%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Weighted Total</td>
<td>23.0%</td>
<td>8.9%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Source: PSRO.

A final OFA-related measure assesses the length of time required to reconcile balances in the OFA. Table 8 shows the amount in each country’s OFA at the end of 2010 and the percentage of this balance that had been cleared or reconciled as of late September 2011.

68 The data in the table need to be treated with some caution. The percentages are based on single-year budgets, but the OFA amounts may be from more than a single year.
With the exception of Fiji and RMI, the percentages suggest that PSRO had not had much success in reducing the balances in the OFA, at least in 2011. Clearing OFA will be especially important in the future. UNFPA’s draft “NEX Audit Guide for UNFPA Staff” (November 2011) states that “IPs with an unsupported amount cannot receive further advances [from] UNFPA until the amount is cleared.”

The OFA balances from 2010 that were not cleared before 31 March 2011 had considerable undesirable consequences. Effective January 2011, UNFPA prohibited additional new direct cash transfers to IPs unless their FACE forms for 2010 had been received and any OFA balance had been cleared. For PSRO this meant that it did not disburse any new funds to IPs with uncleared OFA in 2011 or in early 2012. The OFA balances also affected implementation of activities for which the IPs were responsible. In other instances, PSRO had to rely on direct payment (rather than relying on country systems).

PSRO is aware of the need to increase its attention to smaller OFA balances. By early 2012, PSRO had succeeded in reducing its OFA to approximately $140,000, which the office believes to be the lowest amount of OFA that it has ever had. PSRO expects that the IPs with OFA will return much of the $140,000 to the agency.

Table 8: OFA balances as of 31 December 2010 and 26 September 2011

<table>
<thead>
<tr>
<th>Country</th>
<th>OFA as of 31 Dec. 2010</th>
<th>Balance of this OFA as of 26 Sept. 2011</th>
<th>% of OFA in Dec. reconciled as of Sept. 26, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Islands</td>
<td>$21,583</td>
<td>$21,583</td>
<td>0</td>
</tr>
<tr>
<td>Fiji</td>
<td>$12,299</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>FSM</td>
<td>$24,360</td>
<td>$24,360</td>
<td>0</td>
</tr>
<tr>
<td>Kiribati</td>
<td>$39,528</td>
<td>$39,528</td>
<td>0</td>
</tr>
<tr>
<td>RMI</td>
<td>$2,713</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Samoa</td>
<td>$16,963</td>
<td>$16,963</td>
<td>0</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>$2,598</td>
<td>$2,598</td>
<td>0</td>
</tr>
<tr>
<td>Tonga</td>
<td>$10,244</td>
<td>$10,244</td>
<td>0</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>$1,383</td>
<td>$1,383</td>
<td>0</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>$20,961</td>
<td>$20,961</td>
<td>0</td>
</tr>
<tr>
<td>All other IPs</td>
<td>$46,911</td>
<td>$37,007</td>
<td>21.1%</td>
</tr>
<tr>
<td>Total</td>
<td>$199,543</td>
<td>$174,627</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Note: OFA of NGOs is not reflected in the table.
Source: UNFPA, “New OFA Aging based on General Ledger -- 26 September 2011.”

COORDINATION

The TOR asks the evaluation team to consider the extent to which PSRO effectively coordinated its programmes with its IPs, other development partners, and internally, among its programme officers and technical advisors. 69

69 Coordination with PSRO was discussed above in the section on communication.
This issue is best addressed in the context of international best practices. One such set of best practices is reflected in the Paris Declaration on Aid Effectiveness, which 26 development organizations approved in 2005. This declaration seeks to reform the ways donor agencies deliver and manage the assistance they provide. Although UNFPA was not one of the signatories of the declaration, the UNDAF for the Pacific region commits 15 UN agencies in the region, including UNFPA, to adhere to the declaration’s key principles.

The Cairns Compact on Strengthening Development Coordination in the Pacific represents a further commitment to coordination within the region. The compact, which the region’s leaders approved in 2009, is intended to improve coordination among development agencies and their partners and to spur achievement of the MDGs. Is there evidence that UNFPA’s implementation reflects the principles reflected in these documents?

COORDINATION BETWEEN PSRO AND ITS IMPLEMENTING PARTNERS

Before discussing how well PSRO’s implementation of the MCP reflects suitable levels of coordination, it is first essential to observe that UNFPA’s headquarters mandates much of what PSRO is required to do, both administratively and managerially. There is little that PSRO can do to amend or alter many of these requirements, however desirable it may be to do so in local circumstances and regardless of their negative effect on achievement of the agency’s objectives in the region.

Notwithstanding this limitation there are procedural things that PSRO can do to improve its coordination with its IPs. One such possibility is to ensure that UNFPA’s country strategies, policy dialogues, and programmes reflect national partners’ development and health strategies. PSRO scores well on this criterion. Many of its activities seek to encourage the development of national policies and strategies on such issues as RH, family planning, HIV, and the elimination of violence against women. In many instances PSRO has been instrumental in the development of these policies and strategies and policies, offering both financial assistance as well as technical assistance. PSRO’s assistance is often explicitly recognized in the policies, with Tuvalu providing but one of many examples. In other words, UNFPA shares and supports the aspirations of its IPs.

The PSRO does not fare as well in using a manageable set of indicators derived from the national development strategies, as the Paris Declaration urges. The large number of RH indicators has already been discussed, but one is also struck by the weak correlation between many of the indicators found in AWPs and the indicators included in national strategies, especially those related to RH. The Paris Declaration encourages donors to refrain “from re-

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70 PSRO does not always gain credit or acknowledgment when it does contribute to national policies. The MCP cofunded the completion of report on gender-based violence in Kiribati. As a result of the study, the government developed a strategic action plan to eliminate sexual- and gender-based violence. That strategy acknowledges several organizations for their significant contributions to the development of the strategy, but UNFPA was not among those organizations.
questing the introduction of performance indicators that are not consistent with partners’ national development strategies.”

The Paris Declaration further commits donors to use country systems and procedures, including national financial systems, to the maximum extent possible. These systems are to be used in such a way as to permit recipient governments to identify and track aid flows and to incorporate them into national budget projections. Doing so typically requires that donor funds be channeled through ministries of finance and their aid coordination units (rather than directly to IPs other than ministries of finance). These are the units responsible for allocating and managing a country’s finances. Despite the existence of these units, most the region’s governments struggle to track aid flows effectively and, as the Pacific Islands Forum Secretariat has reported, governments’ “ability to plan, implement and monitor outcomes is compromised as a result.” It is not unusual to have dozens of donors providing support; managing and coordinating these donors is a challenge under the best circumstances. The UN agencies in the Pacific report as part of their commitment under the Cairns Compact that their procedures permit countries to record development assistance in their national budgets.

In the absence of information about donor support, budget offices might commit national funds for activities or programmes even though a donor has already committed funds for these activities. UNFPA has reported that its financial support to its partners is mainly channeled through ministries of finance and that indicative amounts are recorded by the countries’ budget and aid management units.

As the data in Table 9 reveal, however, some of the MCP’s support goes directly to ministries of health rather than through ministries of finance, which can (a) prevent them from recording and tracking the development assistance received; (b) frustrate efforts to develop and implement meaningful national budgets; and (c) hamper efforts to coordinate donors and identify gaps in funding or overlapping support.

A representative of a ministry of finance in one country observed that PSRO’s position on the country’s procedures for development assistance “does not work well.” This person was also unaware that audits had found problems with the ministry of health’s handling of PSRO’s funds. Moreover, the Ministry of Finance does not review the FACE form that the ministry of health submits to PSRO. Here is an illustrative reaction from the Government of Kiribati about donors that do not adhere to its financial procedures:

The use by development partners of their own systems for implementing aid projects is a matter of concern to the Government of Kiribati. Officials point out that while national systems may be considered slow they are subject to regulation. They would strongly prefer development partners to work with them on improving the systems ra-

72 Joint UN Submission to the Pacific Islands Forum Secretariat, Cairns Compact Development Partner Report, April 30, 2010.
ther than bypassing them, and point out that it is not a good use of Government time to salvage projects which have come to grief not using national systems.  

Table 9: Ministerial recipients of PSRO’s funding of the MCP

<table>
<thead>
<tr>
<th>Country</th>
<th>Recipient of funds from PSRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Islands</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>FSM</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>Fiji</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>Kiribati</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>RMI</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>Palau</td>
<td>Ministry of Health (sub-account)</td>
</tr>
<tr>
<td>Samoa</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Tonga</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>Ministry of Finance (for activities related to PD)</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>Ministry of Finance</td>
</tr>
</tbody>
</table>

Source: PSRO.

Analogous concerns were expressed in the RMI, where it was found that the Ministry of Finance has difficulty identifying funds from UN agencies because of the number of deposits made to the country’s general fund every day. These agencies often do not indicate the name of the donor agency, the project name, or the project manager’s name. This may be a problem related to the amount of information that can be provided on a bank submission. Another problem reported by aid coordination units in several countries was that PSRO often does not provide the ministries with copies of the relevant AWPs. Doing so would permit aid coordination units to distinguish between funds that should be included in national budgets and funds to be spent outside of the country, such as for attendance at regional conferences or workshops.

PSRO recognized its obligations to coordinate its funding support with the appropriate government counterparts and can point to several examples. PSRO coordinated the UN’s collective response on aid flows as part of the Cairns Compact. In several instances in which funds are provided to ministries of health, the decision appears to reflect historical reasons and local preferences rather than intentional circumvention of national requirements. In addition, in some cases funding to the implementing agency can be delayed when it first goes through a ministry of finance but other countries reported no problems in that regard.

The Paris Declaration further encourages development agencies to rely on national procurement systems. In the Pacific region, however, few UN agencies, including UNFPA,  

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73 Pacific Islands Forum Secretariat, Peer Review of the Republic of Kiribati, October 2010.
rely on country procurement systems, even in countries, such as Samoa, which believes it has reliable national procurement system. This is because of the cost-effectiveness of regional procurement for multiple, small island countries, and in fact is in line with the Pacific Plan. Being able to buy in bulk and negotiate preferential costs from a global procurement point is particularly advantageous in the Pacific.

Nonetheless, interviews in several countries revealed a preference for relying on national procurement systems for items other than RH commodities. One reason for this preference, according to some respondents, is that PSRO occasionally provides the wrong or inappropriate equipment (e.g., delivery beds and midwife delivery kits) or does not provide instructions on how to use the equipment. In such situations the equipment remains unused. When PSRO concludes that its procurement of supplies or equipment is more desirable than local procurement, the agency should explain the rationale for the decision to its IPs. In other instances equipment that is desirable or necessary has not been provided. Examples include an ultrasound scanner for Princess Margaret Hospital, Tuvalu’s only comprehensive EmOC facility, and suitably sized delivery beds in other countries. These situations indicate a breakdown in communications, and perhaps reflect lack of in-country PSRO representation.

Another financial consideration that promotes coordination is the regularity of funding. The Paris Declaration asks donors to “disburse aid in a timely and predictable fashion according to agreed schedules.” UNFPA has failed to do so in too many instances, as the PSRO staff readily acknowledge, for reasons which have been discussed above and which are mostly not of their own making. In any event there is a need to establish workable systems.

PSRO informs countries of the indicative amounts that each can expect to receive over the life of the MCP, but these amounts are occasionally reduced by unplanned demands outside PSRO’s control. For example, according to PSRO staff, the agency’s regional office in Bangkok sometimes makes resource commitments to allow people to attend international meetings and then reneges on the commitments after invitations have been extended, with PSRO having to cover the cost of attendance with funds already committed to other activities. As one PSRO respondent noted, this is a “serious problem” although it was not established how often this issue occurs.

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**COORDINATION BETWEEN PSRO AND ITS UN PARTNERS**

**UNDAF**

UNFPA joined 14 other UN agencies in 2007 in developing the *United Nations Development Assistance Framework for the Pacific Subregion, 2008-2012.* One of the UNDAF’s key purposes is to enhance coordination among UN agencies through increased harmonization of their activities. In what ways and to what extent has the PSRO supported the intended coordination?

Much has been written about the UNDAF’s implementation, including a midterm review completed in mid 2010. The review concluded that the UNDAF represents a pilot exer-
cise in which UN agencies are learning to work together. Coordination among the UN agencies was reported to have improved over the short life of the UNDAF, but the midterm review reminded these agencies that there is still a considerable way to go and that the UN “is still quite fragmented in its work.”

Remarks from interviewees reveal a perception among several PSRO staff and others outside Suva that the UNDAF has considerable potential but has delivered less than promised while adding significantly to the PSRO’s administrative burden. As reported to the evaluation team, “a lot of us are skeptical about the process.” One international employee from another UN agency observed that much effort was put into the UNDAF’s planning but considerably less into its implementation. This person further remarked that UN agencies “locate themselves in UNDAF to demonstrate their own expertise and this is a reflection of their biases, not countries’ needs.” Although the UNDAF is supposed to improve the work of UN agencies and promote the principles of the Paris Declaration on Aid Effectiveness, it is interesting to note that none of the region’s countries are signatories to the UNDAF. Under such circumstances it is curious that UN agencies, including UNFPA, prescribe the need for these countries to assume greater ownership of the UNDAF.

In regard to implementation, one of the expected results of the UNDAF is shared work plans involving two or more UN agencies. PSRO informed the evaluation team that it has a joint programme on parliamentarians with the UNDP and on adolescent health with UNICEF. The midterm review does observe that several UN agencies, including UNFPA, have coordinated their efforts in the health sector to lobby successfully ministries of health on policy issues and to ensure that adequate resources are provided for reproductive health services.

A further aspect of coordination involves annual review meetings between the UN agencies and the relevant ministries in each of the countries. The evaluation team understands that such meetings can be overwhelming to the governments involved in these meetings, especially when all 15 UN agencies attend the reviews. No less important, the midterm review of the UNDAF concluded that such meetings are “viewed primarily as a UN exercise rather than a joint Government-UN review.”

PSRO has been an active and effective participant in the UNDAF process, including hosting the M&E manager for the UNDAF process. In addition, the PSRO currently manages the M&E database for the UNDAF and chairs its M&E group, which is a time-consuming and complex task. As part of this responsibility PSRO also coordinates the UN’s reporting for the Cairns Compact and provided technical oversight for the midterm review of the UNDAF. PSRO has also chaired the technical working groups on gender, health, and youth, with much appreciation from other agencies. PSRO also cochaired for several years the Pacific UN Gender Theme group, which support the mainstreaming of gender issues into the UNDAF processes. Among its accomplishments, the group facilitated the gender scorecard review of the UNDAF in 2009.
PSRO was asked to chair the UNDAF technical working group on HIV, but declined the opportunity. While the reasons for this decision may be valid, some UN agencies expressed surprise and disappointment that PSRO did not accept the responsibility as it is normal for UNFPA to take its turn shouldering this task. Despite the decision not to accept the chair’s position, PSRO is reported to have been one of the most effective members of the group.

Joint Presence Offices

As a corollary to the UNDAF, UNFPA, the United Nations Children’s Fund (UNICEF), and the United Nations Development Programme (UNDP) agreed to establish joint presence offices, with one of the these agencies representing the other in the countries with these offices. The three agencies agreed that:

- UNFPA would be the lead or host agency in FSM and RMI;
- UNDP would be the host agency in Nauru, Palau, Tuvalu, and the Solomon Islands; and;
- UNICEF would be the host agency in Kiribati and Vanuatu.

The joint presence offices are intended to contribute to the UNDAF’s implementation, decentralize the agencies’ operations, and enable the three agencies to coordinate their activities in partnership with national governments. In turn, joint programming was also envisaged. Such programming is expected to involve common work plans, budgets, and monitoring systems and serve “as a key mechanism through which the UN [would] build effective partnerships both between UN agencies and with regional organizations and development partners.”

How effective are the joint presence offices in coordinating the agencies’ activities? At best, the results are both mixed and diverse. On the one hand, in the countries in which UNFPA is the lead agency, the evaluation team can report positive results. The system seems to work well, and there is considerable value in having UNFPA represented in the countries, even if its representatives are not internationally experienced UN officers. As the midterm review concluded, the offices “represent a highly significant potential asset for the UN in the Pacific to improve its outreach, as they are the most visible at the country level.”

A positive example is from the Solomon Islands where the well-regarded and effective local UNFPA staff member had established good working relations with various partners and was able to raise $1 million from the European Union to support the country’s census. Interviews in FSM and RMI confirm that the joint presence offices provide added value both for the UN and for the UNFPA. For the first time governments are able to have direct access to the UN in person; the offices provide a “face” to the UN, as one person commented. The office’s country development managers in both countries are locally hired and serve as liaisons with key personnel in the governments and in civil society. These managers can provide valuable insights on local issues and identify the key players and their interests for those outside the countries. They also have the potential to take the lead in monitoring the results of
UNFPA’s activities, but doing so would require resources beyond those already provided. In other words, the local managers do not yet seem to be part of the agency’s formal monitoring processes.

On the other hand, from the perspective of the evaluation team, the offices in the countries in which another agency represents UNFPA’s interests and in which PSRO does not have a full-time employee within the joint presence offices are less successful. The joint presence offices in Kiribati and the Solomon Islands demonstrated many examples of inadequate coordination and communication and were observed to be functioning considerably less successfully than those offices in which UNFPA is the host agency. Many of the issues reflected a lack of regular and effective communication and systems to ensure that all agencies’ matters were adequately addressed. This included lack of joint programming, although that responsibility primarily lies with Suva-based offices. It is also notable that an in-country agency presence was an enabling factor for effective coordination and collaboration.

In Kiribati, UNFPA has a limited physical presence, with the consequence that it largely depends on UNICEF to coordinate programming within the country and to provide operational support (such as the much appreciated assistance the office provided to the evaluation team in arranging interviews and in providing transportation to and from the interviews). At a minimum, effective coordination requires awareness of what one’s partners are doing in the same or similar thematic areas. That situation did not exist in Kiribati. As explained to the evaluation team, the joint presence office in Kiribati does not always receive copies of UNFPA’s work plans and is not involved in their development or implementation.

This office is also not informed of requests for funding from the PSRO’s IPs or when these funds are received, yet the office is expected to follow up for these IPs when funds have not been received in a timely manner. Once the funds have been spent, the office does not receive copies of the IP’s FACE forms. If the office did receive copies of the forms before they are submitted to PSRO, the joint presence office could check them for completeness and ascertain which forms had or had not been submitted, which is what happens in FSM where the head of the joint presence office follows up overdue forms.

Surprisingly, the joint presence office in Kiribati asserted that it did not know the name of PSRO’s focal point for Kiribati – a point that PSRO disputes with evidence – and noted that the ability to communicate with a single person in PSRO would be desirable. To date, there were reported to have been too many untimely responses and a “lack of communication” with the PSRO. The release of a UNFPA-sponsored report on GBV in Kiribati provides an example from the perspective of the joint presence office.

74 PSRO’s position in the Solomon Islands was vacated in February 2011 and was still vacant during the evaluation team’s visit to the country.
75 Unlike the situation in FSM and RMI, where the country development managers were hired locally, expatriate UN employees head the joint presence offices in Kiribati and the Solomon Islands. The evaluation team has no reason to believe that these differences explain the disparate findings from the two sets of countries.
The country’s president launched the report in a formal ceremony. According to what several people told the evaluation team, UNFPA had decided not to send a representative to the ceremony but had not informed the joint presence office of this decision. No less important, the head of the joint presence office did not know that he would be expected to speak at the launching; accordingly, he had not prepared any remarks for the launching.

PSRO’s understanding of what occurred with the launching of the GBV study is considerably different than that of the joint presence office. On the one hand, PSRO indicated that it was not informed of the event until just a few days before it occurred, so it was not possible to arrange travel to Kiribati. On the other hand, PSRO also explained that both SPC and PSRO had intended to send senior representatives to the launching ceremony. PSRO was then supposedly told that the ceremony, organized by the study’s national coordinator, had already taken place. As UNFPA informed the evaluation team, this situation represented a lack of communication between the national coordinator, PSRO, and SPC.

The evidence with respect to joint, coordinated programming is also noteworthy. There is a perception within the joint presence office of considerable overlap in what UNICEF and UNFPA are doing in Kiribati. The agencies’ attention to gender and HIV provide two examples. From the perspective of the joint presence office, UNFPA has “its own agenda” on gender issues, and the agencies’ counterparts in government “are confused” about which agency is responsible for the issue and how they collaborate with each other to avoid duplication.

Both UNFPA and UNICEF are supporting development of a national policy on HIV, but their objectives and activities for this task appear uncoordinated. UNICEF has a two-year work plan for 2011-2012 that identifies activities, including several related to HIV. These activities reflect considerable overlap with UNFPA’s agenda on HIV and involve in-country surveillance, monitoring, and evaluation, testing and counseling for HIV, access to youth-friendly health services, and the prevention of HIV transmission from mothers to their children. The work plan identifies 21 activities for the biennium, but UNFPA is not listed as a partner, collaborator, or responsible party for any of the activities. In contrast, the work plan identifies UNICEF as the agency with responsibility for overall coordination of all 21 activities.

The absence of coordination also extends to the targets that the two agencies use for the same issue. Both UNFPA and UNICEF share a common indicator for the percentage of young men and women aged 15 to 24 who correctly identify ways of preventing the sexual transmission of HIV and reject misconceptions about HIV transmission. Both UNFPA and UNICEF agree that the baseline is 23.2 percent, but their targets are inconsistent. Over the

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77 UNICEF’s work plan also notes the agency’s intention to assist the government in the revision of the national strategic plan for reproductive health, the inclusion of youth-friendly health services in provincial plans, and integration of these services in provincial health facilities. Each of these are areas in which UNFPA is also devoting resources.
MCP’s five-year life, UNFPA’s target is 50 percent. UNICEF’s target is far more ambitious. For its two-year plan, the target is 80 percent. If UNICEF believes it can reach its target in two years, why is UNFPA much less ambitious in its five-year plan? If either target is achieved, will the result be due to UNFPA’s efforts, UNICEF’s efforts, to their combined efforts (however uncoordinated), or to other the efforts of many organizations, including the Ministry of Health and Medical Services, which is also addressing the same issue?

The evaluation team’s findings about coordination within the joint presence office in the Solomon Island are similar to those just described. The UNDP and UNICEF staffs in Honiara were largely unaware of UNFPA’s activities or objectives in the country. They had not seen UNFPA’s work plans for 2011 and, as one person commented, there is “no engagement with UNFPA.” As in Kiribati, UNICEF’s multiyear work plan for 2011-2012 for the Solomon Islands contains activities that overlap UNFPA’s. These activities include (a) delivery of services for reproductive health, HIV/AIDS, and GBV; (b) male involvement in reproductive health; (c) basic and emergency EmOC; and (d) testing of pregnant women for HIV. Unlike the situation in Kiribati, UNICEF’s work plan for the Solomon Islands identifies UNFPA as a partner in these activities.

There are opportunities for joint programmes, but few have yet succeeded. UNFPA was supposedly asked to join with UNDP, UNICEF, and WHO on a programme for former combatants, but the evaluation team was informed in Honiara that UNFPA staff in Honiara declined to participate. The issue was supposedly deemed to be too sensitive. UNFPA had agreed to take the lead in developing a multimillion dollar proposal for a joint UN programme on violence against women. The proposal was completed and submitted to the UN Trust Fund, but it is not clear that the UN staff in the Honiara joint presence office were aware of this submission. Staff interviewed in that office believed the initiative to be in an indeterminate state due to absence of a UNFPA representative in the joint presence office and of a gender specialist at PSRO.

As the situation was described, there is a vacuum, everything has come to a standstill, and in one participant’s opinion, “UNFPA has dropped the ball.” As PSRO correctly notes, however, the other UN agencies with staff in the Solomon Islands could have taken the lead from UNFPA on this initiative – and should have because UNFPA did not have a representative in the country for most of 2011.

At least one joint activity has taken place in the Solomon Islands, and this involves training on EmOC. UNICEF initiated a training workshop on this topic in 2010 and has planned another one for September 2011. There was no coordination between the UNICEF and UNFPA in the development of the first workshop, but the agencies collaborated in the design and presentation of the second workshop.

In terms of responsibility for training on EmOC, the UNICEF staff in Honiara identified it as a “gray area,” although the staff also acknowledged that UNFPA is the lead UN agency on EmOC. When asked why UNICEF had initiated training on EmOC in the Solomon Islands, the staff in Honiara was uncertain. The evaluation team was told that the UNICEF
office in Suva had decided to provide the training, which the office described as a jointly developed activity with UNFPA. The evaluation team was also told in Suva that which agency takes the lead on EmOC depends on who is on the ground and who has the money. Furthermore, UNICEF believes that its expertise on neonatal care is a vital component of EmOC, implying that UNFPA cannot provide or does not have this expertise.

Finally, pertinent remarks were made by UN employees interviewed in Honiara, who noted that there was agreement that many opportunities exist for collaboration and coordination with UNFPA, “but they typically do not occur.” Of no less importance, these people do not know how to coordinate with UNFPA in its physical absence. In the words of one person, “our partners say we have one UN, but they ask why the UN agencies appear to be competing with each other.” In addition, these agencies have different reporting requirements, administrative procedures, and processes for requesting funds. “We are supposed to deliver as one,” one person concluded, “but we have a long way to go.”

It is apparent that the joint presence offices have the potential to improve coordination among UN agencies at the country level, at least when they are well supported and staffed. That potential has not yet been reached. From the evaluation team’s perspective, it appears that coordination is enhanced when there UNFPA has a physical presence in the country. This finding is consistent with the Pacific Islands Forum Secretariat’s review of the implementation of the Cairns Compact. The Forum concluded that the development partners that have been able to operate effectively despite capacity constraints “are the ones that have an in-country presence.”

In sum, although there are some outstanding issues which need to be addressed by all agencies, PSRO’s approach to donor coordination demonstrates a serious commitment to the ideals associated with donor harmonization and the principles of the Paris Declaration.

CONCLUSIONS

The context in which the PSRO operates presents unique challenges. The Pacific region consists of a multitude of small volcanic island and atoll-based countries scattered across a vast ocean with populations varying from 10,000 to 750,000 and land areas of 26 to 28,000 km². Pacific countries also experience what have been labeled “persistent structural disadvantages and vulnerabilities” and “specific difficulties in integrating into the global economy.” High transport costs, high levels of outmigration, and frequent natural disasters contribute to the challenges of delivering (and receiving) services in such a region. Women are disadvantaged and a high proportion of the population is young.

The evaluation team found considerable evidence to demonstrate that the PSRO has been active in implementing the 2008-2012 MCP across a wide range of areas related to the needs of the region’s countries in the areas of RH, PD, and gender. PSRO has established

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many systems and devoted considerable human and financial resources to support the MCP and to participate effectively in UN coordination efforts. Extensive planning processes have been undertaken with much collaboration and consultation. The programme includes both regional and country-specific activities, and PSRO is well established and well regarded in the region. The evaluation team was impressed with the dedication and commitment of the PSRO staff as a whole and recognized the advantage of many being islanders who are familiar with and understand the way things work in the Pacific.

The evaluation noted that the subject areas addressed in the MCP are in line with UNFPA’s mandate and with international agreements and largely relevant to regional and national development plans. Nonetheless, PSRO’s comparative advantage is not always obvious in the Pacific where a plethora of development partners are present. Some of these organizations, including other UN agencies, may be better suited than is the UNFPA to provide support in certain areas.

At the output level several achievements are apparent, including, among others: the application of research findings in programme implementation, a regional RH commodities supply system, two regional training programmes, a new approach to training related to RH commodity systems, RH policies and strategies developed, the raising of the profile of VAW, adolescent-focused programmes, and the provision of equipment and supplies and other support to health centres. Hundreds of people have received training designed to improve their knowledge and skills, and dozens of government and NGO staff have been exposed to international best practices.

When judged by more specific standards, in particular those of results-based management as well as the targets included in annual work plans, the situation observed is less positive. Related to both effectiveness and efficiency, a key issue is that while considerable effort has been put into planning a programme with mutually reinforcing elements, the MCP is overly ambitious and broad. It encompasses many small, fragmented elements in too many countries and with too many IPs. The MCP tries to do too much with human and financial resources that are not optimally applied. The resulting complexity, combined with the heavy pressures of UN coordination and other regional involvements, in turn affects potential effectiveness. The MCP’s complexity also creates an unnecessarily heavy work load for both IPs and PSRO staff and detracts from their ability to ensure adequate quality control. UNFPA’s financial reporting requirements are particularly problematic for all concerned, driven as they rightly are by the need for accountability, but exacerbated by the multiplicity and fragmentation of activities.

Effectiveness is especially difficult to specify, despite the obvious high level of appreciation that exists for PSRO’s efforts in the region. This is because of considerable weaknesses in tracking progress in achieving the results identified in AWPs and a persistent focus on outputs rather than outcomes. Despite the creation of the M&E database in 2008, the AWPs which, unlike the database, are used almost daily, are surprisingly weak. The AWPs include, for example, too many indicators, a lack of baseline data, and unrealistic and some-
times specious targets. An M&E culture has yet to be absorbed by most PSRO staff and by IPs. This situation reflects a lack of appreciation of the importance of achieving outcomes, rather than just outputs, and a lack of questioning of whether what is being done is effective in achieving objectives. The lack of baseline data also inhibits PSRO’s ability to determine results and, consequently, impacts.

Of particular concern regarding the MCP’s effectiveness is that while a considerable proportion of funds are expended on training there is no system or process in place to monitor the performance of the people who have been trained. Consequently, it is not possible to judge the effectiveness or outcomes of the MCP’s training activities. Also, apart from the newly introduced RHCS training, there has been no recent review of training methodologies. And apart from constant repetition of training, no solution has been found to cater for the constantly repeated issue of “brain drain,” both within and out of countries. Although regular, project-specific evaluations are also desirable to ensure effectiveness few have been initiated.

The situation is variable in regard to other aspects of efficiency. On the one hand, positive features were evident, such as support for the excellent regional RH commodities system and the generally well-functioning organization of what is a complex programme. On the other hand, inefficiencies are also evident, particularly those related to financial reporting processes and other, less significant ones such as those related to publications and research.79

Long-term sustainability of donor inputs is an ongoing issue in the Pacific region and the MCP is no exception. Sustainability is not deemed likely, at least in the current economic climate. The common attitude seems to be that there is a never-ending need for technical and financial support. The evaluation team is concerned that no comprehensive PSRO strategy for sustainability exists. Long-term support may be necessary in some areas but not in others. The challenge is to decide which areas require longer-term support and which do not.

PSRO meets many, but not all, of the principles of the Paris Declaration on Aid Effectiveness and has solid working relations with UN and other regional agencies. The way that PSRO handles the joint presence offices for which it is responsible is also positive. The latter reinforces the value of having an in-country presence to enable person-to-person contact with geographically distant IPs and which enables regular and more effective monitoring and support of activities.

Some of the issues highlighted are not due entirely to the inadequacies of PSRO but are related to agencywide or regional requirements, to the pressures of UN reform, and to the nature of the Pacific region. Excessive demands for reporting and expectations for coordination, both of which add to the workload, contribute to a situation that affects the time that can be spent on enduring technical and administrative quality control.

79 Both PSRO and the evaluation team agree that inefficiencies in research and publication are a matter of opinion.
To address the issues identified in the evaluation, priority should be given to resolving the recurring problems with IPs’ financial reporting, to determining the effectiveness of the PSRO’s publications and capacity-building activities, and most important, to sharpening and focusing the design of the next MCP.

Sharpening PSRO’s focus would likely be well received at UNFPA’s headquarters. UNFPA’s *Global and Regional Programme Guidelines* remind its staff that its offices “should avoid maintaining partnerships based solely on historical reasons.” In addition, a recent DOS presentation to the agency’s Executive Board observed the following, which deserves mention at length:

Eighty-eight percent of [the agency’s] programme countries have activities in all three of the Fund’s strategic areas…, thus spreading limited resources too thinly, when compared to other funds or programmes or international institutions.

[The UNFPA’s allocation of resources] demonstrates that in too many cases country programme indicative assistance is indiscriminate and not based on the needs of the beneficiaries. This finding calls for more flexibility to better respond to the specific needs of programme countries.

The plethora of AWPs and implementing partners is one of the major causes for unaccounted programme expenditure and…audit reports.\(^{80}\)

The MCP has too many indicators, and they are too often beyond the capacity of the region’s governments to monitor.\(^{81}\) The costs of data collection are often exorbitant and beyond the time and financial means of the region’s governments, and are not national priorities. In addition, in several instances the indicators and their targets are those of UNFPA, not those of the governments that are supposed to be the owners of the activities and projects being implemented. As the MCP nears its final year, despite being in the PSRO’s M&E database, it is notable that many country-based AWPs contain neither baselines nor targets, thus undermining the justification for the activities and the expenditure of what are supposedly scarce resources. When targets are available, many are unrealistic, unattainable, and unable to be measured cost effectively.

A related problem is that PSRO’s country-based AWPs too often do not pay adequate attention to quality control, thus risking UNFPA’s reputation and the likelihood of achieving results that are meant to improve the lives and well being of the agency’s ultimate beneficiaries.

For these and other reasons, increased attention to a less ambitious and more accurate and realistic M&E system is desirable. Noting the value already accrued from in-country

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\(^{81}\) To illustrate, the 2008 CPAPs contained about 340 indicators (but many were common cross countries).
presence, the possibility of strengthening and expanding this modality should be examined. The evaluation team believes that UNFPA’s presence in the countries in which it works is essential to improve PSRO’s effectiveness and achievement of results.

By reducing the MCP’s complexity and resolving financial issues, other improvements should ensue, including better balanced workloads, improved morale, and more time being available to focus on staff management, technical quality and monitoring matters.

Attention to these matters would help move the MCP into a more efficient and effective mode and enhance the likelihood of achieving impact and sustainability in the future. The evaluation team is confident that PSRO staff has the ability, desire, and dedication to achieve these ambitious targets. Implementing the proposed recommendations will facilitate PSRO’s efforts to do so and give greater substance to its already positive reputation in the region.

KEY RECOMMENDATIONS

The recommendations that follow are based on the conclusions just discussed, the evaluation team’s multiple interviews, its review of thousands of pages of documentation and, most important, consideration of the opinions and suggestions of key stakeholders and PSRO staff. The evaluation team has intentionally limited the number of recommendations to underscore their importance and to permit PSRO to focus its attention on what the evaluation team considers to be issues most in need of attention as the next MCP is developed. The first six recommendations are of the highest priority; the remaining recommendations are of a lower priority but still important.

1. PSRO’s work in the Pacific region would benefit from being more focused and limited to the strategic areas and countries in which it can demonstrate a distinct comparative advantage as well as a compelling reason, defined in terms of results to be achieved, for its presence in a sector or country. The evaluation team deems this recommendation to have the highest priority.

PSRO should consider limiting its activities to those things that would not happen in its absence. This may mean, for example, that PSRO scales back activities in some countries and limits its support to the provision of RH commodities (or perhaps their procurement by a third party) in other countries. Decisions will need to be made about whether PSRO should work primarily with the countries that are farthest from achieving the relevant MDGs, the objectives of the ICPD’s Programme of Action, or where the prospects for achieving meaningful results are favorable. Another approach suggests that PSRO provide support in ways that promote and reward successful planning, policy, and performance at the country level. This might mean, for example, that PSRO would rely on results-based aid. This approach links the provision of financial support to the delivery of specific outputs or services.

Conducting a thorough review with staff of the evaluation findings and other information that PSRO has on the effectiveness and impact of interventions over the past decade would help PSRO to develop a frank reassessment and thinking “outside the box” about the
best ways of working in the Pacific. Having a “devil’s advocate” type of facilitator for this process would help to determine what can make a meaningful difference. Such a process would require a degree of bravery, openness, and respect and would be useful in bringing into the open valuable local knowledge and experience, which may not have been shared previously. The results of such an examination, ideally in collaboration with UNDP and UNICEF, might suggest a different range of technical assistance and field staff arrangements.

2. PSRO should consider the advantages of having an in-country presence in the countries in which it focuses its assistance and ensure that such positions are fully supported. Alternatively, PSRO should develop a strategy to improve the effectiveness of the joint presence offices of which it is part. The successes with these offices in some countries can be model for the countries where the joint offices have been less successful in advancing UNFPA’s objectives.

3. Improved management and supervision of PSRO staff would help to ensure that quality control of all types of reporting, especially AWPs, occurs. This process is likely to be enabled by the positive flow-on effect of having a more focused and less fragmented programme. A closer consideration of staff capacity to deliver results while maintaining an appropriate work-life balance should be part of this process.

4. Improvements in M&E can ensure that the next MCP will be more attentive to results than is now the case with the 4th MCP. This means PSRO should: (a) ensure the distinction between outputs and outcomes and their corresponding indicators and targets; (b) reduce the number of indicators and targets; (c) ensure that all output indicators are specific, measurable, achievable, relevant, and time bound; (d) ensure that all baselines are specified no later than the end of the 5th MCP’s first year; (e) provide meaningful and measurable annual targets for every output indicator; (f) ensure an effective means to monitor progress; and (g) be held accountable for demonstrating progress in achieving the targets. The PSRO’s M&E officer should have sufficient resources available to ensure that all key activities are evaluated, that effective support and monitoring of these activities is conducted within PSRO, and where possible with IPs. PSRO should continue to use its M&E database in the next MCP, but the indicators, baselines, and targets in the database should match those in AWPs.

Similarly, PSRO should also determine and implement realistic ways to improve IPs’ compliance with their substantive monitoring, evaluation, and reporting requirements, taking into account the constraints that exist. Concurrent with the development of the next MCP, PSRO should develop and then implement several rigorous impact evaluations during the next MCP, with valid counterfactuals, that can provide more information than currently exists on the effects of its interventions. Such evaluations are necessary to provide an evidence base for replication and continued funding. Activities related to RH and capacity building are priority areas.

5. An evaluation of the reach, use, and impact of PSRO’s many publications and the devising of a means to track and report on their true, actual costs (production, printing, and distribution) could inform a more cost-effective and practical publication programme. PSRO
might also consider reducing the number of its publications and persuasively justify their contribution to PSRO’s objectives. Furthermore, to increase the efficiency of the publication process and to maximize the effective use of PSRO’s staff expertise, PSRO should fill the now-vacant communication position and employ professional editors for each publication. PSRO’s senior management should be involved with reviews of drafts for substantive content and quality, but this review process should not also engage senior staff in editorial review of a report’s grammar, style, or punctuation, as now occurs.

6. PSRO should review its capacity-building strategies, develop, and then implement a strategy for its efforts to enhance capacity of the individuals and organizations with whom it supports and collaborates. The resulting strategy should be demand driven and based on evidence of what works and makes a difference to people’s work performances, including cultural appropriateness. Goals, objectives, and suitable indicators should be specified in the strategy so that progress can be monitored and assessed. In turn, the strategy should specify what must occur (and what evidence must be obtained) and by when to determine whether the PSRO’s capacity-building initiatives are successful. Evaluation of these initiatives should go well beyond end-of-training surveys of participants and consider the extent to which there have been meaningful improvements in organizational and institutional capacity. The strategy should also include attention to the sustainability of these efforts and consider the specific challenges of the Pacific environment. Collaboration in the development of the strategy with other donors working in the same thematic areas is strongly encouraged.

7. In addition to a concerted focus on effectiveness in achieving results, the technical aspects of PSRO’s programmes should identify and examine other perceived weaknesses identified in this report, such as the region’s low contraceptive prevalence rate, the lack of sex-disaggregated data, and the need to put the same quality and quantity of effort and resources that was expended on the VAW research into strengthening the implementation of interventions directed at this issue, including a focus on male-oriented aspects of VAW.

8. In accordance with the Paris Declaration on Aid Effectiveness, PSRO should increase its reliance on national systems and ensure that the total annual amounts of funding provided to governments are easily tracked. Unless there is a compelling reason to the contrary, UNFPA should channel its financial support through the aid coordination units of ministries of finance where this is the national policy. These units should also be provided copies of the relevant AWPs. Doing so should enable these units to discern the total amount of money to be provided each year, the amount to be spent in the country, and the amount to be provided for activities outside the country (such as for training, attendance at workshops, or procure-

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82 The evaluation team recommends PSRO’s attention to the Fast Track Initiative (FTI) Capacity Development Task Team, *Guidelines for Capacity Development in the Education Sector*. The guidelines describe ways to design a strategic, participatory approach to capacity development and address capacity at the individual, organizational, and institutional levels.
ment). PSRO should also provide an annual summary that provides information on actual expenditures for each IP in the same format as in the AWPs.\textsuperscript{83}

In parallel with this effort, PSRO should continue its collaborative development of AWPs with its IPs, but this collaboration should extend to decisions about the proportion of resources devoted to each of the areas in which PSRO proposes to work in a country. This may mean, for example, that some countries will be permitted to increase or decrease the percentage of PSRO’s assistance devoted to the thematic areas addressed in each country. Either PSRO or an IP can suggest budgetary changes related to activities listed in AWPs through modifications of the work plans, but such changes must be agreed and formalized in writing for audit purposes.

\textsuperscript{83} If resources are not provided through ministries of health, these ministries should be aware of the procedures used, still be given copies of all relevant AWPs, and be able to track the volume and amount of assistance that PSRO provides.
ANNEX 1: TERMS OF REFERENCE

Evaluation of the Multi-Country Programme Cycle of Assistance 2008-2012

1. Background

The multi-country programme (MCP) Cycle 4 (2008-12) of the Pacific Subregional Office (PSRO) was approved by the Executive Board with a total budget of $18.0 million, comprising $10.0 million from regular resources and $8.0 million from other resources for 14 Pacific Island Countries (PICs) in 2007. Resources in the programme were distributed amongst the three thematic programme areas of Reproductive Health (69%), Population and Development (21%), Gender Equality (6%) and Programme Coordination Assistance (4%).

The current programme was formulated drawing from the ICPD Programme of Action, Millennium Development Goals (MDGs), United Nations Development Assistance Framework, National Strategic Development Plans of countries, the review of the multi country programme of the previous cycle and the UNFPA Pacific Strategic Planning Meeting which involved fourteen countries through both subregional and multi-country approaches.

The overall goal of the MCP is to contribute to the sustainable development and better quality of life in the Pacific Island Countries by integrating population and development, reproductive health and gender into policies, plans and strategies in line with the Millennium Development Goals and the Programme of Action of the ICPD.

In line with strategic directions of the UNFPA Strategic Plan, programme strategies of the MCP focused on: (i) policy development in the three UNFPA Core programme areas; (ii) promoting partnerships for institutional capacity development (iii) promoting South-South Cooperation by using regional technical experts to provide technical assistance at the local level and (iv) using targeted interventions in partnership with governments and civil society to address the needs of the vulnerable groups.

The MCP is outlined in the Multi-Country Programme Document (MCPD) and is operationalized through the Multi-Country Programme Action Plan (MCPAP) which highlights key outputs, implementation strategies and activities under UNFPA’s three programme areas of reproductive health, population and development and gender equality and linking it to financial resources at different levels of results such as outcomes and outputs and identifies key partners with whom to work. It also contains a results resources framework, outlining relevant outcomes and outputs and respective indicators and indicative budgetary resources (regular and other resources) for the programme period 2008-2012. The M-CPAP also outlines an M&E framework for monitoring the implementation of activities and the subsequent attainment of outputs and outcomes.

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84 Revised June 14, 2011.
The M-CPAP outlines subregional and as well as country level interventions between UNFPA and PIC governments. UNFPA PSRO’s MCP provides support to the following 14 PICs grouped according to the three regions in the Pacific:

**Melanesia:** Fiji, Solomon Islands, Vanuatu.

**Polynesia:** Cook Islands, Niue, Samoa, Tokelau, Tonga, and Tuvalu.

**Micronesia:** Federated States of Micronesia (FSM), Kiribati, Nauru, Palau, and Republic of the Marshall Islands (RMI).

In its subregional role, the PSRO provides technical assistance to the Country Office of Papua New Guinea (PNG). In order to respond in an effective and efficient manner to the needs and priorities of PICs identified during the planning phase, the implementation of the multicountry programme is undertaken simultaneously at the subregional and national levels. UNFPA PSRO has a full country programme with 10 PICs with specific Country Programme Action Plans (CPAPs) that are signed with individual Governments that include: Cook Islands, Fiji, FSM, Kiribati, RMI, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu. Its programme of assistance and interventions covers the three areas of reproductive health, population and development and gender equality, whilst the four smaller countries of Nauru, Niue, Palau and Tokelau’s programme of assistance and interventions only covers the provision of reproductive health commodities and regional capacity building initiatives. Subregional and national level interventions in the 14 PICs have been developed and are aligned not only to the Strategic Plan outcomes but also contribute to relevant UNDAF outcomes.

The multicountry programme is now in its fourth year of implementation. To comply with the Executive Board’s decisions that each country programme should be evaluated at least once during the cycle, the Pacific Sub Regional Office will conduct the CP evaluation jointly with key partners in order to take stock of achievements, assess the sustainability of activities, compile lessons learned and propose recommendations to be included in the development of the next multi-country programme document.

### 2. Purpose of Evaluation

The major purpose of the evaluation is to assess progress in achieving the approved programme results, to provide insight into programme management and sector strategies to assess whether funds were used efficiently and effectively and to identify lessons learned and best practices. Lessons learned, best practices, recommendations and challenges from the evaluation will be fully utilized as key inputs to strengthen development of the next programme cycle.

Furthermore, key findings from the evaluation will inform the development of policies and strategies’ at PSRO. The evaluation findings and report will also be shared with national counterparts such as planners and decision makers. It is envisaged that the evaluation will have implications on decision making processes of governments, particularly in terms of funds disbursement and utilizing national systems and processes to enhance aid effectiveness and that it will strengthen implementation and the achievement of development outcomes; thus it should be useful to donors, development partners and relevant stakeholders. The evaluation findings and results provide guidance to PSRO to improve planning, management, monitoring and evaluation in the context of results based management.
The key users of the evaluation findings and results would be the UNFPA PSRO, implementing partners, other UN agencies, donors and development partners, beneficiaries of the current programme cycle and potential partners in the next cycle. Planners and decision makers of countries in the region would also find the evaluation findings useful in strengthening engagement and collaboration in relevant areas in their national priorities.

3. **Scope of the Evaluation**

*Coverage, time period, geographic area, programmatic aspects and target groups*

The MCP evaluation is expected to cover all the 14 PICs under the three sub regional groupings of Melanesia, Polynesia and Micronesia. The evaluation will be conducted over three months and will involve extensive travel, consultations and discussions with member countries, stakeholders and implementing partners to determine the usefulness and efficacy of UNFPA PSRO’s programmatic assistance to implementing partners and project beneficiaries under the following criteria: (i) relevance (ii) effectiveness (iii) efficiency (iv) sustainability (v) impact (vi) monitoring and (vii) coordination.

The evaluation will focus on activities, including technical assistance funded by UNFPA resources and as well as other resources implemented during the period under review.

3.1. **Evaluation Objectives**

The objectives of the evaluation are to:

(i) Determine the **relevance** of the outputs of the current MCP to regional and national development priorities and strategies;

(ii) Assess the **effectiveness** of PSRO activities during the MCP cycle 2008-2012.

(iii) Evaluate the level of **efficiency** shown during programme implementation in order to attain results identified during the programme cycle;

(iv) Determine the **sustainability** of interventions and programme results and assess how the interventions have been able to build adequate local capacity to ensure programme sustainability;

(v) Determine the long term **impact** of the interventions (positive or negative, planned or unplanned) and how they are likely to contribute to ICPD and MDG outcomes and goals;

(vi) Determine the level of **coordination** with Pacific Sub Regional Office, implementing partners, relevant UN agencies and other stakeholders; and

(vii) Determine how activities were **monitored** to achieve results proposed in the country programme as outlined in the MCPD and MCPAP.

(i) **Relevance**

Relevance examines the extent to which the UNFPA PSRO’s programme in the fourth cycle and or interventions being evaluated are aligned to the policies and priorities of the 14 PICs and its major stakeholders, and international agreements signed by the governments, such as a range of international conventions, CEDAW, ICRC and other human rights conventions. The assessment of relevance examines the degree to which outputs/outcomes in the MCPD and MCPAP/CPAP are in accordance with the national needs and priorities of the 14 PICs. In particular under the criteria of relevance, determine the following:
(i) The extent to which the programme planned results addresses the international commitments made, regional priorities, development plans and national needs;

(ii) To what extent are the results (outcomes and outputs) of the country programme in line with UNFPA’s mandate;

(iii) Given the small size of the programme and limited resources, how has UNFPA PSRO effectively positioned itself in critical areas of population and development (PD), sexual and reproductive health, and gender, to ensure that it makes the most difference; and,

(iv) The extent to which PSRO MCP have contributed to the outcomes and outputs of the Pacific Regional UNDAF and its relevance and identify areas that would need improvement.

(ii) **Efficiency**

Efficiency considers how economically, or optimally, inputs (financial, human, technical and material resources) have been used to produce outputs. Therefore, the assessment of efficiency links outputs to resources expended and assesses whether this occurred as economically as possible. Does the quantity and quality of the results justify the quantity and quality of the means used for achieving them? To assess efficiency, the following will be determined:

(i) What measures were taken during planning and implementation phases of the MCP to ensure that regular and other resources were used efficiently;

(ii) To what extent the programme activities overlap or duplicate other similar interventions funded by other donors, regional partners and national resources;

(iii) To determine the timeliness of inputs such as personnel, consultants, travel, and technical assistance, in relation to expected outputs.

(iii) **Effectiveness**

Effectiveness considers the extent to which planned results, including agreed outputs, outcomes and impacts are/were achieved as consequence of UNFPA PSRO’s efforts. The assessment of effectiveness examines the extent to which a programme/project achieves its planned results, including outputs and outcomes. Consequently, under the objective of effectiveness, determine the following:

(i) The extent to which the quality of results were/are going to be achieved at the level of projects (AWP) and whether they are contributing or likely to contribute to the programme outputs and the UNDAF;

(ii) The extent to which technical assistance in RH (including RHCS and HIV), Gender and PD contributed to more effective interventions at the country level;

(iii) The extent to which the MCP has contributed to increased gender equality and to what extent gender has been mainstreamed within the programme;

(iv) The extent of sufficient synergies amongst various programme components. Whether the regional and national interventions contribute to and reinforce achievement of programme results e.g., What was the quality of the regional and
national programmes reaching youth? How did regional interventions with parliamentarians translate to national advocacy for PD?

(v) Constraining and facilitating factors on the achievement of results;

(vi) Whether expected results should be adjusted, eliminated or new one added in view of changing environment, especially the economic environment and climate change

(vii) Whether any issues have positively or negatively impacted the implementation of the programme and whether they were captured and addressed by PSRO and or by implementing partners or jointly;

(viii) Determine the effectiveness of PSRO’s approach and contribution to joint programming in the MCP and alignment to the UNDAF joint programming.

(iv) **Sustainability**

The assessment on sustainability considers the durability of positive results after a programme’s completion or the end of UNFPA PSRO’s funding or support. Sustainability therefore assesses the extent to which the programme/project results are likely to continue or remain after the end of the UNFPA PSRO’s support and involvement. What has happened (or is likely to happen) to the positive effects of UNFPA PSRO’s interventions after its support or involvement has (or will) come to an end? In the assessment of sustainability determine the following:

(i) The extent to which the positive impact of the MCP and MCPAP justify the continuation of investments and support into the next programme cycle;

(ii) The extent to which stakeholders and implementing partners are willing and able to sustain programmes and continue activities on their own especially in terms of governance structures and programming and financial capacity;

(iii) The extent to which stakeholders and implementing partners have institutionalized policies and strategies in the MCP and MCPAP in their strategic plans and inclusion in their budgets;

(v) **Impact**

Impact considers the longer term or ultimate results attributable to the programmes or interventions being evaluated. Thus the assessment of impact considers positive and negative long-term effects, which may be economic, socio-cultural, institutional, environmental, technological or other effects. What has happened or (is likely to happen) as a consequence of UNFPA PSRO’s efforts? In the assessment of impact of the MCP, determine the following:

(i) The extent to which the long term results are likely to be attained;

(ii) The overall effects of the intervention, intended and unintended, long term and short term, positive and negative;

(iii) The extent to which PSRO’s interventions have contributed to capacity development and the strengthening of institutions in the partner country;
(vi) **Monitoring**

The assessment on monitoring considers whether an M&E system and framework was in place with appropriate indicators at various levels of impacts, outcomes and outputs and the availability of a populated database. In the assessment of monitoring, consider how effective the M&E system and framework was being utilized to regularly track and monitor progress in the implementation of activities, fund utilization and the achievement of results. In particular, in the assessment of programme/project monitoring determine the following:

(i) The extent to which the established monitoring and evaluation framework/system is being followed
   a. indicators populated with data and a database have tracked and monitored progress of results;
   b. monitoring tools (Annual Work Plan Monitoring Tools, Monitoring Mission Checklists, etc.) in the M&E framework are being utilized to monitor progress in the implementation of activities, projects and programmes; and

(ii) The extent to which regular monitoring of activities, budget allocations and fund utilization contribute to
   a. high implementation rate and low OFA balances
   b. attainment of development results
   c. effective and timely decision making

(vii) **Coordination**

Coordination examines the extent to which UNFPA PSRO effectively coordinated programmes internally within budget owners (programme officers) and technical advisors and also the extent of coordination and collaboration with countries and implementing partners, regional partners, donors, other development partners and other key stakeholders. Was effective coordination and collaboration a major factor towards the achievement of results – outputs and outcomes at programme, national and regional level? In the assessment of coordination determine the following:

(i) The extent to which budget owners and programme officers collaborated with technical advisors for relevant technical inputs in programme interventions and strategies, effective decision making and allocation of resources;
(ii) The extent of collaboration amongst implementing partners and executing agencies eg regional agencies;
(iii) The level, nature and quality of collaboration and coordination with other UN agencies and donors in the Pacific region; and.
(iv) Determine how PSRO MCP coordination and implementation have supported UNDAF collaboration and coordination.

4. **Evaluation Methodology**

The evaluation would be a participatory process involving PSRO staff, beneficiaries and national partners to continue to preserve the sense of ownership and set the stage to openly ad-
address issues and challenges and propose solutions or corrective measures to be addressed in the next multicountry programme document. A participatory process will primarily focus on assessing progress towards the achievement of results and at the same time fostering an environment for learning and knowledge sharing.

The evaluation team will jointly with the PSRO and other stakeholders, design the overall evaluation approach and data collection methods which should include a good mix of qualitative and quantitative methods, to respond to the evaluation objectives and answer the evaluation questions. The evaluation methodology should highlight the following:

- Revision of key information sources i.e. UNFPA stakeholders (PSRO staff, partners, programme beneficiaries)
- Measures to ensure that the evaluation addresses gender equality, human rights issues and vulnerable groups
- Sampling approaches for different data collection methods, including area and stakeholders to be represented, procedures to be used and sampling size
- Level of precision required
- Data collection instruments
- Data collection methods i.e. use of triangulation to ensure that the credibility of information gathered
- Types of data analysis
- Reference indicators and benchmarks where relevant
- Reporting and communication mechanisms during the course of consultation and discussion with UNFPA PSRO.

The evaluation will follow UNEG norms and standards for evaluation (copy to be provided) as well as all UNFPA ethical guidelines, norms and standards.

5. **Ethics**

The MCP evaluation will be conducted ethically, legally and with due regard for the welfare of the those involved in the evaluation, especially women, children and members of other vulnerable or disadvantaged groups and in accordance with the United Nations Evaluation Group (UNEGs) ethical guideline for evaluation. Due consideration will also be given to beneficiaries and other stakeholders on confidentiality of information and privacy during consultations and personal interviews. The members of the evaluation team shall respect and abide by the rules stated in the UNEG code of conduct during the whole evaluation process.

6. **Composition of the Evaluation Team**

The CP evaluation team will be undertaken by an interdisciplinary team of three Consultants with expertise or working experience in RH, PD and Gender evaluation. The evaluation team will comprise a team leader with sound programming and evaluation experience. The Evaluation team will work under the general guidance of the Director and under the overall supervision of the Deputy Director and in close collaboration with the Population and Development Planning (PDP) Specialist.
All the team members will be responsible for providing inputs to the final report. However, the team leader will be responsible for coordinating the preparation of relevant inputs amongst members and will be responsible for the submission of the final report. The Team Leader is also responsible in ensuring that comments to the draft report are adequately addressed in the final version of the report. All three consultants should possess interview skills, research, analytical and facilitation skills and should also possess excellent English and report writing skills. 

The profile of the team is outlined below in Annex 1.

It would be desirable if the team members collectively had expertise in RH, PD and Gender.

7. **Stakeholder Participation**

The success of the CP evaluation is very much dependent on full stakeholder participation, consultations and participatory evaluation that allows for meaningful participation of all programme partners, beneficiaries and other relevant stakeholders. Broad Stakeholder participation forms a critical component of the evaluation design and planning, information collections, documentation of findings, development of the evaluation report and dissemination of the evaluation results and recommendations through a participatory workshop approach.

Therefore, in order to improve the quality of the next MCP design and to ensure that national and communities development needs are addressed, it is important to invite implementing partners and a broad representation of national counterparts to participate in the final evaluation of the programme through thorough in-country consultation. This will also increase the sense of ownership of programme activities and at the same time will ensure that programme activities and their impact would be sustainable.

The participation of the different stakeholders should be done at different stages of the evaluation process and should also be done separately as their interest and involvement in programme implementation is different. The methodology on how best to capture the views of the partners should be discussed during the inception meeting using as background document the evaluation questions.

In Suva, at the PSRO, the key stakeholders would be other UN agencies, regional organizations such as the Pacific Islands Forum Secretariat (PIFS), the Secretariat of the Pacific Community (SPC), University of the South Pacific (USP), Fiji School of Medicine (FSMed), International Planned Parenthood Federation (IPPF) and Fiji’s Ministry of Health, Ministry of Education, Ministry of Finance, Ministry of National Planning, Ministry of Women and Social Welfare, Fiji Islands Bureau of Statistics and civil society organizations such as the Fiji Women’s Crisis Centre (FWCC) and Fiji Women’s Rights Movement (FWRM).

The key stakeholders in the different countries would be members of other UN agencies, key partners in the Ministries of Health, Ministry of Education, Ministry of Finance and Economic Development/Planning, National Statistics Offices, Ministry of Women, Ministry of Social Welfare, members of NGOs whose missions are in line with UNFPA’s mandate and missions, implementing partners and beneficiaries.
8. Evaluation Management – Roles and Responsibilities

The evaluation will be managed by an Evaluation Management Committee (EMC) comprising of the following staff:

(i) Mr Dirk Jena – Representative and Director
(ii) Dr Annette Robertson – Deputy Representative and Deputy Director
(iii) Jone Navakamocea – Population and Development Planning Specialist
(iv) Dr Wame Baravilala – Technical Advisor, Reproductive Health
(v) Mr Eduard Jongstra – Technical Advisor, Population and Development
(vi) Ms Riet Groenen – Technical Advisor, Gender
(vii) Ms Virisila Raitamata – Assistant Representative, Programmes & Population and Development
(viii) Mr Lorna Rolls – Assistant Representative Programmes & Gender
(ix) Dr Adriu Naduva – Programme Analyst & Reproductive Health

The evaluation team will work under the general guidance of the Director, under the direct supervision of the Deputy Director and in close collaboration with the Population and Development Planning (PDP) Specialist for day to day management, coordination and logistics. The Director may decide at any time during the evaluation process to include or co-opt other members to the evaluation management team. The evaluation management team is supported by a temporary programme assistant.

The EMC will be responsible for the following roles and tasks:

(i) Provide overall technical guidance and quality assurance on every process of the MCP evaluation;
(ii) Review and endorse the MCP evaluation terms of reference;
(iii) Recommend the TOR to the Director for approval and for subsequent submission to APRO and DOS for review and approval in accordance with UNFPA evaluation guidelines;
(iv) Short listing, selection and endorsement of consultants/evaluation team;
(v) Review and endorse inception; and
(vi) Review and approve evaluation reports.

The PDP Specialist shall be the Evaluation Manager and will be responsible for the following key roles:

(i) Overall coordination of the evaluation roles and responsibilities with Consultants/Evaluation Team;
(ii) Facilitate the Consultants/Evaluation Team’s access to background documents;
(iii) Coordinate UNFPA PSRO’s internal review processes;
(iv) Coordinate and arrange for the services and other assistance that UNFPA will be able to provide to the team such as provision of office space, computers, telephones and other logistical arrangements;
(v) Coordinate with UNFPA PSRO’s management approval of all evaluation deliverables.

The Deputy Director shall be responsible for overall quality assurance of the evaluation in accordance with UNFPA and UNEG Evaluation guidelines.

9. Evaluation Work Plan

The work plan spells out the roles and responsibilities of all those involved in the CP evaluation. It details all specific tasks to be undertaken, the deliverables as well as the time lines involved. Annex 2 outlines key activities, persons responsible, outputs and timelines of the work plan. The Gantt Chart outlining detail activities, timelines and responsibilities of relevant staff has been developed and will be used internally for the purposes of scheduling and implementation of CP evaluation activities.

The CP evaluation is expected to take place during the months of June, July and August, 2011. The number of working days by each consultant is temporarily set at 66 days and will be distributed among the different phases of the evaluation process depending on their involvement in the completion of specific tasks and/or activities. The level of effort will also vary depending on the role of the consultant i.e. team leader versus team member and the consultancy fee will be set accordingly to reflect level of effort and responsibilities in the evaluation team.

10. Deliverables

Following the review of the proposed TOR and relevant documents of the 2008-2012 MCP and discussing the evaluation with PSRO, the team leader of the evaluation team should submit an Evaluation Inception Report (see Annex 3). The inception report describes the conceptual framework the evaluation team will use in conducting the evaluation. It details the evaluation methodology that is how each question will be answered by way of data collection methods, data sources, sampling and indicators. It also provides a clear indication of how the Evaluation Team views and understands its tasks and plans to achieve the objectives of the evaluation.

Therefore, within 7 days of the award of contract, the Evaluation Team Leader shall submit an electronic copy of a draft inception report to UNFPA PSRO’s evaluation manager. The inception report provides an opportunity for PSRO and the consultants/evaluators to ensure that their interpretations of the TOR are mutually consistent. The Evaluation Manager will coordinate the internal review and approval of the inception report from the EMC and the UNFPA Director, and APRO which will serve as an agreement between PSRO and the Consultants/Evaluators on how the evaluation shall be conducted.

The evaluation team will be remunerated according to the following schedule: (a) 20 percent of payment upon completion of a satisfactory inception report; (b) 30 percent upon successful completion of the field visits; and (c) 50 percent upon submission of a satisfactory final report.

The consultants/evaluators shall make oral or written presentation/briefing of the inception report to PSRO and its stakeholders. PSRO’s Evaluation Manager shall obtain written com-
ments on the inception report from the EMC to the Consultants/Evaluators within 5 days of the report’s submission or completion of the oral presentation, whichever comes later. PSRO reserves the right to modify the TOR in response to the inception report.

**Draft Evaluation Report**

The evaluators shall submit an electronic copy of a draft evaluation report to UNFPA’s evaluation manager no later than 30th July, 2011. The draft report should be thoroughly copy edited to ensure that comments from the UNFPA and other stakeholders on content, presentation, language, and structure can be reduced to a minimum.

The Consultant/Evaluator shall make a debrief presentation to the PSRO Director and Deputy Director on submission of the draft evaluation report.

After PSRO and stakeholders’ review of the draft report, the evaluation manager shall coordinate written comments on the draft report from PSRO and relevant stakeholders and shall submit these to the Consultants/Evaluators. Based on these comments, the Evaluation Team shall correct all factual errors and inaccuracies and make changes related to the report’s structure, consistency, analytical rigor, validity of evidence, and requirements in the TOR. The Evaluation Team will not be required to make changes to conclusions and recommendations unless they are regarded as qualitative improvements. After making the necessary changes, the Evaluation Team will submit a revised draft evaluation report, which may lead to further comments from UNFPA. After the second round of review and, if necessary, further revision to the draft evaluation report, the Evaluation Team can then submit the final report for PSRO’s approval.

The draft evaluation report will also be shared with APRO for their review and comments on the quality of the report as per established UNEG guidelines and standards.

**Final Report**

The recommended structure of the final report is in Annex 4. The report must contain a self-contained executive summary that provides a clear, concise presentation of the evaluation’s main conclusions and key recommendations and reviews salient issues identified in the evaluation. All deliverables must be in English.

11. **Documentation**

   Documents listed in Annex 5 will be made available to the Consultants/Evaluation Team to facilitate the CP evaluation.

12. **Logistical Support**

   The final evaluation will take place with planned visits and consultations in the 14 member countries in the Pacific region (Cook Islands, FSM, Fiji, Kiribati, Nauru, Niue, Palau, Samoa, Solomon Islands, RMI, Tokelau, Tonga, Tuvalu and Vanuatu) from mid July through early August, 2011. Transportation and logistical support is vital for a thorough and effective evaluation and consultations.
The UNFPA PSRO in Suva, Fiji will be the base for the evaluation team and where the team would meet twice or more depending on need, during the evaluation process: at the beginning of the evaluation to clarify role and methodology, agree on the TOR and stakeholders and to prepare the Evaluation Inception Report and also at the end of the evaluation to present the findings and report of the evaluation. During their stay in Suva, the evaluation team will visit and meet partners, regional organizations, beneficiaries and stakeholders that are based in Suva, Fiji as part of their in-country meetings and interviews. The team would also meet with relevant UNFPA PSRO staff for briefing and discussions on the CP4 and its implementation.

The Joint Office and Joint Presence Offices are responsible for organizing the visit of the evaluation team and meetings with stakeholders in their respective countries in consultation with the PDP Specialist. The Evaluation team will be fully briefed by the Evaluation Management Committee on the evaluation TOR, evaluation schedules, travel and logistical support and what to expect in-country.

During their in-country visits, the evaluation team will not be provided official transport by the Joint Office or Joint Presence Offices, as a portion of the DSA provided is to cover public transportation or taxi to reach their meeting venues in respective countries.

Members of the evaluation team will be offered a Special Service Agreements (SSA) contract with specifications on the number of days of work, the daily consultancy fee and honorarium, the maximum amount to be paid and the modality of payments.

The evaluation team will be expected to work five (5) days a week. Travel to the countries and Joint Offices and Joint Presence Offices will be arranged by the PSRO in Suva. UNFPA PSRO will make available office space, however, members of the evaluation team will be expected to bring their own laptops.

All documents for review by the members of the evaluation team will be posted/uploaded in DocuShare under the PSRO knowledge platform.

The evaluation team will be supported by a Programme Assistant during the duration of the evaluation who will provide logistics and administrative support related to the conduct of the CP evaluation.

13. Evaluation Budget

The funds to conduct the MCP evaluation have been sourced from regular resources and have already been allocated. The budget will cover the following:

(i) The Consultant’s fees based on number of days worked and the agreed daily honorarium.

(ii) The cost of all international travel including return tickets, DSA and terminals; and

(iii) Any other incidentals such as telephone calls, printing, taxis, faxes.
Annex 1

Profile and Tasks of the Evaluation Team

**Team Leader**

The Team Leader can either be a RH, PD or Gender person.

**Key tasks**

1. Lead in undertaking basic activities to support the evaluation
2. Guide other team members in order to undertake and complete the work in accordance with the Terms of Reference in timely fashion
3. Prepare and submit the Inception Report in consultation with other consultancy members
4. Continuously review the work of individual members, provide guidance and ensure a coordinated analysis
5. Settle any disagreement and disputes among the evaluation team, if any, and find the best solutions
6. Be the spokesperson of the team vis-à-vis UNFPA Joint Offices, Joint Presence Offices, government partners, stakeholders and other counterparts
7. Ensure that field visits and meeting schedules are adequate to fulfill the terms of reference
8. Work independently and as a team member in all activities needed to conduct the evaluation on his/her area of expertise and in the programme as a whole
9. Follow the final TOR, agreed Evaluation work plan as agreed with PSRO and the questionnaire provided for the evaluation. Communicate with PSRO on any changes to the Evaluation work plan.
10. Provide weekly updates to the PSRO Focal point.
11. Coordinate the review amongst the Evaluation Team of all documents produced by the Pacific subregional office and its liaison offices during the period under review
12. Assess the design, implementation and results of the RH, PD or Gender component in the programme depending on area of expertise.
13. Meet with partners, beneficiaries and stakeholders in the 14 PICs to review the advances in the RH, PD or Gender (as relevant to expertise) component and to gather recommendations for improvement, if needed
14. Consolidate the team members’ contributions into the draft and final evaluation report
15. Take note of comments to the draft and ensure relevant changes are made to the final document
16. Prepare the evaluation report and serve as principle presenter in front of key audiences if deemed necessary

**Qualifications**

1. Post graduate degree in social sciences, public health or any related field to UNFPA’s mandate
2. At least 15 years of working experience in the area of expertise and evaluation.
3. Ability to express ideas clearly and write well
4. Capacity to work well in a multicultural and multinational settings
5. Ability to use facilitation and mediation skills during interviews
6. Ability to realistically assess stakeholders capacity and willingness to participate in evaluation
7. Ability to communicate clearly (verbally and written) in English
8. Willingness to travel to the Pacific region
9. Proven analytic, communication, presentation and evaluation skills

Experience in UNFPA and working in the Pacific region with a strong understanding of the Pacific environment (political, social –cultural and economic) would be desirable.

**Consultants 2 and 3**

**Key tasks**
1. Assess the design, implementation and results of the RH, PD and Gender components in the programme
2. Review whether and to what extent gender equality has been mainstreamed throughout the entire programme.
3. Work independently and as a team member in all activities needed to conduct the evaluation on his/her area of expertise and in the programme as a whole
4. Follow the final TOR and the questionnaire provided for the evaluation
5. Review all documents produced by the PSRO and its liaison offices during the period under review
6. Meet with partners, beneficiaries and stakeholders in the 14 PICs to review the advances in the RH, PD and Gender components and to gather recommendations for improvement, if needed
7. Analyze the relevance and alignment of the RH, PD and Gender components to subregional/national development priorities and strategies.
8. Provide assistance to the evaluation through analysis of the RH, PD and Gender components in the context of international commitments made
9. Provide assistance to the team leader in preparing the evaluation draft and final reports through the preparation of chapters on RH, PD and Gender
10. Contribute to the preparation of the inception, the draft and final reports of the evaluation
11. Provide strategic recommendations to be taken into consideration during the development of the next MCPD.

**Qualifications**
1. At least a Master degree in one of the following areas: Population studies/Demography, Public Health, Gender, Development Studies, Economics.
2. At least 15 years of working experience in their area of expertise and evaluation.
3. Ability to express ideas clearly and write well
4. Capacity to work well in a multicultural and multinational setting
5. Ability to use facilitation and mediation skills during interviews
6. Ability to realistically assess stakeholders capacity and willingness to participate in evaluation
7. Ability to communicate clearly (verbally and written) in English. Experience in UNFPA and working in the Pacific region with a strong understanding of the Pacific environment (political, sociocultural, and economic) would be desirable.
ANNEX 2: ILLUSTRATIVE STATEMENT ON ETHICS AND CONFIDENTIALITY

We appreciate your willingness to participate in the evaluation.

We will be complying with the UN’s norms and standards for evaluation, including ethics and confidentiality. These require us to:

- Respect your right to provide information in confidence and ensure that any sensitive information cannot be traced to its source.
- Ensure that any sensitive information you provide will not be shared with anyone outside the evaluation team, except in instances of fraud or wrong-doing.

For nonsensitive information it may be desirable to include some of your statements in the evaluation report, with attribution if you agree. If we wish to do so, we will first share the statement with you and obtain your approval to include it.

If acceptable to you, your name and position will be included in the report in the list of people consulted.

Please feel free to stop the interview at any time, this is your right.

We have a responsibility to be independent, impartial, objective, accurate and as fair as possible in our compiling of the information, analyzing and reporting.

You are encouraged to be frank and objective in your comments and to provide any information you think might be relevant to the team in fulfilling its responsibilities.

The evaluation team’s task is to identify the UNFPA Pacific programme’s relevance, effectiveness, efficiency, sustainability, and impact, and also its M/E effectiveness. In short, what worked well, what did not do so and how can activities be improved in the future. We welcome any recommendations you might have about the programme.

If you would like to contact me after the conclusion of our discussion, you can do so at ________.

Thank you for your contribution to this process.
ANNEX 3: DOCUMENTS REVIEWED

In addition to those documents referred to in the text, the evaluation team referred to the following:

PSRO Multi-Country Project Document
Multi County Programme Action Plan
Country Programme Action Plans
Project documents and proposals
Annual Work Plans
Budget sheets
ATLAS COGNOS Reports on expenditures and fund utilization
Donor reports
M&E framework
UNDAF Project documents
UNDAF Annual Reports
UNDAF (2008-2011) Mid Term Review, May June 2010
Reproductive Health Policy and Strategy
Demographic and Health Surveys
Census reports
Gender reports (CEDAW, GBV studies, and others)
ICPD at 15: Achievements, Challenges and Priorities in the Pacific Islands
Achieving the Millennium Development Goals in the Pacific Islands – Policies & Strategies in Population & Reproductive Health;
PSRO publications, as per PSRO catalogue
Hayes, G, Desk Review, Republic of the Marshall Islands, July 2011
Robertson A, Universal Access to Reproductive Health” Case of Family Planning in the Pacific, Suva, 2010
ANNEX 4: PEOPLE CONTACTED FOR THE EVALUATION

COOK ISLANDS
RK Koteka, Charge Nurse
Beniamina Main, Reproductive and Adolescence Health Coordinator, Ministry of Health
Tupou Faireka, Secretary, Ministry of Health
May Aung, Obstetrician and Gynecologist, Ministry of Health
Biribo Tekenene, Chief Pharmacist, Ministry of Health
Glassie Matata, Assistant Chief Pharmacist, Ministry of Health

FEDERATED STATES of MICRONESIA
Pertina Albert, former AHD Project Coordinator
Morgan David, Micronesian Red Cross Society
Vita Skilling, Secretary for Health and Social Affairs, National Government
Dionis Saimon, Program Manager, Family Health Services Unit,
Department of Health and Social Affairs
Jim Rally, Director of Public Health, Pohnpei State
Mathew Chigiyal, Assistant Director, Office of Statistics, Budget and Economic Management
Hon. Mr Isaac Figir, Speaker, Congress of FSM, National Government
Mercedes Gilmete, Adolescent Health and Development (AHD) Project Coordinator
Brihmer Johnson, Statistician, Office of Statistics, Budget and Economic Management, Overseas Development Assistance and Compact Management
Emihner Johnson, Island Food Community
Francisco Kerman, Family Planning Nurse
Sen. Ishmael Lebehn, National Congressional Representative of Pohnpei
Teliwy Liwy, RHCS Coordinator
Marcy Lorrin, Family Planning Coordinator
X-ner Luther, National Comprehensive Cancer Control Program Coordinator and Chair,
Youth Development Association of Pohnpei
Kennedy Neduc, Micronesia Bound Inc.
Josephine Saimon, Medical Officer, Kolonia Clinic
Bernadette Schumann, Program Manager, STD/HIV Prevention Program, Department of
Public Health and Social Services, Guam
OKean Ehmes, Country Development Manager, Joint Presence Office

FIJI
Josefa Koroivueta, Director of Public Health, Ministry of Health
Frances Bingwor, National Advisor, Family Health, Ministry of Health
Luisa Vodonaivalu, RH Project Officer, Ministry of Health
Manaini Rokovunisei, HIV Project Officer/AHD Coordinator
Asikinsa Raikofi, Principal Statistician, Bureau of Statistics
Lanieta Vakadewabuka, Senior Statistician, Bureau of Statistics
Reijieli Nainima, Statistician, Bureau of Statistics
Adrian Rajalingam, Research Officer, Bureau of Statistics
Govind Sami, Permanent Secretary, Ministry of Social Welfare, Women, Poverty and Alleviation
Salote Radrodro, Director for Women, Ministry of Social Welfare, Women, Poverty and Alleviation
GUAM
Martina Otoko, Community Facilitator/Outreach Worker, Chuuk Outreach and Stepping Stones Program Guam
Bernadette Schumann, Program Manager, STI/HIV Prevention Program, Bureau of Communicable Disease Control, Department of Public Health and Social Services, Guam

KIRIBATI
Yun Jong Kang, Chief of UNICEF Field Office and Joint Presence
Aren Teannaki, UN Affairs Officer, Joint Presence, Tarawa
Saitofi Mika, Acting Senior Aid Coordinator, Ministry of Finance
Jenny Tunganibeia, Commissioner of Census, National Statistics Office, Ministry of Finance
Teatao Tiira, Director of Public Health, Ministry of Health and Medical Services
Maere Anteree, Reproductive Health Coordinator and Principal Nursing Officer, Ministry of Health and Medical Services
Depweh Kanono, Secretary, Ministry for Internal and Social Affairs
Bainee Beniamina, Women’s Development Officer, Ministry of Internal and Social Affairs
Amota Tebao, Reproductive Health Coordinator, Kiribati Family Planning Association

REPUBLIC of the MARSHALL ISLANDS
Wilbur Heine, Secretary, Ministry of Internal Affairs
Christina de Brum, Assistant Secretary, Ministry of Foreign Affairs
Abacca Anjain-Maddison, Chief of Development and Community Affairs, Ministry of Internal Affairs
May Bing, Assistant Secretary for Finance, Administration and Personnel
Helen Jetril-David, Director for Reproductive Health, Ministry of Health
Enja Enos, United Church of Christ
Molly Helkena, Assistant Secretary, Development and Community, Ministry of Internal Affairs
Hemline Ysawa, Census Commissioner, Economic Policy, Planning and Statistics Office
John Henry, Senior Statistician, Economic Policy, Planning and Statistics Office
Alicetha Tara Kalles, Adolescent Development and Health Coordinator, Youth to Youth in Health
Daisy Momoparo, Women United Together Marshal Islands
Terry Keju, Country Development Manager, Joint Presence Office

SAMOA
Maria Ah Dar, AHD Coordinator, MOH
Sefuiva Reupena Muagututia, Government Chief Statistician
Roger Stanley, Assistant CEO, Ministry of Women, Community Service and Development
Sarah Faletoso Su’a, acting CEO, Corporate Services, Strategy Development and Planning, MOH
Pepe Tevaga, Office Finance Manager, Samoa Victim Support Group
Amy McCudden, Volunteer Advisor, Samoa Victim Support Group
Steven Mecartney, Programme Management Officer, WHO
Andrew Peteru, National Programme Officer in HIV and Education, UNESCO, and UNAIDS Liaison Officer
Armstrong Alexis, Coordinator, Programme and Operations, UNDP Samoa
Caron Kohl, UN Women officer, Samoa UN Office
SOLOMON ISLANDS
Albby Lovi, Director, Health Promotion Unit, Ministry of Health and Medical Services
Nancy Pego, AHD Coordinator, Ministry of Health and Medical Services
Esther Tekulu, RH Project Finance Accountant, Ministry of Health and Medical Services
Judith Seke, RH Coordinator, Ministry of Health and Medical Services
Willie Horoto, Manager, National Medical Store, Ministry of Health and Medical Services
Douglas Kimie, Census Commissioner, Ministry of Finance
Matthew Imbe, RH Coordinator, Lata Hospital, Temotu Province
Syrmarn Karibungi, RH Coordinator, Kirakira Hospital, Makira/Ulawa Province
Marilyn Iro, RH Coordinator, Kiliuufi Hospital, Malaita Province
Patricia Simata, RH Coordinator, Buala Hospital, Isabel Province
Henrieta Jagily, Gizo Hospital, Western Province
Mia Roman, Coordinator, SPC
Michael Salini, Executive Director, Solomon Islands Planned Parenthood Association
Levi Hou, Consultant Obstetrician, Ministry of Health and Medical Services
Shabnam Mallick, Manager MDG Programme, UNDP
Winston Pitakomoki, Health Nutrition Officer, UNICEF
Anika Kingmele, Child Protection Officer, UNICEF
Walter Kazadi, Medical Officer, WHO

TONGA
SA Puloka, Executive Director, Family Health Association
Siale Akaoula, Director of Health
Sela Paasi, Chief Nursing Officer/RH coordinator
Fuiva Kavaliku, Manager, Center for Women and Children
Melenaite Mahe, Principal Pharmacist
Cama Tilema, Principal, Queen Salote School of Nursing
Fifita ‘Alisi, Senior RH Sister
Toia Lesila Lokotui, Community Education Trainer, Crisis Center
Hemaloto Usai, male advocate for women’s human rights, Crisis Center
Uhatafe Susana, counsellor female advocate, Crisis Center

TUVALU
Tekafa Neemia, RH coordinator
Stephen Homasi, Director of Health, Ministry of Health, and Chair of RH Committee
Nese Ituaso, Chief of Public Health, Ministry of Health, and Supervisor of RH Coordinator
Alaita T. Faletapu, Public Health Nurse, Princess Margaret Hospital
Miliama Simeona, Executive Director, Tuvalu Family Health Association, and former RH Programme Director
Tenako Reete, Senior Staff Nurse, Namumaga Island
Tafe Pelesi, Public Health Nurse, Princess Margaret Hospital
Natano Elisala, Pharmacist, Princess Margaret Hospital
Letasi Iulai, Director of Planning and Budget, Ministry of Finance and Economic Planning, and Chair of Population Policy Task Force
Simalua Enele, Economic Advisor, Ministry of Finance and Economic Planning
Niutatu Niuatui, MDG Project Manager, Ministry of Finance and Economic Planning
Tepalalau Nia, Acting Budget Officer, Aid Department, Ministry of Finance and Economic Planning
Semu Malona, Government Statistician, Central Statistics Office
Grace Alapati, Assistant Statistical Officer, Central Statistics Office
Lamieta Faleasiu, Community Affairs Officer, Department of Community Affairs
Sani Simona, Director, Department of Women’s Affairs
Malofou Auina, Rural Development Planner, Department of Rural Development
Annie Homasi, Coordinator, Tuvalu Association of NGOs

VANUATU
Mark Bebe, Director General, Ministry of Health
Simil Johnson, Government Statistician, Statistics Office
Bernard Fabre-Teste, Medical Officer, WHO
Benuel Lenge, Senior Statistician, Statistics Office
Sara Carley, Development Councillor, New Zealand High Commission
Flora Bani Kalsari, Principal Aid Programmer, Department of Strategic Policy, Planning and Aid coordination, Office of the Prime Minister
Marie-Michelle Tsiabon, RN Northern Care Youth Clinic, Luganville, Santo
May Susan Pascual, Chief, UNICEF field office and UN joint presence
Arthur Roslyn, UN Affairs Officer
Naite Mahe Mele, Principal Pharmacist, Ministry of Health
Gregoire Nimbik, Director, Department of Strategic Planning
Willie Pioni, Health Sector Analyst, Department of Planning
Flora Kalsaria, Principal Aid Negotiator, Department of Planning
Devilliers, M&E Technical Advisor, Department of Planning
Arugogona, Senior Monitoring and Evaluation Officer
Johnny Koanapo, Head of UN Mission
Mahi, Senior Desk Officer, Ministry of Foreign Affairs
William, Multilateral Desk Officer, Ministry of Foreign Affairs
Apisai Tokon, RH Coordinator, Ministry of Health
Joe Kalo, Adolescent and Reproductive Health, Ministry of Health
Arnold Bani, Adolescent and Reproductive Health, Ministry of Health
Joseph Lagoiala, Programme Manager, Family Health Association
Julius Senabulia, Advocacy Officer, Family Health Association
Keddy Kalo, Communication Officer, Family Health Association
Stephen Noel, Youth Project Officer
Siba Laziru, Hotline Operator
Siula Bulu, Wan Smol Bag KPH Clinic
Norley Tack, RN, Wan SMOL Bag Clinic
Tarisu Kailes, Assistant Director, Employment Office
Shaun Kennedy, ILO Coordinator
Cielia Keimol, ANP, Fort Orly Health Center
Marie Manwo, Midwife, Port Orly Health Center

Regional Organizations

University of the South Pacific
Biman Prasad, Dean, Faculty of Business and Economics

Secretariat of the Pacific Community
Gerald Haberkorn, Manager, Statistics and Demography, Noumea
George Malefoasi, Advisor, AHD Project, Suva
Asaua Fa’asino, Program Development Officer, AHD Project Suva

**Pacific Islands Forum Secretariat**
Alfred Schuster, Development Cooperation Advisor

**Economic and Social Community for Asia and the Pacific**
Iosefa Maiava, Pacific Officer

**European Union, Suva**
Fiona Ramsey, Second Secretary, Social Sectors

**AusAID**
Romaine Kwesius, Counsellor, (Regional, Kiribati and Tonga), Development Cooperation Section
Nilesh Goundar, Programme Manager (UN Partnerships and Gender), Development Cooperation Section
Duane Bridger, Development Programme Specialist, Solomon Islands
Sophie MacKinnon, First Secretary, Development Cooperation, Kiribati

**New Zealand Aid Programme**
Salli Davidson, Senior Health Advisor, NZ Ministry of Foreign Affairs and Trade, Wellington (by teleconference)

**UNDP**
Knut Ostby, Resident Coordinator for UN System’s Operational Activities
Toily Kurbanov, Deputy Representative
Asenaca Ravuvu, Assistant Representative, Programmes

**International Labour Organization**
Caroline Scott, Technical Officer
Surkafa Katafeno, Programme Officer
Sheik Hussain, Officer

**UN Women**
Lena Lindberg, Regional Programme Director
Elizabeth Cox, former Regional Programme Director,
Anne Rehagen UN Gender Group Secretary
Ross Craven, Country Projects Coordinator, Kiribati

**UNAIDS**
Jone Vakalalabure, Programme Officer

**UNDP Pacific Center, Suva**
Garry Wiseman, Manager

**UNICEF**
Isiye Ndombi, Representative
Samantha Cocco-Klein, Chief Policy Advisor, Advocacy, Planning and Evaluation
Emmanuelle Abrioux, Education Chief
Eliab Seroney Some, Chief of Health and Sanitation
Ider Dungerdorj, PMTCT Specialist

WHO, Suva
Dong-il Ahn, Director, WHO Representative in the South Pacific and Director, Pacific Technical Support

UNFPA
Dirk Jena, Director and Representative
Annette Robertson, Deputy Director and Deputy Representative
Lorna Rolls, Assistant Representative,
Ritesh Mistry, Programme Finance Manager
Wame Baravilala, Reproductive Health Advisor
Peter Zinck, RHCS Programme Technical Specialist
Eduard Jongstra, Population and Development Advisor
Jone Navakamocea, Planning, Monitoring and Evaluation Coordinator
Mosese Qasenivalu, UNDAF Monitoring and Evaluation Manager
Virisila Raitamata, Assistant Representative
Ritesh Mistry, Programme Finance Associate
Isikeli Vulavou, Programme Associate
Turenga Nakalevu, Programme Associate
Adrui Naduva, Programme Analyst
Varisila Drodrolagi, Programme Assistant
Shadiyana Begum, Programme Assistant
Rachel Managreve, Executive Assistant
Karalaini Abariga, Programme Assistant
Lily Uruvaru, Programme Assistant
Kotobalavu Waqairatu, Programme Assistant
## ANNEX 5: QUESTIONS FOR THE MCP EVALUATION

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Question (Programme Cycle and Stage)</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relevance</strong></td>
<td>R1: Given your county’s needs and priorities, is UNFPA doing the right things? Are its projects appropriate for your country? If no, why not?</td>
<td>Beneficiary, UNFPA, IPs</td>
</tr>
<tr>
<td></td>
<td>R2: Do you think the Multi-Country Programme (MCP) - RH,PD,GE - activities will satisfy the beneficiaries?</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>R3: How will the MCP affect the quality of life of beneficiaries? What evidence supports this judgment?</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>R4: Are there any vulnerable groups not benefiting from the MCP? If so, which groups?</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>R5: Do you think the MCP meets UNFPA priorities?</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>R6: If yes, why? Please elaborate</td>
<td>Ditto</td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
<td>Es1: In your opinion, is UNFPA likely to achieve the objectives associated with its projects? Why or why not?</td>
<td>UNFPA, IPs</td>
</tr>
<tr>
<td></td>
<td>Es2: Is the logic of UNFPA’s activities and projects clear? (Design)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>Es3: Could anything be done differently to improve UNFPA’s implementation and effectiveness? (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>Es4: What agreed outcomes is the output achieving? To what extent are these outcomes resulting from the anticipated outputs rather than external or contextual factors? (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>Es5: How effective are UNFPA’s efforts to enhance capacity in the ministry/agency? (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td>Criterion</td>
<td>Question (Programme Cycle and Stage)</td>
<td>Target Audience</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Efficiency</strong></td>
<td>Ey1: How well is UNFPA managing its resources and activities in your country? (Design)</td>
<td>UNFPA, IPs</td>
</tr>
<tr>
<td></td>
<td>Ey2: Could a different activities or interventions lead to similar results at a lower cost? (Design)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>Ey3: Are resources being used in the best possible way? If not, please elaborate (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>Ey4: UNFPA providing value for money? (Completion)</td>
<td>Ditto</td>
</tr>
<tr>
<td><strong>Impact</strong></td>
<td>I1: How will UNFPA’s activities contribute to achievement of the Millennium Development Goals? (Implementation)</td>
<td>UNFPA, IPs</td>
</tr>
<tr>
<td></td>
<td>I2: How will UNFPA’s activities contribute to achievement of the ICPD plan of action? (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>I3: Are there any positive and negative effects resulting from the MCP? Is it likely that the positive effects will outweigh the negative ones? (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>I4: What would have happened without the MCP? (Completion)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>I5: To what extent has the MCP contributed to capacity development, strengthening of institutions, and poverty reduction? (Completion)</td>
<td>Ditto</td>
</tr>
<tr>
<td><strong>Sustainability</strong></td>
<td>S1: Is local ownership developing? What evidence supports your opinion? (implementation)</td>
<td>UNFPA, IPs</td>
</tr>
<tr>
<td></td>
<td>S2: Is the current positive influence of the MCP on RH, PD, GE likely to continue in the future? (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>S3: Will there be continued positive impacts after the UNFPA’s funding ends? (Completion)</td>
<td>Ditto</td>
</tr>
<tr>
<td>Criterion</td>
<td>Question (Programme Cycle and Stage)</td>
<td>Target Audience</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Monitoring</strong></td>
<td>M1: Is there a culture of M&amp;E in the PSRO? Please elaborate. (Implementation)</td>
<td>UNFPA</td>
</tr>
<tr>
<td></td>
<td>M2: How effective is PSRO’s M&amp;E system? What are the system’s strengths and weaknesses? (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>M3: How do you use this system? (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>M4: Does this system promote the effectiveness and efficiency of your work? Please explain. (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>M5: How can the system be improved or enhanced? (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td><strong>Coordination</strong></td>
<td>C1: How would you assess the quality and effectiveness of coordination within PSRO? (Implementation)</td>
<td>UNFPA</td>
</tr>
<tr>
<td></td>
<td>C2: How would you assess the quality and effectiveness of coordination among programme managers and technical advisors within PSRO? (Implementation)</td>
<td>Ditto</td>
</tr>
<tr>
<td></td>
<td>C3: How would you assess the quality and effectiveness of coordination between UNFPA and its IPs? Between UNFPA and other UN agencies or donors? (Implementation)</td>
<td>UNFPA, IPs, other UN agencies, donors</td>
</tr>
<tr>
<td></td>
<td>C4: What can UNFPA do to improve the quality and effectiveness of its coordination with you or your organization? (Implementation)</td>
<td>Ditto</td>
</tr>
</tbody>
</table>
ANNEX 6: RELIANCE ON AWPS VERSUS THE PSRO’S INTERNAL DATABASE

PSRO’s internal M&E database includes targets that are not necessarily shared with IPs while omitting indicators and targets already and repeatedly included in AWPs. When baselines and targets do exist for the same indicators in AWPs and the database, the targets are often inconsistent.

Furthermore, the inclusion of many indicators in AWPs and their corresponding absence in the M&E database means that many IPs are trying to achieve outputs and outcomes that PSRO no longer considers to be valid or appropriate. The omission suggests that PSRO considers some indicators insufficiently important to track or monitor. This contrasts with IPs’ obligation to monitor and report on their progress in addressing the indicators with which they and PSRO have agreed. As UNFPA’s Policies and Procedures Manual makes clear, “Each AWP provides detailed activity planning per output and sets out what is expected to be accomplished by the implementing partner, where applicable, during the year.” In turn, IPs are expected to “continuously monitor” and update their AWPs in consultation with UNFPA, and IPs’ annual standard progress reports are supposed to be tied to the indicators and their baselines and targets included in the AWPs.

As an illustration, representatives of Fiji’s Ministry of Health were asked whether they knew the PSRO’s target values for four specific indicators included in the internal database. No one did. These representatives cannot be expected to claim ownership or to be held accountable for targets they have not seen, discussed, or approved, and that may be in conflict with targets in national or sectoral health strategies.

PSRO concedes that its AWPs are “faulty” with respect to the indicators included in them, but this awareness has not been extended to correcting the deficiencies that PSRO acknowledges. The evaluation team reviewed nearly all of the PSRO’s AWPs for 2008, 2009, 2010, and 2011. The AWPs for the latter years typically repeat the indicator-related deficiencies the evaluation team identified in the AWPs for the earlier years. Finally, if the PSRO considers the internal database to be a better source of information on what has been achieved than are the reports on the indicators included in AWPs, it is not then clear why the PSRO’s country office annual reports provide information on the percentage of AWP output targets achieved each year.
### ANNEX 7: SIGNAL FUNCTIONS USED TO IDENTIFY BASIC AND COMPREHENSIVE EMOC SERVICES

<table>
<thead>
<tr>
<th>Basic Services</th>
<th>Comprehensive Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Administer parenteral antibiotics&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Perform signal functions 1–7, plus:</td>
</tr>
<tr>
<td>2) Administer uterotonic drugs (e.g., parenteral oxytocin)</td>
<td>8) Perform surgery (e.g., caesarean section)</td>
</tr>
<tr>
<td>3) Administer parenteral anticonvulsants for preeclampsia and eclampsia (e.g., magnesium sulfate).</td>
<td>9) Perform blood transfusion</td>
</tr>
<tr>
<td>4) Manually remove the placenta</td>
<td></td>
</tr>
<tr>
<td>5) Remove retained products (e.g., manual vacuum extraction, dilation and curettage)</td>
<td></td>
</tr>
<tr>
<td>6) Perform assisted vaginal delivery (e.g. vacuum extraction, forceps delivery)</td>
<td></td>
</tr>
<tr>
<td>7) Perform basic neonatal resuscitation (e.g., with bag and mask)</td>
<td></td>
</tr>
</tbody>
</table>

A basic emergency obstetric care facility is one in which all functions 1–7 are performed. A comprehensive emergency obstetric care facility is one in which all functions 1–9 are performed.

<sup>1</sup> Injection or intravenous infusion.

<table>
<thead>
<tr>
<th>1. Structure and Clarity of Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the report clearly describe the evaluation, how it was conducted, the findings of the evaluation, and their analysis and subsequent recommendations?</td>
</tr>
<tr>
<td>Is the structure logical? Is the report comprehensive?</td>
</tr>
<tr>
<td>Can the information provided be easily understood?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Executive Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does it read as a stand-alone section, and is a useful resource in its own right?</td>
</tr>
<tr>
<td>Is it brief yet sufficiently detailed, presenting the main results of the evaluation, and including key elements such as methodology and conclusions and recommendations?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Design and Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the methodology used for the evaluation clearly described and is the rationale for the methodological choice justified?</td>
</tr>
<tr>
<td>Have cross-cutting issues (vulnerable groups, youth and gender equality) been paid specific attention (when relevant) in the design of the evaluation?</td>
</tr>
<tr>
<td>Are key processes (tools used, triangulation, consultation with stakeholders) discussed in sufficient detail? Are constraints and limitations made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.) and discussed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Reliability of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are sources of data clearly stated for both primary and secondary data?</td>
</tr>
<tr>
<td>Is it clear why case studies were selected and what purpose they serve?</td>
</tr>
<tr>
<td>Are all relevant materials related to case studies, interviews (list of interviewees, questionnaires) etc. annexed to the report?</td>
</tr>
<tr>
<td>Are the limitations, and methods to address them, discussed?</td>
</tr>
<tr>
<td>What other data gaps are there and how have these been addressed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Findings and Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings:</td>
</tr>
<tr>
<td>Is there a clear pathway from data to findings, so that all findings are evidence-based?</td>
</tr>
<tr>
<td>Are biases stated and discussed?</td>
</tr>
<tr>
<td>Are unintended findings reported and discussed?</td>
</tr>
<tr>
<td>Analysis:</td>
</tr>
<tr>
<td>Are interpretations of the findings understandable? Are assumptions clearly stated and extrapolations well explained?</td>
</tr>
<tr>
<td>Are their limitations (or drawbacks) discussed?</td>
</tr>
<tr>
<td>Does the analysis respond to all evaluation questions?</td>
</tr>
<tr>
<td>If not, are omissions (of both evaluation criteria and questions) recognized and explained?</td>
</tr>
</tbody>
</table>
Has the analysis examined *cause and effect* links between an intervention and its end results?

Are *contextual factors* identified and their influence discussed?

### 6. Conclusions

Are the conclusions organized in priority order?

Do the conclusions amount to a reasonable *judgment* of the findings and are their links to evidence made clear?

Are there any limitations and are these made clear?

Do they present an *unbiased* judgment by the evaluators of the intervention or have they been influenced by preconceptions or assumptions that have not been discussed?

### 7. Recommendations

Is there a *logical flow* from the conclusions to recommendations?

Are they strategic and clearly presented in a priority order which is consistent with the *prioritization* of conclusions?

Are they *useful* – sufficiently detailed, targeted and likely to be implemented and lead to *further action*?

How have the recommendations *incorporated* stakeholders’ views and has this affected their *impartiality*?

### 8. Meeting Needs

Does the report adequately address the information needs and responds to the *requirements stated in the ToRs*?

In particular does the report respond to the evaluation questions, issues or criteria identified in ToR?

---

## Overall Assessment:

<table>
<thead>
<tr>
<th>Quality Assessment criteria</th>
<th>Very Good</th>
<th>Good</th>
<th>Poor</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Structure and Clarity of Reporting</strong></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

*To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.*

Checklist of minimum content and sequence required for structure:

- i) Acronyms; ii) Exec Summary; iii) Introduction; iv) Methodology including Approach and Limitations; v) Context; vi) Findings/Analysis; vii) Conclusions; viii) Recommendations; ix) Transferable Lessons Learned (where applicable)
- Minimum requirements for Annexes: ToRs; Bibliography List of interviewees; Methodological instruments used.

| Please insert your main comments here |

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<table>
<thead>
<tr>
<th><strong>2. Executive Summary</strong></th>
<th></th>
</tr>
</thead>
</table>

*To provide an overview of the evaluation, written as a stand-alone section and presenting main results of the evaluation.*

Structure (paragraph equates to half page max):

- i) Purpose, including intended audience(s); ii) Objectives and Brief description of intervention (1 para); iii) Methodology (1 para); iv) Main Conclusions (1 para); v) Recommendations (1 para). Maximum length 3-4 pages
### 3. Design and Methodology

*To provide a clear explanation of the following elements/tools*

Minimum content and sequence:

- Explanation of methodological choice, including constraints and limitations;
- Techniques and Tools for data collection provided in a detailed manner;
- Triangulation systematically applied throughout the evaluation;
- Details of participatory stakeholders’ consultation process are provided.
- Whenever relevant, specific attention to cross-cutting issues (vulnerable groups, youth, gender equality) in the design of the evaluation.

### 4. Reliability of Data

*To clarify data collection processes and data quality*

- Sources of qualitative and quantitative data have been identified;
- Credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit.

### 5. Findings and Analysis

*To ensure sound analysis and credible findings*

**Findings**

- Findings stem from rigorous data analysis;
- Findings are substantiated by evidence;
- Findings are presented in a clear manner

**Analysis**

- Interpretations are based on carefully described assumptions;
- Contextual factors are identified.
- Cause and effect links between an intervention and its end results (including unintended results) are explained.

### 6. Conclusions

*To assess the validity of conclusions*

- Conclusions are based on credible findings;
- Conclusions are organized in priority order;
- Conclusions must convey evaluators’ unbiased judgment of the intervention.

### 7. Recommendations

*To assess the usefulness and clarity of recommendations*

- Recommendations flow logically from conclusions;
- Recommendations must be strategic, targeted and operationally-feasible;
- Recommendations must take into account stakeholders’ consultations whilst remaining impartial;
- Recommendations should be presented in priority order.
The TOR for this exercise includes consideration on how economically or optimally inputs (financial, human, technical and material resources) have been used to produce outputs. In specific terms, there will be a need to determine the following:

1. The measures taken during planning and implementation phases of the MCP to ensure that regular and other resources were used efficiently;
2. The extent to which programme activities overlap or duplicate other similar interventions funded by other donors, etc;
3. Timeliness of inputs such as financing, personnel, consultants, travel and technical assistance.

**Financial Management**

In UNFPA’s latest publication on financial field offices financial activities include inter alia:

- Establishing budgets for all IPs, which should be ensured within the context of approved country programme;
- Prescribing and arranging for maintenance of financial records which are required especially office assets.

**Field Experience**

Based on interviews with IPs, UNFPA financial reporting requirements are quite daunting as confirmed by staff in the Family Health Association (FHA) of Vanuatu. The general feeling is that with such overwhelming requirements, IPs have a tendency to wait until the dead line before filling in the forms. At that time, they simply complete the forms in line with UNFPA guidelines using data that are in some cases unreliable. There is also common feeling that what with the need to also complete a number of required government forms to be filled in by the same IPs, there is a high degree of frustration at having to complete redundant government forms and UNFPA forms. One of the five core principles of the Paris Declaration states: “Harmonisation: DONOR COUNTRIES COORDINATE, SIMPLIFY PROCEDURES AND SHARE INFORMATION TO AVOID DUPLICATION.” It is noted that PSRO is currently reviewing

---

85 Policy and procedure manual (PPM), UNFPA 11 October 2006
86 The Manual specifically refers to Representatives/ Country Directors and Chiefs of operations. There is every reason to include PSRO since there is no version that refers specifically to them
87 The feeling was shared by IPs in Vanuatu and Tonga
88 This was according to a senior official in the MOH in Vanuatu.
89 Based on an examination of these forms, we felt that they were not really as complicated as claimed. The form is quite straight forward, easy to understand and fill in especially for anyone who has had the relevant training. There is, therefore, every reason to believe that this level of “reluctance” is driven by reluctance to accept change.
some of the IP financial reporting problems related to the funding, authorization and certification of expenditures (the FACE form).\textsuperscript{90}

There was also a feeling at PSRO that frequent staff attrition rates at the country level have contributed significantly to diluting the effects of prior financial reporting training interventions.

One area where there was also unanimity is with regard to fund disbursements. IPs all agreed that frequent delays in disbursing funds contribute to less efficient programme implementation. For example, in Tuvalu staff had not been paid for several months because UNFPA funds had not been received. In this case money had to be taken from one government account to pay staff while waiting for UNFPA’s disbursement to arrive.

There was also a feeling at the PSRO level that spur of the moment requests to fund certain programmes creates additional stress on staff and also causes a degree of panic. For example, funding suddenly becomes available for an initially unplanned workshop. Finances are required and requested instantly, that is with no prior notification to relevant staff members. Such an approach undoubtedly leads to mixed priorities and inadequate performance by staff members.

**IP Survey**

During the country visits, the evaluators also conducted limited and rapid surveys based on the seven – relevance, effectiveness, efficiency, sustainability, impact, monitoring and coordination – criteria. There were however limitations on the procedures followed that could have introduced many areas of bias. For example, no pilot-test was conducted; no sampling protocol was used; and there was no opportunity to establish a common understanding among evaluators of how to conduct the survey.

With regard to pre-testing the questionnaires, there were two problems: one was the limited time factor while the other was feasibility. In the latter case, it was not possible for the team to pilot-test the questionnaire on a neutral territory as required. The reason being that there were no other non-UNFPA supported (neutral) sites were the questions could be tested since respondents could have had difficulties understanding the context of the questions. All questions were unprompted.

It was also impractical to sample because every potential audience, UNFPA, IPs, beneficiaries was subjected to the interviews when deemed appropriate. Hence this was a “census”.

One other challenge in this regard was the level of absenteeism. In several cases, relevant respondents had either travelled out of the country or were performing other duties and were not be available.

Finally, the team (because of time constraints), didn’t have the opportunity to discuss in detail sections of the questionnaires. Hence there is a strong possibility that communicating these questions to respondents was not as uniform as one would expect.

\textsuperscript{90} Efforts are currently in place by PSRO to identify some of FACE-related problems in an attempt to address as many concerns as can possibly be resolved. Inputs will be required from both APRO and HQ.
These short comings not withstanding, the essence of the exercise was not completely compromised. Responses are still useful especially with regard to perceptions by respondents and their understanding of how programmes are managed. The process was also an opportunity to establish respondent triangulation since the interviewees were from different counties and agencies.

Methodology:

In line with DOS guidelines, the team explained the ethical issues and the respondent’s rights not to feel obliged to answer any questions if they didn’t want to. They were also informed that the interview was going to be confidential and that all responses were going to remain anonymous and only published with names after consultation with and approval by the relevant parties.

With regard to the efficiency criterion, the target audience was mainly IPs. And several relevant IP or their representative was interviewed.

Survey Findings

In Vanuatu, Tonga and Cook Islands, Seven IPs were interviewed.

On the question on whether UNFPA was managing its resources well, all but one said yes. The one who answered “no” indicated that the tardy arrival of funds was a significant deterrent to programme implementation and felt strongly that things needed to change.

The next question was if different activities or interventions could lead to similar results at lower costs. Over half (57%) said yes with the rest indicating no.

The third question was whether resources were being used in the best possible way and if not why? Most of the respondents (87.5%) felt they were with one exception who strongly felt that TA was too top down with no regard to local contents, needs and priorities. In one of its reports, PSRO states: “Where feasible countries and implementing partners have been involved…”. This case is most likely one of those that were not contacted by PSRO during the planning process. As part of the validation process, it will be interesting to find out which countries among the ten were not contacted during this planning process.

On the final question on whether UNFPA was providing value for its money, everybody said yes.

Though the numbers are quite limited, the message is clear. In summary, the general feeling was that UNFPA was quite efficient in its programmes and that while there may be some nuances, the overall performance on this criterion was very good. It needs to be highlighted here that this was one criterion that every IP was very comfortable responding to.

Operating Fund Account (OFA)

OFA is simply an accounting line in which advances for programme implementation based on each country’s annual work plan (AWP) are disbursed. These funds serve as advances to IPs. At the end of every quarter, IPs are then required to submit their respective financial reports based on how much was received, how much was spent and the outstanding balance. Prior to 2011, outstanding balances were carried forward to the next year if activities were to remain and were classified as OFA rolled over and accounted for in the next year prior to disbursement of first quarter funds. However for 2011 clearance, ED directed all funds outstanding to be returned in 2010 so all 2010 funds were to be given back and no OFA rollover was permitted.

Sometimes funds are not reported back. Reasons for such circumstances include:

- Shift in the planned activities due to other commitments of the IP coming up.
- The amounts in the FACE and AWP are just budgets, i.e., forecasted and the actual could be more or less.
- During implementation things are not always as planned (as per the AWP). It could be that the AWP had planned workshop for 10 people, but only 8 could make it to the workshop due to boat problems to the location of the workshop.
- There could be a major shift in currency exchange rates compared with UNFPA, especially if budgets are drawn in US$ based on local currency amounts at the time of preparing the budgets. For example, last year gains where seen with US$ and this year losses are being experienced against US$ etc

Any balances not reported are generally picked up during periodic audits. The undocumented amounts continue to be managed under the OFA account. These amounts if reported as expense to UNFPA are restated and FACE forms done again to reflect corrections. If the discrepancies are not picked then they are during audits, but also during in monitoring missions by PSRO.

In practical terms, this mechanism has worked relatively well when IPs send in their reports on time as confirmed by data presented in Table 7 below.

**Table 7: Synopsis of a 2010 OFA Report.**

<table>
<thead>
<tr>
<th>IP</th>
<th>Audited Amounts (US $)</th>
<th>Unsupported Amount (US$)</th>
<th>% of undocumented funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC</td>
<td>951,421.70</td>
<td>84,291</td>
<td>8.9</td>
</tr>
</tbody>
</table>

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92 PSRO comments.

93 Data based on Audit Report, 2010.

94 These are amounts that have either been spent or unspent that have not been accounted for.
<table>
<thead>
<tr>
<th>Country/Region</th>
<th>Amount</th>
<th>Verified</th>
<th>Undocumented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiji (MOH)</td>
<td>75,170.87</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Federated States of Micronesia (FSMMOH)</td>
<td>93,561</td>
<td>24620</td>
<td>26.3</td>
</tr>
<tr>
<td>FSM (Congress)</td>
<td>5,273.13</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>FSM (MOH)</td>
<td>32,431</td>
<td>12,662</td>
<td>39</td>
</tr>
<tr>
<td>FSM (Census)</td>
<td>64,180</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Republic of Marshall Islands (RMI-MOH)</td>
<td>55,439.86</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>RMI (Census)</td>
<td>108,525</td>
<td>61,184</td>
<td>56.4</td>
</tr>
<tr>
<td>Cook Islands (MOH)</td>
<td>144,277.51</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Samoa (MOH)</td>
<td>42,894.86</td>
<td>12,515</td>
<td>29.2</td>
</tr>
<tr>
<td>Samoa (MOW)</td>
<td>14,267.58</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Samoa (Bureau of Stats)</td>
<td>50,878.64</td>
<td>12,532</td>
<td>24.6</td>
</tr>
<tr>
<td>Tonga (MOH)</td>
<td>73,401.87</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Tuvalu (Ministry of Finance)</td>
<td>4,177.58</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Tuvalu (MOH)</td>
<td>32,049.89</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>University of South Pacific</td>
<td>20,311</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>FSM</td>
<td>177,019.7</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>U Canberra</td>
<td>246,335.45</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,320,025.64</strong></td>
<td><strong>207,804</strong></td>
<td><strong>9%</strong></td>
</tr>
</tbody>
</table>

Source: Data Base on Audit Reports, 2010

Note: NA stands for Not Applicable

The following findings are calculated from Table 7:

- Overall, 9% of OFA funds were undocumented by IPs;
- 31.6% of IPs audited still had funds that could not be substantiated at the time of the audit;
- About 67.4% of IPs audited had documented funds;
- Over half (56.1%) of audited funds in RMI\(^{95}\) (Census) were undocumented;

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\(^{95}\) Not all these funds were unsupported. Due to the census going on at the time of the audit, the RMI Census divisions resources were stretched to the limit and they at the time of the audit were not able to provide full documents. These have now been provided to the auditors as part of the audit follow up action plan.
About 2 in every 5 dollars of audited amounts in FSM (MOH) remain undocumented. Table 7 suggests that the overall undocumented percentage of OFA funds is only 9 percent. There should be some concern with regard to countries that continue to have over twenty percent\(^{96}\) of undocumented OFA. And there is need for instant follow up and discontinuation of further disbursements until the situation is corrected.

The analysis also suggests that UNFPA needs to take measures to strengthen the financial reporting capacity among IPs. Their financial reporting ability has been only moderately successful. It may also be noted that UNFPA’s efforts to continuously urge IPs to send in their timely financial reports will continue to contribute to improved accountability and transparency: efforts that both UNFPA and IPs should be given some credit for.

**Cost of output indicators.**

As part of assessing the overall cost of activities contributing to outputs, an attempt will be made to establish a crude indicator cost comparison. This exercise will review indicator costs at two points: during programme implementation in 2008 and 2010. The key assumption here is that the total of expenses for those periods was aimed at accomplishing the corresponding output indicators in the AWPs. One can also speculate that because of the significant gap (over forty per cent) created by missing baseline indicators, the costs were generally higher than planned. That finding, presented in Table 8, will help in determining the degree of cost-effectiveness when both periods are compared.

**Table 8: Output Indicator costs in 2008 and 2010.**\(^{97}\)

<table>
<thead>
<tr>
<th>Year</th>
<th># of Indicators(^{98})</th>
<th>Total Cost ($)</th>
<th>Cost per Indicator ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>340</td>
<td>444,447.76</td>
<td>1,307.20</td>
</tr>
<tr>
<td>2010</td>
<td>182</td>
<td>2,439,444.45</td>
<td>13,403.54</td>
</tr>
<tr>
<td>Total</td>
<td>522</td>
<td>2,883,892.21</td>
<td></td>
</tr>
</tbody>
</table>

Source: PSRO Data Base, 2008 to 2010

Note:

1. The key assumption is that since activities are not specifically tied to indicators, there is a good chance costing indicators directly will produce only crude estimates of cost effectiveness;
2. It is also clear that all indicators are not equal in importance or weight;
3. No attempt was made to adjust for possible inflationary effects;

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\(^{96}\) This percentage was a judgement call based on recommendations by debt experts. They recommend 30 per cent.

\(^{97}\) From PSRO Data Base

\(^{98}\) 2008 indicators are abstracted from the CPAP MOU. They include both Outcome and Output Indicators. The 2010 figures were compiled from the UNFPA 2008 to 2010 strategic plan.
4. Table 8 confirms that just over half of the initial indicators are no longer applicable. While no apparent reasons for this discrepancy were provided by the PSRO, it is possible that the reasons include inability to deliver as initially planned or missing baseline data;

5. This approach was used because all attempts to produce output-related costs by ATLAS failed. Both PRSO and Head Quarters (HQ) confirmed that ATLAS at this point was unable to produce these reports. There is still need for PSRO to follow up with HQ in order to calculate these output costs as they remain crucial for programme management and accountability.

6. There is also an awareness that in 2008 (the first year of implementation), limited and smaller amounts of funds may have been advanced to and spent by IPs. It is also noted that the learning curve of forms by IPs could have also contributed to disbursement of funds.

Table 8, with the above caveats notwithstanding, does suggest that achieving MCP indicators in 2010 was ten times more expensive than in 2008. This is an increase of a little over 100 per cent. This table also suggests that if the initial indicators had been maintained and the relevant outputs with their corresponding outcomes achieved, MCP would have been more cost effective, everything being equal.

Capacity Development Funding

Capacity strengthening (as indicated in the CPAPs) is a key strategy in the MCP. For example, 62.5% of all outputs are related to capacity building – both at the individual and at the institutional levels. According to PRSO data available, a total of 1981 people were beneficiaries of capacity building in the different thematic areas between 2008 and 2010. This suggests that if the data are reliable (no other sources were available for triangulation purposes as efforts by the team to get other data were unsuccessful) the average cost per trainee is $2313.74. With only 57 per cent of the target (indicated in the data base) accomplished, there is a strong likelihood that more will still be trained and more financial resources will be required accordingly. Table 9, below, shows a breakdown of available capacity development expenditure figures and distribution of percentages between UNFPA staff and IPs.


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99 ATLAS is a Project Management system that enables users to generate relevant project Management financial reports. It is used by public and private institutions. For example, insurance companies use it to produce different policies.

100 There are many IPs trying to understand what is expected from them with regard to achieving results and developing work plans.

101 PRSO, Strategic Plan and Project Documents, 2008 - 2010

102 PRSO Data Base. 2011. These figures do not include PRSO staff. The data base provides a breakdown by thematic area with no direct sources (ex training report) available.

103 The planned number to be trained is 3450. With the current rate of training (as of the end of 2010, 57 per cent of the planned targets has been accomplished.
Table 9 indicates that most (98%) of the expenses between 2008 and 2010 went to strengthening capacity at the IP level. Less than two per cent (1.6%) was spent on improving in-house capacity. These figures confirm that about $4.6 million went to supporting IP capacity development and/or strengthening. This represents about 23% of total expenses over a three-year period.\footnote{Total expenditure, 2008 to 2010 is $2,005,255.94Source: PRSO 2010 Annual Report.} That is a substantial amount by many standards. With such significant amounts spent on capacity building one would expect a corresponding result that goes beyond the number of beneficiaries “trained”. PRSO confirmed that no effort had been made in compiling the list of beneficiaries’ current locations and how the “training” received improved their performance or increased their respective work-loads in case of nurses, midwives and doctors. This shortcoming weighs heavily as a weakness especially when substantial amounts of money are spent with little to show in terms of meaningful and programme intended results.

Capacity development as an output is meant to contribute to higher levels of achievement (outcome indicator). By not knowing what improvements have been accomplished by beneficiaries, the team was faced with difficulty of establishing the degree to which these training exercises helped in changing staff performance and hence attracting a higher number of Health Facility (HF) users. It also needs to be highlighted here that UNFPA in one of its latest publications no longer considers “change in skills” as an outcome.

It is most likely not too late to start developing a data base that permits PRSO to track beneficiaries including attempts to assess how the training received has improved their work place performance. That would be a good way of illustrating how cost effective financial resources have been spent in improving capacity at all levels. Such an initiative will also be useful in the next MCP.
National Execution (NEX)

In this context, national execution refers to the total dollar allocation managed by IPs. According to PSRO, these amounts exclude costs related to staff learning as these are paid for directly by PSRO. If these funds are well managed by the, this will indicate continuous successful capacity strengthening of IPs by PSRO; increased level of accountability by IPs; increased degree of transparency; and increased level of ownership by IPs.

Even though (as indicated elsewhere in the report) IPs are still complaining about the “complexity” of financial reporting to the PSRO, there is an increasing trend in dollar amounts of funds being managed by IPs. This distribution is presented in Table 10. The increase signifies increased responsibility that can be associated with increasing levels of confidence of IPs by the PSRO. The level of financial responsibility, according to Table 10, almost doubled between 2008 and 2010. It is, however, not clear why the change between 2009 and 2010 was so little. According to PSRO, this small increase could have resulted from an increase in the number of consultants recruited between 2009 and 2010.

The percentage distribution of these funds did not maintain the same i.e. while there was an increasing trend in “dollar amount” the percentage change was mixed from year to year as presented in Table 10. PSRO suggested the following possible reasons:

- Increased number of consultants as mentioned;
- Increased travel costs;
- Move to direct payment;
- Procurement and delivery of assets sent to IPs by PSRO.

Over a three-year period (2008 to 2010), IPs managed an average of about 73 per cent of the total allocation with PSRO managing about 27 per cent. The total amount over this interval is about $13.7 million. With this degree of financial responsibility given to IPs, PSRO has established an improved level of financial ownership; decentralized its field operations; strengthened project and programme management skills and empowered IPs to “run” their own show. It needs to be highlighted here that IPs progressively managed more funds from 2008 to 2010; an accomplishment that needs to be encouraged and maintained. Transparency remains the ultimate objective and every effort will be required to maintain this momentum.

Table 11: Distribution of National Execution from 2008 to 2010.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total ($)</td>
<td>Percentage</td>
<td>Total ($)</td>
<td>Percentage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total ($)</td>
<td>Percentage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

105 This was PSRO was ensuing completion of NEX audit action plan activities from previous year before disbursing funds.
Human resources

At the field level, there was agreement among RH coordinators in Vanuatu, Tonga and Cook Island that the required level of effort to accomplish results was quite high. There were reported cases in these countries where RH coordinators, in addition to their coordination duties, were also expected by the MOH to perform other activities. For example, in Tonga, the RH coordinator (who had been recently promoted) confessed that she was overwhelmed by expectations from both UNFPA and the MOH. She went on to say that after her promotion she requested unsuccessfully to be relieved of all RH programme-related responsibilities.

In the PSRO, there was also consensus by many staff members that with regard to work loads, while there was an increase in numbers of staff as a result of the Regionalization exercise, the increase has not been proportionate to the work loads. Staff members continue to be faced with additional tasks that have cumulatively resulted in additional and higher stress levels. The reluctance of staff members to assist their colleagues in accomplishing certain tasks during high demand periods has only exacerbated an already dire situation.

In Figure 1, an attempt is made to establish a possible link or association between “absenteeism” and work performed from 2008 to 2010. This will help explain some of the concerns raised.

Findings

Based on the average number of sick days taken by staff during the period 2008 to 2010, there is evidence, as illustrated in Figure 1, that there was an increasing trend during that interval. And the figure also shows that this trend peaked in 2010. While one might suspect that the increase in sick days might have been caused by other reasons, there is also the likelihood that the significant increase of “absenteeism” in 2010 could have also been caused by higher stress factors possibly related to higher staff workloads as indicated earlier. The figures also suggest that during the last year, the mean number of absent days was also close to ten which is the maximum payable number of sick leave days granted to staff. The figure also indicates that employees took over twice as many more sick days in 2010 than in 2008. If

<table>
<thead>
<tr>
<th>Allocation managed by IPs</th>
<th>1,982,679.17</th>
<th>80.79%</th>
<th>3,960,715.98</th>
<th>73.40%</th>
<th>4,008,196.81</th>
<th>68.79%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation managed by PSRO</td>
<td>471,494.77</td>
<td>19.21%</td>
<td>1,435,507.06</td>
<td>26.60%</td>
<td>1,818,441.77</td>
<td>31.21%</td>
</tr>
<tr>
<td>Totals</td>
<td>2,454,173.94</td>
<td>100.00%</td>
<td>5,396,223.04</td>
<td>100.00%</td>
<td>5,826,638.58</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Source: PSRO, 2011

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106 This was an exercise in which UNFPA de-centralized its offices creating Regional and Sub-regional offices like PSRO. The process was applied to regions all over the world.

107 The disenchantment among staff continued to compromise productivity. This was confirmed by some members during discussions with the team.

108 PRSO Statistics.
these observations remain valid, then staff concerns about heavier workload are consistent with the distribution of the number of sick days taken.\textsuperscript{109}

The median has also consistently confirmed the trend by demonstrating that:

\begin{itemize}
  \item Half the members of staff took four (median) or more days of sick leave in 2008;
  \item Half of PRSO staff took at least five (median) days of sick leave in 2009 and
  \item Half of the employees took eight (median) or more days of sick leave in 2010.
\end{itemize}

\section*{Programme Duplication}

Programme overlap and duplication can be viewed from two perspectives. In the first scenario, two IPs are implementing similar programmes in the same location (micro level). In the second case, two, or more, IPs are implementing similar programmes in different districts of the same country (macro level). The driving force behind which approach to take will depend on the scope, access of implementing sites and community needs. PSRO has confirmed that based on division of labour among funding agencies, programme duplication has not been an option. There are, however, cases where certain UN agencies could be implementing different aspects of a specific service. For example in the Solomon Islands there was an isolated case of duplication in which UNICEF conducted training on EMOC in the Choisel and western province on standard EMOC processes.\textsuperscript{110} The workshop was conducted in early 2010 and facilitated by one of UNICEF Fiji Midwives with nurses and nursing assistants as the target audience.

\textsuperscript{109} Adjustments were made for two outliers: one in 2009 (115 days) and one in 2010 (159 days). In each case the average figure excluding these cases was calculated and assigned to these outliers.

\textsuperscript{110} PSRO.
Since that workshop, EMOC-related activities have been consolidated and duplication eliminated. There is one donor-inclusive workshop coming up in September of 2011 in the Solomon Islands in Malaita province.

**Technical Assistance (TA) Missions**

UNFPA has been involved in providing TA to needy countries globally since the early 1990s. During that period, Country Support Teams (CSTs), which were established to directly provide technical support, contributed in addressing many of the technical development issues. The CST at that time was an autonomous, independent and an essential part of the UNFPA organizational structure. Until 2008 when regionalization was established, the teams were a conglomérate of partnerships among many UN organizations. Some of these included Food and agriculture Organization (FAO), ILO, WHO, etc. Though participating advisors were recruited by these organizations, funding was provided by UNFPA.

In 2008, UNFPA revised its structure and during the regionalization process, CSTs were integrated into the mainstream UNFPA structure. Advisers were then re-assigned under the supervision of different regional and sub-regional directors. The current data on TA missions, therefore, represents the provision of technical support as part of an integrated UNFPA regional setup. TA missions are currently provided in three thematic areas: reproductive health (RH), population and development (PD) and gender equality (GE).

Before the introduction of regionalization, several evaluations (both internal and external) on the effectiveness of the CSTs were conducted. In several cases, some re-alignment was introduced and the teams fine-tuned to reflect the needs of the region. Since the regionalization, the themes covered by the technical advisers have essentially remained unchanged; with regional needs serving as the driving forces behind the number of technical advisers and their relevant thematic areas.

As recently as 2008, UNFPA Technical Division developed a concept note for technical assistance.\(^{111}\) The note included the following steps:

a. Systematic assessment of the needs for technical assistance;
b. Assessment of capacities and gaps of the regional and national institutions and research experts;
c. Development strategy including costing for filling the gaps;
d. Delivery of technical assistance;
e. Development of quality assurance mechanism for monitoring and evaluation.

To some extent, PSRO has implemented these steps with different levels of intensity.\(^{112}\) For example, while a significant degree of “a” above was achieved efforts are still required to accomplish a similar level of accomplishment as stated in “e” above.

As part of the process PSRO has conducted surveys among IPs in order to establish the quality and receptiveness of TA. At this point, it is difficult to identify the outcome of this survey.

\(^{111}\) Concept note of Technical Assistance, October 2008, UNFPA Technical Division.

\(^{112}\) Technical Assistance in the Pacific, October 2009, PSRO.
With number of respondents as small, as indicated in the questionnaire, it is difficult to constructively perform and analyze the data statistically. Recommendations and conclusions are yet to be released.

The timeliness of TA is one area the team is required to look into. In that regard, efforts are made to assess TA needs based on UNFPA country classification. This approach will help in establishing the appropriateness and consistency of providing TA within UNFPA counties based on developmental needs. The group classifications are presented in table 11b. This table also indicates which of the fourteen countries were included in the analysis. Table 12 shows a three-year distribution of TA support by thematic area and by country group classification. There are three groups: A, B, and C. The PICs fall in groups A and C with the former considered highly in need of development aid, while the latter are considered not in dire need of assistance.

**Table 11b: Group classification of countries in the PICs**

<table>
<thead>
<tr>
<th>Country</th>
<th>Group</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Islands</td>
<td>C</td>
<td>Included in Analysis</td>
</tr>
<tr>
<td>FSM</td>
<td>C</td>
<td>Ditto</td>
</tr>
<tr>
<td>Fiji</td>
<td>C</td>
<td>Ditto</td>
</tr>
<tr>
<td>Kiribati</td>
<td>A</td>
<td>Ditto</td>
</tr>
<tr>
<td>RMI</td>
<td>C</td>
<td>Ditto</td>
</tr>
<tr>
<td>Nauru</td>
<td>C</td>
<td>Not Included in analysis (See footnote 28)</td>
</tr>
<tr>
<td>Niue</td>
<td>C</td>
<td>Ditto</td>
</tr>
<tr>
<td>Palau</td>
<td>C</td>
<td>Ditto</td>
</tr>
<tr>
<td>Samoa</td>
<td>A</td>
<td>Included in analysis</td>
</tr>
<tr>
<td>Solomon Island</td>
<td>A</td>
<td>Ditto</td>
</tr>
<tr>
<td>Tonga</td>
<td>C</td>
<td>Ditto</td>
</tr>
<tr>
<td>Tokelau</td>
<td>C</td>
<td>Not Included in Analysis (see footnote 28)</td>
</tr>
</tbody>
</table>

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113 UNFPA has classified countries in which it works based on a certain number of indicators. This system groups countries as follows:  
Group A: All LDCs and any country that has met the threshold levels of 0 – 4 indicators;  
Group B: Countries that have met the threshold for 5 – 7 indicators;  
Group C: Countries that have met the threshold levels of all the eight indicators and small islands for which only limited data are available.

114 Four countries (Nauru, Niue, Palau and Tokelau) are excluded from this list because PSRO support is only limited to RHCS.
Tuvalu | A | Included in Analysis
---|---|---
Vanuatu | A | Ditto
PNG | A | Not considered one of the PICs in MCP


**Table 12: Annual distribution of TA by theme, year (2008 to 2010) and classification**

<table>
<thead>
<tr>
<th>Year</th>
<th>Classification</th>
<th>RH</th>
<th>PD</th>
<th>GE</th>
<th>M and E</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>A</td>
<td>25</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2008</td>
<td>C</td>
<td>25</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2009</td>
<td>A</td>
<td>20</td>
<td>4</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>2009</td>
<td>C</td>
<td>18</td>
<td>3</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>2010</td>
<td>A</td>
<td>51</td>
<td>23</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>2010</td>
<td>C</td>
<td>31</td>
<td>6</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td><strong>170</strong></td>
<td><strong>40</strong></td>
<td><strong>37</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

Source: PSRO, 2011.

RH had the highest number of missions (64%); PD was a distant second with 15%; GE followed closely with 14%; and M and E had 6.8% of TA between 2008 and 2010.  

**Figure 13: % Distribution of TA by Theme by Country Classification, 2008.**  

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115 Includes FP, RHCS, Adolescent Health, HIV/AIDS, RH  
116 Percentages for figure XXX, XXYY and XXZ are based on a cumulative three-year (2008 – 2010)
Figure 13 indicates that during the first year (2008) of MCP, there were about the same number of TAs for group A and C; group C had more PD TA than group A; there were also slightly more TAs in GE and none in M and E for that year. The distribution is inconsistent with UNFPA country performance on key RH and development indicators. Under performing countries (group A) should receive more TA in order to help them improve their quality of life and hence facilitate a potential transition from group A to group B.

Fig 14: % Distribution of TA by Theme by Country Classification, 2009.

In Figure 14, with the exception of M and E, where there were twice as many TA missions in Group A than in Group C followed by a distant GE. In the latter case, there were more missions in the Group A than in Group C. There were no significant differences between Groups in receiving RH and PD technical assistance. It also needs to be highlighted here that M and E is not only a cross-cutting theme as it is also a programme management and support framework; and, in that context, in no way contributes in improving any of the health or development indicators used in classifying these countries. Here again as in the previous year, PSRO TA support was not consistent with country with needs as group A countries should receive more TA support than group C countries.

Figure 15: % Distribution of TA by Theme by Country Classification, 2010.

In Figure 15, Group A countries consistently had more TAs than did Group C countries. Note that percentages are calculated based on a three-year period (2008 -2010) total of TAs provided. While 2010 is the only year in which Group A countries have consistently received
more TA, time is quickly running out, especially considering that the MCP only has one more year of implementation. It is also appropriate to indicate here that 62.5% of indicators used in classifying these countries by UNFPA are RH related. Hence Group A countries need to be provided significantly more TA in order to address and improve the RH-related indicators specifically and other population-based indicators in general.

**Thematic differentials**¹¹⁷

An analysis of TAs by thematic areas in 2008, 2009 and 2010 indicates that:

- With respect to RH, TA support for Group A countries was mixed with a peak of 30% in 2010 while Group C countries had an increasing trend during that period;
- With regard to PD, Group A countries had an increasing trend of TA with a peak in 2010 while TA to Group C countries levelled off in 2008 and 2009 but peaked in 2010;
- GE had a mixed distribution for the Group A with a peak in 2010 while TA support to Group C was mixed with a peak of 21.6% in 2010;
- M and E TA peaked in 2009 for Groups A and C and represents the only year during the three in which TA was provided.

In summary, while the first two years have not delivered relatively many TAs to Group A countries as expected, the third year of implementation (2010) did show some little improvement across all thematic areas. With only one year left for programme implementation, it remains to be seen how significant subsequent TA will contribute in improving the eight indicators used in categorising these countries. At this point, there is need for accelerated improvement if these indicators are to be attained. Such an achievement is the threshold required to move these countries one step higher in the development results framework.

Finally, in general PSRO has been efficient in managing its programmes. The overall positive findings outweigh the negative ones. Hence on a balance of probabilities the MCP deserves an above satisfactory performance on efficiency.

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¹¹⁷ It is useful as an exploratory, summarising and quantitative analysis that can potentially help in revealing the inherent outcomes of certain hypothesis tests.
ANNEX 10: SELECTED INDICATORS SHOWING PSRO’S CONTRIBUTION TO MCPD OUTCOMES AND ACHIEVEMENT OF OUTPUTS

NOTE: PSRO requested that this annex be added to the evaluation report in April 2012, several months after the completion of the evaluation team’s field work. The evaluation team has not reviewed and is thus unable to validate or corroborate the validity or reliability of any of the information in this annex. The judgments of progress included in this annex represent those of PSRO, not the evaluation team.

OUTCOME 1: Reproductive Health
Increased utilisation of high quality comprehensive sexual and reproductive health information and services, including comprehensive HIV prevention services, particularly for vulnerable groups, including young people

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>RH7a. MMR</td>
<td>12/14</td>
<td>11/14</td>
<td>14/14</td>
<td>Overall apparent stalled progress but 8 individual countries progressing (6 PICs with no maternal deaths in 2010 and 5 PICs show decrease in MMR/maternal deaths since 2008 – Kiribati, Solomon Is, Vanuatu remain high)</td>
</tr>
<tr>
<td>Proportion of PICs with MMR &lt;100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RH8a. Proportion of births attended by SBA</td>
<td>9/13</td>
<td>11/13</td>
<td>14/14</td>
<td>Steady progress except two PICs still low (All PICs except Kiribati and Solomon Is were stable or increased over baseline to 2010-11. No information on Tokelau in 2011)</td>
</tr>
<tr>
<td>Proportion of PICs with proportion of births by SBA &gt; 90%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RH1a. ASFR 15-19 years</td>
<td>7/14</td>
<td>6/9</td>
<td>9/14</td>
<td>Steady progress in decline in most countries but rates remain high in 5 PICs (7 PICs showed decline in absolute rates and 2 PICs shows increase since 2008. No updated data for 5 PICs. Kiribati, Nauru, RMI, Solomon Is, Vanuatu remain high)</td>
</tr>
<tr>
<td>Proportion of PICs with ASFR 15-19 yrs &lt;50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RH12a. Unmet need for FP</td>
<td>2/10</td>
<td>2/10</td>
<td></td>
<td>Information not available on progress (Two data points not available as 2 DHS/RH studies not done during this short period of the MCP cycle. Targets appear to be specific per country are much higher than regional quoted here)</td>
</tr>
<tr>
<td>Proportion of PICs with Unmet need for FP &lt;15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RH 10a. CPR</td>
<td>1/14</td>
<td>1/9</td>
<td>5/14</td>
<td>Stalled progress in most countries with 5 PICs &lt;30 (5 PICs show slow increase, 4 PICs show decrease since 2008. 5 PICs lack followup data. Kiribati, Nauru, Samoa, Solomon Is remain below 30)</td>
</tr>
<tr>
<td>Proportion of PICs with CPRs &gt;50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| STI/HIV18. Condom use at last high risk sex  
Proportion of PICs with condom use at last high risk sex >50% | 1/13 | 1/2 | 6/13 | Information not available on progress  
(Two data points in CP cycle not available as SGS/DHS not done frequently as expensive. 2 PICs had recent surveys and showed increase) |
|---|---|---|---|
| RH Output 1  
Increased national commitment and strengthened capacity to formulate and update national policies, strategies and programmes on SRH, including maternal health, EMOC, FP, RHCS, ASRH, and STI including HIV |
| RH1a. Proportion of countries with existing national policies or strategies that include SRH, FP and STIs, including HIV (to which UNFPA contributed) | 7/14 | 13/14 | 13/14 | Significant progress made by PSRO driving this initiative with governments. PSRO writing RH Policies with Government and stakeholders. At Baseline, RH policies in 4/10 PICs (Kir, Tonga, FSM FP(draft), Sam). Other 3 PICs have HIV policies & National Health Plans include SRH. Currently, RH Policies in Vanuatu (2008), Fiji(2010), Cooks(2010),Tuvalu(2010), draft RMI (2011), Sol(2010). No work in Tokelau given size |
| RH2a. Proportion of countries with health budget allocated to contraceptives | 0/14 | 1/14 (Fiji) | 14/14 | Stalled progress despite UNFPA lobbying in 2008 Ministers of Health meeting and individually with PICs. Currently Health budget discussion approved by Health Dept in Vanuatu and Tonga but has not been approved in cabinet. Fiji approved. Serious thought needs to be given to whether this target, which is more of an outcome, is attainable |
| RH Output 2  
Strengthened institutional capacity to deliver comprehensive integrated high quality SRH services to most vulnerable population grps, incl young people |
| RHEM24o. Proportion of PICs in which EMOC assessment undertaken | 7/14 | 12/14 | 14/14 | Significant Progress  
EMOC assessments done by PSRO in an additional 5 PICs and to be repeated in the three large LDCs by end of cycle. |
| RHCS22a. Proportion of PICs with no contraceptive stockouts in last 12 mths | 5/11 | 9/11 | 14/14 | Significant progress apparent from PICs at the national level. Stockout reports since 2008 were in Solomon Islands in 2009 and Fiji Islands in 2010. |
| ASRH27a. Proportion of PICs in which at least 20% SDPs offer YFS (through UNFPA support) | 1/14 | 1/14 | 10/14 | Apparent overall lack of progress but improved utilisation of services by youth.  
Increase in YFS facility numbers. From 55 to 63. Focus in AHD project was on quality of YFS during 2008-2010 in existing centres. Expansion to integration in other MOH centres to occur in 2011-12. Number of youth using Youth Clinics increased over the cycle from a reported 3,868 in 2008 to a reported 61,418 in 2010. |
**RH Output 3**
Enhanced capacity of civil society and community organisations to conduct effective, targeted BCC interventions, with an emphasis on youth, promoting SRH, condom programming & responsible male involvement

| ASRH28o. Proportion of PICs in which at least 20 YPEER trainers trained in ASRH in a year (with UNFPA support) | 5/10 | 10/10 | 10/10 | Significant progress with YPEER training in all PICs with AHD project. Youth Peer educators trained in 2008 – 234 and in 2010 – 656. Youth reached by peer educators reported by SPC AHD project: in 2008 recorded 3868 and in 2010 61418. |

**OUTCOME 2: Population and Development**
Population, Gender and SRH trends and issues are incorporated in regional and national policies, development frameworks and SWAP, in line with MDGs and ICPD goals

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<tr>
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</thead>
<tbody>
<tr>
<td>PD8. Proportion of countries whose NDPs incorporate population dynamics</td>
<td>13/13 if minimal inclusion</td>
<td>13/13 if minimal inclusion</td>
<td>14/14 if NDPs updated</td>
<td>Some progress being undertaken. NDPs are for long periods – some 10-15 yrs. However, PSRO worked with the 3 PICs which are revising their NDPs – Nauru, Vanuatu to ensure that Population, RH and Gender is well included and Kiribati to ensure appropriate population statistics and ME framework is well included.</td>
</tr>
</tbody>
</table>

**PD Output 1**
Strengthened capacity among policy makers and planners to analyse the trends and implications of key population, RH and gender issues and incorporate them in national policies, plans and strategies in the MDGs

| PD10. Proportion of PICs with at least 10 policy makers or parliamentarians trained in ICPD related activities | 0/14 | 9/14 | 14/14 | Steady progress observed as parliamentarians, policy makers and planners are trained in all PICs to either become champions of SRH, youth, HIV, gender and planners knowledgeable about the use of statistics for evidence based planning |

**PD Output 2**
Improved capacity of regional and national institutions to compile, analyse and utilise disaggregated data on PD, RH and gender

<p>| PD13. Proportion of countries who have completed 2010 round of census and received | 0/11 | 6/11 | 11/11 | Significant progress. Census rounds completed in Solomon Is, Vanuatu, Kiribati, Fiji, Samoa, FSM with UNFPA technical and programming support with draft reports being available in 4 PICs. Nauru, RMI being planned in 2011 with |</p>
<table>
<thead>
<tr>
<th>UNFPA assistance</th>
<th></th>
<th></th>
<th>UNFPA technical and programming assistance. Monographs being undertaken in Vanuatu, Solomon Is, Fiji, FSM, Kiribati.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD13o. Proportion of NSOs in which capacity development activities have been undertaken</td>
<td>5/14</td>
<td>8/14</td>
<td>13/14</td>
</tr>
<tr>
<td>PD14. Number of countries who have completed DHS MIC or RH surveys with Population, RH and Gender included</td>
<td>3/14</td>
<td>7/14</td>
<td>11/14</td>
</tr>
</tbody>
</table>

**PD Output 3:**
Strengthened capacity of national policy makers, including parliamentarians and CSOs to advocate for Population, Gender and for universal access to RH information and services

| PD16. Proportion of countries with national parliamentarian groups on PD | 0/10 | 5/10 | 10/10 | Significant progress observed in some PICs. National parliamentarian groups in Vanuatu, Kiribati, FSM, Samoa, Cook Islands have held parliamentary awareness activities in 2008-11. Expected increase in other 5 PICs in 2012. |

**OUTCOME 3: Gender**
Gender equality is advanced and women and girls are empowered to enable them to exercise their reproductive rights and to be free of discrimination and violence through more effective policies and strengthened community interventions

**OUTCOME INDICATORS**

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GD2. Proportion of PICs that mainstream gender into National Sectoral Plans and Policies</td>
<td>8/10</td>
<td>9/10</td>
<td>10/10</td>
<td>Significant progress was made in Kiribati and Solomon Islands as a result of GBV studies and high level advocacy by UNFPA leading to National Action Plans to eliminate GBV and promote women’s equality in major sectors</td>
</tr>
<tr>
<td>GD9. Proportion of PICs with proportions of women who have suffered sexual violence or domestic violence that exceed 50% per year</td>
<td>2/3 Fiji and Tonga higher</td>
<td>4/5 Fiji, Tonga, Solomons, Kiribati higher</td>
<td>0/10</td>
<td>Significant progress was made in Samoa, Kiribati and Solomon Islands to determine level of sexual violence or intimate partner violence and to address them through sectoral plans. UNFPA contributed significantly to the efforts of studies in these three PICs and community based interventions in Samoa. Other UN agencies working in Tonga and Fiji in this area.</td>
</tr>
</tbody>
</table>
### GD Output 1
Strengthened capacity of governments to integrate gender equality and human rights, including reproductive rights of women and adolescent girls, into national policies and development frameworks and to implement relevant interventions

| GD12o. Proportion of PICs that included GBV in pre and inservice training of health care providers (through UNFPA support) | 4/10 | 5/10 | 10/10 | Significant progress was made in Samoa, Kiribati and Solomon Islands for capacity building in their departments of women for advocacy against women’s lack of empowerment through UNFPA. Some GBV inservice training for health care workers took place in Fiji, FSM, Kiribati, Niue and Solomon Islands. Regional GBV Health training undertaken in early 2011 and expect national level plans and focused training in 2012. |

### GD Output 2
Increased advocacy and mechanisms for GBV at the national and sub-national levels

| GD15. Proportion of PICs that have implemented GBV studies at the national and subnational levels (through UNFPA support) | 1/10 | 3/10 | 8/10 | Steady progress. VAW studies undertaken and used for national evidence-based advocacy. VAW studies completed in Samoa, SI, Kiribati. VAW studies planned in 2011-12 in Cooks, FSM, Nauru, Palau, RMI with UNFPA assistance. VAW studies ongoing in Fiji and Tonga with TA from UNFPA but not funding support. |