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Also, I am grateful to the UNFPA Programme Team namely Dr. M. Basir, Dr. A. Vassigh and Dr. A. Shirazi for their valuable overall analysis and inputs serving as the institutional memory shedding light to some of the less known aspects that was considered instrumental in reaching the consensus on the ways to go forward. Their faith and encouragements along with their proactive participation in the Introductory Meeting, Semi-Structured Interviews, Forums, Evaluation Workshops, and Wrap-Up Consultation Session. Each in their unique ways immensely enriched the evaluation exercise. Recognition of the contribution of Dr. F. Farahani, as one of the new members of UNFPA Programme Team member in providing useful background resource material as well as Ms. M. M. Darvishzadeh for her views from an advocacy perspective deserves to be acknowledged as well.

For the enthusiasm, commitment and synergising effect of the National Programme Assistants Messrs. T. Mouhebati, H. Jaberian, Pegah Sohani and G. Chegini, who for the past months were available and on call even at times during weekends to facilitate and backstop this evaluation and providing in addition to thorough briefing on the present status of the outputs that they were working with, timely backstopping support as well as facilitating arrangements for the various meetings, semi-structured interviews, forums and the workshop. Their efforts are commendable. The assistance of other UNFPA staff was also instrumental in the desk review and financial analysis conducted deserving due recognition as well.

I am grateful to Messrs. P. Seadat and A. Shafagh from the Ministry of Foreign Affairs (MFA) for their overall guidance and confidence. Above all, my deepest gratitude is extended to all the members representing the Implementing Partners from the management to consultants, and staff which at their various capacities provided valuable responses/feedbacks and willingly shared with me their view and concerns. It was only through their comprehensive analysis of the achievements and challenges that this evaluation became possible and a worthy effort for all involved. Treating me "as one of their own", with their full commitment, respect, and continuous confidence which I will cherish always. As the main owners of this participatory evaluation exercise and the ones who made the exercise as learning process, I would like to say with my highest regards--Thank You.

Without the support of all namely the MFA, IPs, and UNFPA, their trust, valuable and proactive participation, commitment and patience together with their willingness in being involved in such a participatory exercise, the evaluation would not have been successfully completed. It is hoped, Enshallah that their collaboration and partnership in the future, as in the past, would further strengthen the foundation of a sustained team and enable them to serve the ultimate beneficiaries of UNFPA-Assisted 4th Country Programme.

Soudabeh Amiri
Evaluation Consultant
October 2008
EXECUTIVE SUMMARY

CHAPTER I:

Based on the terms of references for the operational evaluation, the main reason for conducting the evaluation in 2008 was that it coincided with the timing of the formulation of the CCA, UNDAF and UNFPA 5th CP, all of which are now postponed by one year. However, there are a number of operational issues encountered in the course of programme implementation that have directly impacted programme delivery and outputs. Therefore, an agreement was reached with the Ministry of Foreign Affairs (MFA) and the implementing partners (IPs) to conduct the operational evaluation as planned.

Shortly after the announcement of the evaluation a preparatory meeting was held at the UN Premises. The participants at this meeting were representative from the Ministry of Foreign Affairs (MFA), as the Coordinating Authority for the Programme, the management of the Implementing Partners (IP), members of UNFPA's senior management and programme as well as the evaluation consultant. To create a common framework, the MFA representative emphasised on their concern (i.e. joint "ownership" of the evaluation, "setting guidelines" and "consensuses on the results"). Reconfirming these concerns and that they are already included, UNFPA Representative provided an overview of the 4th CP. The evaluation consultant presented the "whys" (i.e. improve performance and improve programme operation) and "how" (i.e. participatory approach for greater ownership) of the operational evaluation as compared to traditional ones.

In addition, the evaluation consultant highlighted on the areas of the evaluation (i.e. technical assistance arrangements; implementation and execution modalities; financial aspects; monitoring, evaluation and reporting; and coordination, synergy and partnership). The prime users of the results of the evaluation (e.g. the MFA, UNFPA and the IPs) were also highlighted as well. At this meeting, the IPs had an opportunity to provide their views and proposed ways to make the exercise as productive and beneficial as possible. The meeting was concluded with a consensus on the evaluation and its participatory approach that aimed to proactively involve the IPs. Shortly after the meeting, the MFA drafted and UNFPA agreed to what has become as the overriding principles of the evaluation exercise.

The objectives of the evaluation were to review past experiences; identify strengths and constraints; enhance strengths as good practices to sustain the achievements in implementation; and highlight on mechanisms to address the challenges under the 4th CP. Through triangulation and cross-checking of results, the methodology used were "desk review"; "questionnaires & forms"; semi-structured interviews/meeting; forums; and workshops. The draft report particularly the findings and recommendations will be presented and discussed with the participants through a consultative process using consensus building mechanisms.

Emphasis on outreach and qualitative focus of the evaluation consultant as well as the UNFPA Programme Team's personal interpretations of the analysis regarding the formulation phase are considered as the values and assumptions possibly impacting the assessment respectively. The impediments of the evaluation (i.e. issues of participation of beneficiaries; limited involvement of senior level management particularly of the PCMs; and insufficient reporting along with mechanisms in addressing those issues were also discussed under Chapter I.

CHAPTER II

In an overview of the 4th CP, reference was made to its alignment with the national Five Year Development Plan (FYDP) and the United Nations Development Assistance Framework (UNDAF). For the achievement of the main CP goals, three components (i.e. RH, PDS & Gender) and relevant outcomes for each of these components, as well as the eight outputs were listed. The formulation of CPAP as a simplified programming tool that was also signed by MFA similar to the CP was presented. The jointly formulated and signed AWPs with the relevant IPs along with LOUs were also discussed. As an initiative by UNFPA Country Office, the drafting of Master Work Plans (MWP) and the summary of its clustered activities that is annexed to the report was used for the proposal that these MWP are considered as an effective tool for quality performance and enhance coordination/synergy as in the case of the IPs for Outputs 5, 6, & 7.

Five criteria were used to evaluate the 4th CP (i.e. relevance; effectiveness; cost-efficiency; impact and sustainability). The CP was considered relevant and needs-based by consensus. While relevant and aligned
with MYFF (2004-2007), UNDAF (2005-2009) and UNFPA Global Strategic Plan (2008-2011), the effectiveness of CP in qualitative terms could not be assessed as there was no causality assessment undertaken. Lacking indicators was another outstanding issue in measuring qualitative effectiveness. However, quantitatively the effectiveness of the CP was confirmed in view of the diversified achievements and the production of some 40 "deliverables", eight of which were considered as "good practices".

For cost-efficiency, it was not possible to use the UNFPA commonly-used criterion as there was no access to detailed expenditures per technical assistance (TA) components (e.g. consultancy, training and equipment). Instead, the timeliness and adequacy of TA were assessed through responding to three questions regarding planning of TA; quality of TA; and adequacy of missions arranged. Re planning of TA, NEX was the overall modality used with national consultancy services, in-house training and the equipment available locally. These were generally arranged by the IPs. International TA arrangements were facilitated under UNFPA direct execution (DEX). On exceptional cases and as mutually agreed, UNFPA also took additional responsibilities mainly to improve implementation rates. The issue of provision of justification for TA; having performa figures for the services/equipment; and logging TA were the outstanding measures that need to be addressed in the remaining period of the present programme and under the 5th CP.

The adequacy and quality of TA arrangements were assessed separately. Re consultancy services as confirmed by the IPs and UNFPA, it was concluded that the national and international consultancy services were needs-based facilitating transfer of up-to-date know how; diversified consultancy services helped exchange of experiences and sharing of lessons learnt. Timely reporting was the main challenge encountered by IPs vis-à-vis national consultancy services caused by delays in identification and recruitment issues as well as unrealistic planning and or over-ambitious TORs that impeded NEX implementation rates. Re international consultants the main challenges were: IPs not providing specific TORs for the missions; shortness of the length of the assignment; lengthy tailor-making of the assignments for the UNFPA Country Support Team (CST) consultant; limited pool of international expertise; and above all language barrier and lack of access to background materials in Farsi (Persian).

While the training offered under TA was considered appropriate and useful, as provision of training is a costly affair (i.e. unit cost/trainee ratio), a series of recommendations were made to enhance the quality and cost-efficiency of the training offered. These included: Greater use of participatory techniques so that learning and sharing of experiences are emphasised instead of lecturing; registering all the information on the participants in a data bank to be used in planning and M&E; more training of trainers/facilitators (TOT/F) to enhance outreach; advance preparatory work prior to the training programme inclusive of provision of training material to tailor-make the courses on the basis of expectations of the participants for instance; and continuation of UNFPA policy to provide well-targeted shorter duration training courses abroad.

The reporting mechanisms used to document results were amongst the main constraints encountered in assessing the adequacy and quality of the training programme. While some of the reports were of high quality analysing the results of the course evaluation, others were more process-oriented and descriptive providing only some general information about the courses/conferences. Some even did not include details on the participants for instance. Having a prototype of areas to be covered for preparation of reports on training activities to be used by the IPs involved in offering or arranging for training programmes was, therefore, suggested. Also, ensuring systematic end of the course evaluations was considered essential by the selected number of beneficiaries interviewed. For this purpose, a tailor-made format was prepared by the evaluation consultant and distributed amongst the IPs in the course of the operational evaluation to facilitate unification of the approaches used in follow-up for future action-planning of this TA component.

The equipment provided under the programme was considered important in undertaking and complementing other TA activities (e.g. consultancy services & training). There were some examples of usefulness of the equipment provided under 4th CP that were presented. The main challenge in purchase of equipment was selection of the lowest offer as though cheaper it might not be the best quality. Use of "waivers" along with provision of written justification was recommended for consideration to rectify this constraint. As a related issue, the UNFPA ceiling established for the total amount permissible to be used for the purchases of equipment, cover printing cost, and or production of advocacy material was a cause for concerns. Due to exorbitant fees involved and the prevailing UNFPA ceilings, for instance, there was no firm willing to produce the advocacy clips for media coverage (e.g. TV) as their fees and airtime charges far
exceeded what was budgeted. Using the umbrella advocacy programme exceptionally for such cases was proposed to be considered. Otherwise, as pointed out by the UNFPA Programme Team, the established ceilings are mandatory and have to be abided in accordance to UNFPA rules and regulations to cover such costs.

Regarding the other two criteria to assess qualitative effectiveness of the 4th CP (i.e. impact and sustainability) it was pointed out that undertaking impact assessment in the TORs was not feasible as the base-line data was not indicative of impact. It concentrates on the performance at the output level while impact is at the level of programme outcomes and goals. Except those interventions mainly supported by UNFPA, having a separate impact assessment of the UNFPA Programme is a "contradiction in intend" since UNFPA-supported programme becomes integrated into and complement the overall national programme and even for such interventions, there is a time factor (being too early). This does not undermine the importance of UNFPA-supported activities as though small in financial magnitude, it has an "energiser/facilitator" role. Similarly re sustainability--considering the duration of each programme cycle (i.e. 5 years), it was considered premature at this stage.

The quantitative assessment of the programme achievements was made through listing some 40 "deliverables" that were partially attributed to the comparative advantages of UNFPA which were listed including windowing effect, flexibility, entry point with other UN; competent staff; adaptability; being culture sensitive; and committed to greater partnership. These various achievements and the related good practices illustrated the successes of the 4th CP and considered commendable.

**CHAPTER III:**

Under this chapter, the implementation-execution modalities and financial aspects of the 4th CP were assessed. It was pointed out that the initial structure for implementation-execution has changed particularly for outputs 2, 4, and 8. Major management turnover and changes of some priorities have impeded programme operation and implementation-execution modalities used. The present modalities summarised in this chapter were: i) Inter-departmental approaches that are adopted for most of the RH Outputs of MOHME (e.g. Outputs 1, 2, 3, and 4). ii) Coordination Steering Committee is the implementation-execution modality of IWRS as the Secretariat and one of the two signatories of AWP for Output 4. iii) Participatory inter-sectoral arrangements by IPs for Output 5 and PDS component (Outputs 6 and 7). iv) Case-by-case teaming up and recruitment of top-level expertise/consultants and academia that is used as the modality to lead each initiative with the overall supervision by the ODVV senior management (Output 8).

Financial aspects of the 4th CP were also evaluated. The available data was analysed highlighting on: UNFPA total resources for programming (2005-2007) are $10.5 millions ($9.5 millions from regular and $1.0 million through co-financing arrangements). If equally distributed, $2.1 millions were available for programming per annum. Thus, only 61% of the total available resources were utilised up to end 2007 (i.e. $3.84 millions out of the $6.3 millions available if equally distributed for 2005-2007). The ceilings per year by UNFPA were realistically established. Similarly, in comparing the actual expenditure for 2005-2007 to the budgets planned and with an impressive 90% the implementation rate clearly confirms better planning and distribution of resources that are more aligned with the IPs absorption capacity.

The lion share of actual expenditure namely 60% of resources was for RH; followed by little over 36.5% for PDS; and about 3.5% for gender. The highest percentage of performance (i.e. actual expenditure as compared to planned budgets) was for IPs of Output 5 with 112%, followed by those of Output 7 with 111% and Output 6 with 102% respectively. The NEX percentages for IPs and DEX for UNFPA followed UNFPA common practices for about half of the outputs (5, 6, 7, and 8) based on actual expenditures and planned budgets.

The main financial constraints were clustered under five headings. These were issues related to management; supporting documentation/internal control; not having an independent account; expenditure and particularly incompatibility/mismatch of fiscal year of UNFPA and IPs. Other financial considerations included: the need to log technical assistance components; greater specificity for the TORs of the NPAs; and turning audits into a more process-based exercise instead of once a year event. For instance the ongoing review of the financial management modalities using the audit team is a move in the right direction.
CHAPTER IV:
The fourth area to be addressed as per TORs was monitoring and evaluation (M&E) as well as reporting. Reference was made to M&E as emphasised by the 4th CP and CPAP documents and the related MWPs. Based on the results of the desk study and the standard Progress Reports (SPRs), it was concluded that the focus on financial aspects of joint monitoring carried out up to now has been justified primarily due to teething operational issues (i.e. the "qualification" rating particularly for almost all of the IPs in 2006). With an exception of couple of cases, these major accountability issues have been more or less rectified. There were also mandatory Annual CP Reviews that jointly monitored the progress of AWPs at the output level. Inter-agency monitoring at the level of UNDAF as well as UNFPA internal routine monitoring mechanisms partly addressed the shortcomings in substantive and joint monitoring of the CP as a whole. UNFPA has also used every opportunity to enhance joint monitoring of the CP, the latest of which was conducted in March 2008.

Re evaluation, with the exception of output 8 – Family Court Counsellors (Hamyarane Dadghake Khanevadeh) that was evaluated in 2007 and the preparatory work for the on-going evaluation of the Training of Behvarz-Midwives Scheme under Output 1, almost all of the evaluation tasks envisaged in the CPAP and initial MWPs have not been conducted up to now. In line with the recommendation of the 3rd CP for the establishment of M&E Unit, though not established officially, the Assistant Representative together with UNFPA Programme Team and the NPAs are in effect taking many M&E tasks required by a functioning M&E unit. This operational evaluation together with the end of programme thematic evaluation that is being proposed is expected to address the substantive participatory evaluation concerns. Similarly, the present reporting inclusive of SPRs are mainly descriptive. This shortcoming was partially rectified by using the Country Office Annual Reports (COARs) as required.

In addressing inter and intra coordination and synergy considerations, the use of "reinforcing strategy" amongst programme components were mentioned in the CP. As this strategy has not been detailed out, to assess both inter and intra coordination as well as synergy, key features such as commonalities; complementarities; convergence; and integration used by the IPs in undertaking the activities of Outputs 3, 4, 5, 6, and 7 were considered as "good practices". Regarding partnership, the results of the assessment of responses from the IPs confirmed that 60% of the partnering-related approaches and practices of UNFPA were rated 5 and above on a 0-10 scale. Overall, the IPs ranked UNFPA as a responsible, transparent, and accountable partner. Furthermore, the ratings clearly indicated that UNFPA and the IPs have a common vision, objectives, mutual trust, and confidence and both are committed towards greater partnership. Based on the IPs responses, the areas to be improved in the future regarding partnering practices were: Joint decision-making using consensus building approaches; greater teamwork or reference to activities as "ours"; realistic design ensuring programme sustainability after completion of assistance; complementarities of the efforts undertaken under the programme; and using innovative approaches for greater capacity development.

Regarding the latter, UNFPA has taken innovative approaches in diversifying partnering practices and has collaborated with a wide range of partners in addition to the present IPs. For instance, UNFPA is supporting the work of the civil sector through the RH/RR Network; is working with the Journalist Association through the Gender Theme Group (GTG); and has facilitated linkages with the other UN agencies such as the other UN theme groups for HIV/AIDS and Disaster Preparedness. These were some instances of the progress made by UNFPA in the area of broadening the scope of partnering practices. In addition, as a direct result of collaboration with donors and embassies under South-South and North-South schemes, members of the SCI have been invited to provide their technical know how in undertaking of the census in Afghanistan for instance. Other initiatives such as ECO Health and facilitating participation of important religious figures in regional conferences and above all the joint work with the Majlis were exemplary of UNFPA's commitment towards greater capacity development in this area. The pivotal role of UNFPA in establishing and sustaining linkages has also been also acknowledged under the Triennial Comprehensive Policy Review (TCP) report.

In order to clearly identify the present stakeholders of the 4th CP and with a view to increase the already created momentum in partnership, in the course of evaluation workshops, the IPs and UNFPA identified their present and potential partners. Three categories were prioritised as the most influential and important. The
The top three priority stakeholders were: Key decision and policy makers; opponent of the programme; and potential funders--national & international agencies. A series of self-explanatory strategies were also proposed by IPs/UNFPA. Initial steps using some of these strategies have already been taken by UNFPA and proposed to be further enhanced jointly in future.

**CHAPTER V:**

The summary findings, conclusions and related recommendations reflected in Chapter V are:

**Overall Performance & TA Arrangements:**
- While 4th CP was much more participatory, greater involvement particularly at the level of PCMs is essential for quality performance (i.e. thru Coordination & Steering Committee - MFA, PCMs/UNFPA).
- Based on the common UNFPA criteria, the 4th CP was considered relevant and needs-based; aligned with national FYDP, UNDAF, MYFF and UNFPA Global Strategy. It is effective in terms of quantitative achievements and good practices such as those 40 deliverables mentioned in the report. It is cost-efficient based on the quality and adequacy of the technical assistance arrangements (e.g. consultancy services, training and equipment).
- Amongst the main issues of TA, the limited pool for international consultancy services and the language barrier can be resolved with a greater use of TOKTEN scheme proposed.
- To further enhance overall quality of the programme (e.g. practical indicators; log and document justification for TA; performa figures; etc.) as well as revisiting MWPs are recommended.

**Implementation-Execution Modalities:**
- Undertaking participatory capacity assessment is proposed;&
- Setting up of a Coordination Steering Committee (Members: MFA, PCMs & UNFPA).

**Financial Aspects:**
- Greater reliance on NEX & recruitment of a short-term financial manager prior and during the audit;
- Use the on-going Review on Financial Management Modalities to find solutions to the major issues; &
- Conduct Refresher courses for IPs/UNFPA and involve auditors in mid-year & annual review sessions.

**M&E and Reporting:**
- Full fledged M&E Unit with much greater specificity and sharing of tasks between IPs/UNFPA:
- Setting up M&E Task Force with IP representatives from RH, PDS and Gender component;
- Greater linkages with the IPs (i.e. IMES) for participatory substantive M&E; &
- Re reporting, it is proposed that individual reports are first prepared using the SPR format in Farsi (Persian) and then drafted in English and back translated into Farsi (Persian) consolidating the major findings for consideration by MFA, all the IPs and UNFPA at the Annual CP Review Sessions.

**Coordination, Synergy and Partnership:**
- With significant progress in coordination, synergy and partnership practiced under 4th CP getting CWFA and NYO back on board is recommended. Also strengthening linkages with the CSOs are proposed.
- Establishing a website and linking with the already operational websites as suggested jointly by the IPs/UNFPA; UNFPA IT consultant is proposed to facilitate establishment of such a website;
- Conducting quarterly partnership and teamwork retreat sessions is recommended; &
- Contextualisation of 12 preparatory steps in line with the team-building targets (i.e. from scoping; to institutionalising/internalising and sustaining) to improve teamwork practices of UNFPA/IPs is proposed.

**Future CP – 5th Country Programme:**
- Ensuring joint "causality" and "gap" analyses in the formulation phase;
- Using the "problem-tree" or the "logical framework" formats for realistic and action-oriented goals, outcomes, outputs and activities with clear "deliverables" being targeted at each and every levels;
- Greater application of RBM and NEX to be targeted along with full utilisation of approaches and good practices of partnership under the 4th CP once documented in the form of case studies.
- Beneficiaries of the programme at various levels are specified and their needs-assessed (i.e. Focused group discussion and Rapid Appraisals); &
- Follow-ups on the "deliverables" (e.g. 40 up to now) produced under the 4th CP and jointly assess the impact on the beneficiaries.
CHAPTER I:
INTRODUCTION TO THE PARTICIPATORY OPERATIONAL EVALUATION
OF THE 4TH COUNTRY PROGRAMME (CP)

A. Overview & Purpose:

Based on the terms of references for the operational evaluation, the main reason for conducting the evaluation in 2008 was that it coincided with the timing of the formulation of the CCA, UNDAF and UNFPA 5th CP, all of which are now postponed by one year1. However, there are a number of operational issues encountered in the course of programme implementation that have directly impacted programme delivery and outputs. Therefore, an agreement was reached with the Ministry of Foreign Affairs (MFA) and the implementing partners (IPs) to conduct the operational evaluation as planned. The terms of references (TORs) attached as Annex I.

Shortly after the official announcement of the evaluation and as a preparatory step, MFA recommended, and UNFPA welcomed the idea to hold an introductory meeting inviting all the key stakeholders (IPs). The participants at this gathering that was arranged by UNFPA and held at UN premises on 21 May 2008 were representatives from the Ministry of Foreign Affairs (MFA), as the Coordinating Authority for the Programme, the management of the Implementing Partners (IP), members of UNFPA's senior management and programme as well as the evaluation consultant. In the welcoming comment, MFA elaborated on the overall agreement to conducting the operational evaluation exercise. Furthermore, MFA representative emphasised on some of the key concerns of Government such as the joint "ownership" of the evaluation, "setting guidelines" and "consensuses on the results". Reconfirming these concerns and that they are already included, the UNFPA Representative made a brief presentation on the 4th country programme and outlined the objectives of the operational evaluation.

Highlighting on the participatory modality to be used, the evaluation consultant also expressed her privilege of being associated with the evaluation of the present and the past two UNFPA country programmes. Reference was made to the evaluation of 3rd UNFPA Country Programme that also concentrated on operational aspects. The participatory methodology used in the evaluation of 3rd CP was recognised amongst the "good practices" under a global meta-evaluation carried out in 2005 that assessed the quality of some 60 UNFPA-supported programmes and projects2.

To create a common framework, the evaluation consultant presented the "whys" and "how" of the operational evaluation as compared to traditional ones listed below:

<table>
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<tr>
<th>Participatory Operational Evaluation</th>
<th>Traditional Evaluation:</th>
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<tr>
<td>Implementing Partners (IP) focus &amp; ownership;</td>
<td>Funder / Evaluator focus &amp; ownership;</td>
</tr>
<tr>
<td>Multi-Stakeholders proactively involved;</td>
<td>Stakeholders often do not get involved;</td>
</tr>
<tr>
<td>Flexible design;</td>
<td>Pre-determined design;</td>
</tr>
<tr>
<td>Triangulation of methods</td>
<td>Mainly Quantitative methods;</td>
</tr>
<tr>
<td>Evaluator/facilitator role;</td>
<td>Evaluator/outsider role;</td>
</tr>
<tr>
<td>Evaluative rating is based on selected criteria such as relevance, effectiveness, cost-efficiency, etc. with highlights on &quot;good practices&quot;;</td>
<td>Judgemental rating mainly concentrating on timeliness and quantitative aspects of outputs produced;</td>
</tr>
<tr>
<td>Emphasis on lessons learnt &amp; accountability; and</td>
<td>Emphasis mainly on accountability; and</td>
</tr>
<tr>
<td>Internalisation of results by users.</td>
<td>Ad-hoc/isolated results.</td>
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The capacity development and empowering advantages of such participatory evaluation processes were also highlighted. It was indicated that the process of the evaluation exercise is as important as the end results.

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1 With the conducting of the operational evaluation in 2008, there is greater leverage (i.e. having one additional year) for the implementing partners (IPs) and UNFPA to further enhance the quality of programme performance as well as in fully absorbing the resources earmarked for the 4th CP.

It was also emphasised that through participatory approaches and consensus building, teamwork and the culture of sharing will be enhanced as well. The main disadvantages (i.e. being time-consuming\(^3\)) were also presented.

The five areas specified in the TORs to be reviewed under the operational evaluation of the UNFPA 4\(^{th}\) Country Programme were summarised as follows:

- Technical assistance arrangements
- Implementation and execution modalities
- Financial aspects
- Monitoring, evaluation and reporting
- Coordination, synergy and partnership

The prime users of the evaluation namely the MFA, UNFPA and the IPs\(^4\) were also listed. To wrap up, a tentative schedule for the tasks to be undertaken, and the modalities to reach consensus on recommendations and follow-up namely through joint review of the draft report, were presented by the consultant as well.

At this introductory session, the implementing partners (IPs) had also an opportunity to express their concerns and exchange views on pros and cons of different evaluation modalities, and proposed ways to make this participatory operational evaluation exercise as productive and beneficial as possible. Summary of the main points discussed were:

- "It would have been beneficial if we could have a control group of similar initiatives with or without UNFPA-support to measure effectiveness". It was clarified by the evaluation consultant that control groups assume some form of experimentation which though useful in research, is not a modality applicable for the evaluation of the country programme.
- "The mechanisms of conducting the evaluation exercise will depend on the level [macro or micro] which also determines the extent to which stakeholders should participate". The evaluation consultant explained that both macro and micro levels will be targeted through reviewing the performance of the 4\(^{th}\) Country Programme in its totality with its various components including the Country Programme Action Plan (CPAP), the three component -- macro-programme level as well as the eight outputs, and related activities that are reflected in the Annual Work Plans (AWPs) -- (micro-level). Thus, the participation of the IPs is considered essential.
- "Welcoming and fully supporting the conducting of the evaluation, there are coordination-related challenges that impact the performance of IPs". The IP representative continued by saying, "Many interventions supported by UNFPA cover sensitive domains such as family planning, HIV/AIDS and reproductive health of youth, etc. A major concern of the IPs is, "the need to have the Ministry of Foreign Affairs as the Coordinating Authority ensuring the continuous and consistent inter-ministerial and inter-sectoral support of the senior authorities and policy makers". It was added, "Without such support, there would be delays in programme implementation or the achievements would not be sustained". Other participating IPs also confirmed this major concern.
- The MFA Representative assured the IPs that their concerns will be transmitted. Concurrently he indicated that there is a need for "greater flexibility and being accommodating in the operational evaluation". He added, "While it is necessary to review the good practices, the 'bad' ones should also be assessed". "It is not sufficient, therefore, to repeat the results achieved and presented in the previous reports that for instance, there have been so many workshops and relying mainly on the quantitative aspects of the programme performance alone". "The evaluation should be as assertive as possible to set the way for the future joint programme with a view towards maintaining those components that have performed well and discontinuing those that are no longer considered as priority for the next 5\(^{th}\) Country

\(^3\) In fact as experienced in all participatory and consensus-building processes, while based on the initial TORs the evaluation was to be conducted in three months eventually it took over five months to complete the process.

\(^4\) In the course of the evaluation exercise other users of the evaluation identified were:

- Other UN agencies
- Future partners/prime stakeholders
- Programme Component Managers and senior authorities of the relevant IPs
Programme”. Regarding the latter priority setting consideration of programme components as explained by UNFPA Representative, "such concerns go beyond the TORs of the operational evaluation".

The IPs also enquired about whether or not there were fixed questions and the amount of time they have to spend (e.g. number of meetings, etc.). The IPs were assured that there would be an all out effort for minimal interference with their regular work. The evaluation consultant elaborated also on the "flexible design" of the evaluation and presented the four main questions that will be addressed. It was also indicated that additional specific questions covering the five areas of the evaluation will be tailor-made in the course of the evaluation exercise in line with the TORs and within the timeframe available for this joint exercise. The four main questions listed were:

<table>
<thead>
<tr>
<th>Where are we now?</th>
<th>Where should we be?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to get there?</td>
<td>How to sustain being there?</td>
</tr>
</tbody>
</table>

The meeting was concluded with a reconfirmation on the need to undertake the operational evaluation and consensus was reached on the proposed methodology to be used. Shortly after the meeting, the "Principles Governing Operational Evaluation of UNFPA 4th Country Programme" was drafted by the Ministry of Foreign Affairs and agreed by UNFPA. The finalised text was transmitted to all the IPs and the evaluation consultant and they became the overriding principles of the evaluation exercise.

B. Principles Governing Operational Evaluation of UNFPA 4th Country Programme:

- National ownership is the overriding principle governing all related processes of the Country Programme, including its thematic as well as operational evaluation;
- All aspects of the operation evaluation and the concerned process will be overseen and guided jointly by the Government and UNFPA;
- Both Government and UNFPA will be briefed about the progress of the evaluation and will provide guidance to the process;
- Operational evaluation would include reviewing past experiences and identification of strengths and constraints encountered in programme implementation with inputs for consideration for the forthcoming 5th CP.
- The draft report will be reviewed and comments and modifications provided by the Government and UNFPA will be incorporated in the draft report by the consultant; and
- The final draft report of the evaluation, including its findings and recommendations will be considered and agreed upon by the Government and UNFPA by consensus.

C. Objective of the Evaluation:
As also reflected in the introductory meeting, the objectives of the evaluation were:

- Review past experiences;
- Identify strengths and constraints;
- Enhance strengths as good practices and sustain the achievements in implementation; and
- Highlight on mechanisms to address the challenges under the 4th CP.

D. Methodology of the Evaluation:

With a prospective outlook combining quantitative and qualitative techniques of triangulation, the following methods were used to learn from the past experience, review the present achievements and challenges/ constraints, cross-check results and consult on the ways to go forward:

- **Desk Review**: It is worthy to note that under the desk review in addition to those documents referred to in the TORs (CP document, CPAP, and UNFPA guidelines) other documents such as (National) 4th Five-Year Economic, Social and Cultural Development Plan (FYDP), United Nations Development Assistance Framework (UNDAF) as well as other UNFPA related background documents such as Standard Progress Reports (SPRs); Audit Reports, UNFPA Multi-Year Planning, Management and
Funding Framework (MYFF); UNFPA Policies and Procedures for Country Programming; Strategic Plan (2008-2011) and Country Office Annual Reports (COARs) were also reviewed.

- **Questionnaires & Forms:** To facilitate gathering of quantitative and qualitative data, questionnaires and forms were developed and tailor-made for the evaluation exercise.

  **Semi-structured Interviews/Meetings:** In sessions lasting 1.5 – 3.0 hours duration, semi-structured interviews were held reviewing "expectations", "ways to enhance participation and mutual trust for greater partnership" and "areas of concerns". There were seven open questions that were distributed at the commencement of these meetings with the IPs and UNFPA. Since UNFPA is chairing the Gender Theme Group (GTG), a series of questions were also prepared and distributed amongst the GTG subsequent their meeting attended by the evaluation consultant. Copies of the questionnaires used for semi-structured interviews and the GTG are attached as **Annex II**.

- **Focussed Group Discussions (FGDs) /Forums** – All the IPs interviewed as well as key external stakeholders inclusive of Management/staff/consultants, the UNFPA Assistant Representative, relevant UNFPA Programme Officers, and the concerned National Programme Assistants (NPAs) proactively participated in five separately held forums, 3-4.5 hours each, during late June-July 2008. The five main areas of the evaluation were addressed in the discussions with emphasis on the achievements and challenges of technical assistance components.

- **Evaluation Workshops:** While initially four workshops were planned, two days workshops with longer duration (5:30 – 6:00 hours) were conducted on 22 – 23 July 2008. In these workshops, the strength, weaknesses, opportunities and threats (SWOT) of the present CP were identified using consensus-building approaches. Also the strategies for the way forward were listed. Categories of key stakeholders were ranked by their influence and importance. In addition, for advocacy and linkage with the priority external stakeholders, practical strategies were presented by the participating IPs as well as UNFPA. The representative from the Ministry of Foreign Affairs and UNFPA Representative also took part in some of the sessions of the workshop. In addition, one of the previous partners for Output 8 from Welfare Sciences University and one of the present partners of Tehran University (Output 7) from Allameh Tabatabaee University were fully involved throughout the workshops. This enhanced the diversity of the working groups.

- **Wrap-up Consultations:** As a follow-up to the workshop, a wrap-up consultation session was held with the proactive participation of the UNFPA Programme Team. The UNFPA Resident Representative also joined the session held on 21 August 2008.

- **Submission & Presentations of Draft Evaluation Report:** The initial draft report was submitted to UNFPA 28 August 2008. There were exchanges of comments and feedback. The report was modified as required with the additional information and clarifications provided by UNFPA. Once the revised draft is cleared, UNFPA will then submit the Final Draft Evaluation Report to the IPs through the Ministry of Foreign Affairs (MFA). Findings and recommendations will be subsequently presented upon receipt of comments by MFA and IPs at a joint meeting tentatively scheduled for October 2008.

List of participants in the evaluation exercise is attached as **Annex III**.

**E. Values and Assumptions:**

The "outreach" orientations of the evaluator and inclinations towards qualitative assessment have skewed the interpretations, findings and recommendations accordingly. Thus, for instance while the quantitative performance of the programme was also assessed, not each and every achievement or activities undertaken under the eight outputs (i.e. number of people trained, every consultancy services, details of equipment, etc.) are provided. It was assumed that such details have already been covered under the previous Standard Progress Reports (SPRs) and Country Office Annual Reports (COARs).

Furthermore, the main source for the macro analysis addressing programme formulation phase of the operational activities were almost entirely the UNFPA Programme Team since with the exception of the

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5 Dr. F. Farahani who has recently joined UNFPA also took a proactive role in the evaluation workshop and subsequent meetings.
management from Shiraz University, all the other national external stakeholders involved in formulation of the CP are no longer affiliated with the programme. The analysis of "where we were?", therefore, was more or less based on UNFPA Programme Team who served as the prime source/institutional memory of the programme. Confident that the UNFPA Programme Team members depicted a balanced picture, some of their personal assumptions might have impacted their interpretation accordingly.

F. Main Impediments of the Evaluation:

The issues of participation of beneficiaries: The macro level orientations and approaches undertaken for many activities under the 4th Country Programme (e.g. formulation of protocols, guidelines, strategies, piloting interventions, etc.) covers a broad range of categories of beneficiaries\(^6\) for the 4th CP from the distal/ultimate beneficiaries--such as the clients of health houses at the outreach level, to immediate beneficiaries such as the management/staff and consultants of the MOHME, IWSR, IRCS, SCI, CRO, UT, SU, and ODVV. The list is by no means inclusive of all the other categories of beneficiaries who have benefited from the CP. However, as there was no specific section on beneficiaries in the CP or CPAP, it was not possible to prioritise who to involve\(^7\). As a remedial measure and considering that many of those involved in the implementation of the programme also serve a dual role both as stakeholders and beneficiaries, to the extent possible, attempts were made to facilitate and maintain their proactive involvement throughout the evaluation exercise.

Furthermore, involving distal/ultimate beneficiaries at this stage was not considered necessary since based on the previous experiences, it would require much longer period than one programme cycle for many of the "deliverables" such as the "guidelines", the "protocols" and or new schemes introduced under this programme to have a significant impact on them. Measurable improvement at the level of impact as also addressed in Chapter II would require 7-10 years to detect. Thus, any present changes are most likely attributed to margin of error. Proximal beneficiaries at the outreach level were limited to some 50 members of the Rapid Response Teams under Output 5 whose views were ascertained in the course of a training programme regarding the usefulness of the course offered. Another group of proximal beneficiaries were the UT students under Output 7 whose research and theses were supported and a selected sample of those using the Population Lab affiliated to UT.

Limited Involvement of Senior Authorities: While the Programme Component Managers (PCMs) were invited to join from the outset, with the exception of brief session with one of the senior authorities for the RH Component and the PCM for Outputs 1, 2, and 4, the evaluation did not benefit from the direct inputs of the other senior authorities of the implementing partners. Fortunately, the proactive participation of those involved in the everyday management within the implementing ministries and organisations, for the most part accommodated this hindrance. However, due to their oversight, monitoring and evaluation responsibilities as reflected under the CPAP, their limited involvement was critical particularly in reviewing the overall operational and the financial management issues impeding the 4th CP.

Insufficient Reporting: The SPRs, as the main source of reporting for the programme, were generally an amalgamation of quarterly narrative reports prepared for each of the AWPs and addressed issues at the level of outputs. They were by and large descriptive rather than analytical. Even when more substantive issues such as lessons learnt were presented, they tended to be repetitive and the strategies to rectify operational issues and challenges were not highlighted. To complement the inadequacies of the SPRs, the Country Office Annual Reports (COARs) for 2005-2007 were used as and when required.

\(^6\) Beneficiaries: Those who benefit from the programme. Three different levels of beneficiaries (i.e. immediate, proximal and distal/ultimate) were stratified under this evaluation.

\(^7\) There was only an overall and general reference to "Women and adolescents" under one of the RH Outcomes.
CHAPTER II: REVIEW OF THE 4TH CP AND TECHNICAL ASSISTANCE ARRANGEMENTS

A. Background of UNFPA 4th CP:

As a middle-income country undergoing transition, the Islamic Republic (I.R.) of Iran has a young population with adolescents and youth constituting close to one-third of its total population of 67 million. Fertility has dramatically decreased during the past decade and a half -- 2.0 children per woman and the population growth rate is less than 1.5 percent per year. As reflected in the section providing the situation analysis of the 4th Country Programme document, the prime achievements are in the area of reproductive health -- the I.R. of Iran has successfully met many of its commitments under the Programme of Action of the International Conference on Population and Development (ICPD) with maternal mortality ratio of 37 deaths per 100,000, infant mortality rate of 28.6 deaths per 1,000 live births, and 90% of births being attended to by skilled attendants. With improved contraceptive prevalence, the overall rate stands at 74% for all methods (56% for modern methods) with the total unmet need for family planning standing at approximately 8%. The latter figure has been even further reduced to less than 5% based on 2006 Base-line Monitoring Table.

These achievements are direct results of the great successes of the national family planning programme. Consequently, population growth and fertility are no longer seen as "pressing concerns". Funding for the family planning programme has remained static for the last few years and has actually decreased in real terms. The main challenge addressed under the 4th CP was that the Iranian baby boomers (those born amid 1979 – 1989) are now in their reproductive years. "The reproductive behaviour of this group, which numbers close to 18 million, will determine whether or not the country would undergo second population explosion." Also, as stated in the Country Programme, the unmet need for family planning is considered low. However, there are regional and gender disparities in reproductive health indicators, approaches and practices. Furthermore, while the overall level of HIV/AIDS prevalence is low (less than 0.1 per cent), its maintenance and curtailing prevalence in high-risk groups are amongst the other challenges that were addressed under UNFPA 4th CP.

Performance of the Past CPs:
The 1st and 2nd UNFPA country programmes focused on population and family planning. For the 3rd CP, in order to maximise relevance and synergy of the UNFPA's modest contribution as compared to those by the Government, the programme was implemented within a geographic focus on five selected areas including Bushehr, Golestan, Kurdistan, Sistan & Baluchistan, and the peri-urban district of Islamshahr, Tehran. Due to the importance of the achievements and lessons learnt under the 3rd country programme, the majority of which are still relevant and applicable for the 4th country programme, they are summarised below:

Main achievements of 3rd Country Programme:
- Build on past experiences (i.e. advocacy of RH through educational system – both formal & informal);
- Improving the quality of RH;
- Strengthening technical capacity in data collection and indicators for ICPD goals and MDGs; and
- Creating institution capacity for mainstreaming gender (through networking).

In addition, under the 3rd country programme, UNFPA together with the UN team responded to Afghan/Iraqi crises as well as to the disaster in Bam (2004). South-South cooperation was another initiative under the 3rd CP which has been expanded with greater vivacity under the present programme as well.

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8 N. B.: All the figures used in this chapter are taken from the 4th Country Programme Document.
9 Page 2, paragraph 5, UNFPA Country Programme Document
10 -- Ditto--(paragraph 2)
11 -- Ditto--(paragraphs 4 and 6)
Lessons Learnt from Operation of the 3rd CP:
Based on the lessons learnt, the operational issues and challenges encountered under the 3rd country programme, the following concerns are considered still relevant that deserve to be highlighted:

<table>
<thead>
<tr>
<th>Main Lessons Learnt from 3rd CP</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Better inter and intra-sectoral coordination &amp; synergy</td>
<td>still relevant</td>
</tr>
<tr>
<td>2. Improve partnership between Government and civil society particularly at the central level</td>
<td>--Ditto--</td>
</tr>
<tr>
<td>3. Gathering disaggregated data [i.e. base-line] for informed planning</td>
<td>--Ditto--</td>
</tr>
<tr>
<td>4. Systematic Monitoring &amp; Evaluation/establishment a M&amp;E Unit</td>
<td>--Ditto--</td>
</tr>
</tbody>
</table>

B. Goals, Outcomes & Outputs of the 4th Country Programme:
The 4th UNFPA Country Programme (CP) was aligned with the 4th (National) Five Year Economic, Social and Cultural Development Plan (FYDP) and in line with priorities specified under the United Nations Development Assistance Framework (UNDAF). It was approved and signed by Ministry of Foreign Affairs (MFA), the Coordinating Authority for UNFPA. The goal of the 4th CP is to contribute to the national goal of "enhancing the quality of life of the Iranian People" through:

a) Improved access to high-quality reproductive health services;
b) Improved national statistical capacity in monitoring the ICPD goals and the Millennium Development Goals (MDG); and

c) Empowerment of women.

As also reflected under the CPAP, in order to achieve the goals listed above, the CP was formulated with a "reinforcing strategy" for its three components namely:

- Reproductive Health (RH)
- Population and Development Strategies (PDS)
- Gender

Figure 1: Programme Components/Outcomes of the 4th Country Programme

For each of the three programme components reflected in Figure 1 above, there were outcomes which are listed below:

Outcomes for Reproductive Health (RH) Component:
(a) Increased access to comprehensive high-quality reproductive health services and information for vulnerable groups including women and adolescents; and
(b) Increased availability of high-quality reproductive health services and information for population affected by disaster.

**Outcomes for Population Development Strategies (PDS) Component:**
(a) Improved production and utilization of data-disaggregated by gender, age and geographical location; and  
(b) Enhanced national capacity in population teaching, training and research.

**Outcome for the Gender Component:**
There was one outcome for the gender component -- Enhanced institutional mechanisms and socio-cultural practices that promote and protect the rights of women and girls and advance gender equity.

The outputs for three RH, PDS and Gender outcomes as specified under the CPAP were:

**RH Outputs:** There were five outputs for the RH Outcomes. These were:
- **Output 1:** Increased availability of high quality reproductive health services and commodities;
- **Output 2:** Improved youth-friendly reproductive health information and services;
- **Output 3:** Improved information and services for STIs and HIV/AIDS;
- **Output 4:** Increased awareness and capacity in reproductive health, adolescent sexual and reproductive health, reproductive rights and gender; and
- **Output 5:** Strengthened national capacity in disaster preparedness to address reproductive health concerns in emergency and post-conflict situations.

**PDS Outputs:** There were two outputs for the PDS Outcomes. These were:
- **Output 6:** Increased capacity to monitor ICPD goals and MDGs; and
- **Output 7:** Promotion of research and training in population and development.

**Gender Output:** There was one output for Gender Outcome namely:
- **Output 8:** Evidence-based advocacy for legislation that protects against gender based violence.

**C. CPAP & AWPs:**

**CPAPs:** In simplifying processes and documentation for technical assistance, the 4th UNFPA Country Programme (CP) relies on two vehicles for implementation which are the Country Programme Action Plan (CPAP) and the Annual Work Plans (AWPs). The aims of these documents that are prepared through a consultation processes are:
- Result-based Management using the National Execution (NEX) modality with a Programme Approach;
- Promoting greater linkage and partnership;
- Improving monitoring and evaluation mechanisms; and
- Enhance national ownership/leadership.

These documents were jointly formulated with UNFPA initial implementing partners. Thus, in addition to the CP document, the CPAP was also mutually approved and signed by the Ministry of Foreign Affairs. The period of CPAP covers 2005-2009 and for the AWPs, it is one calendar year. Individual AWPs are signed with respective implementing partners (IPs).

**AWPs:** Within the agreed CP and CPAP, a needs-based, user-friendly and highly flexible tool for annual planning with potentials to be revised and updated, the Annual Work Plans (AWPs) are developed for each of the eight UNFPA-supported outputs. These AWPs include the related sub-outputs and activities as well as the estimated costs. In the course of the 4th Country Programme, for one specific output, sometimes more than one AWP are signed with different IPs. For instance, during 2005, there were three AWPs signed for Outputs 2. Similarly two AWPs were signed for Outputs 5 (2005-2007), for Outputs 6 and 7 two AWPs per outputs (2005-Present); and two for Output 4 (2007-Present). This is another advantage of UNFPA as through AWPs that are signed with multiple stakeholders, partnership is diversified and there are greater linkages. This makes the programme more need-specific and demand driven. AWPs are flexible as well. If the activities detailed in the AWPs are not implemented in a given year, they are included in the subsequent years or dropped from the new AWPs altogether. Furthermore, additional activities could be introduced subject to the official revisions as and when required.

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12 UNFPA Guidelines and Strategies
The AWPs are jointly signed on the basis of standard Letter of Understandings (LOUs) which is supposed to be signed prior to the AWPs with each partner. For some of the outputs of RH and PDS components, there is one LOU signed jointly by the Programme Component Managers (PCMs) and UNFPA inclusive of multiple signatories by relevant National Project Directors (NPDs) and other relevant certifying officers. The present number of the LOUs and AWPs are reflected in the table below:

<table>
<thead>
<tr>
<th>MOHME (PCM)</th>
<th>IWSR</th>
<th>IRCS</th>
<th>SCI (PCM)</th>
<th>ODVV</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 LOUs</td>
<td>1 LOU</td>
<td>1 LOU</td>
<td>3 LOUs</td>
<td>1 LOU</td>
</tr>
<tr>
<td>4 AWPs</td>
<td>1 AWP</td>
<td>1 AWP</td>
<td>4 AWPs (i.e. SCI, CRO, Univ. of Tehran &amp; Shiraz Univ.)</td>
<td>1 AWP with ODVV</td>
</tr>
<tr>
<td>1 LOU for Outputs 1, 2, &amp; 4 and 1 LOU for Output 3</td>
<td>1 LOU for Output 4</td>
<td>1 LOU for Output 5</td>
<td>1 LOU for Output 6</td>
<td>1 LOU for Output 8</td>
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</table>

LOUs are signed once with the concerned PCM or national project directors (NPDs). It is mandatory to have LOUs renewed only if there are management changes amongst the signatories, or the IPs as referred in the agreement. The sequential signing of updated LOUs to be followed by AWPs is considered mandatory with due consideration that in case of management changes, a letter from PCM or a higher senior staff of IP with specimen of signature of newly appointed certifying officer would suffice in officially documenting the changes made.

**Figure 2** depicts the flowchart of programming scheme used under the 4th Country Programme.

**Master Work Plans (MWPs):**

As reflected in the above figure, UNFPA Tehran Country Office took an innovative approach to develop a comprehensive plan for all the outputs by formulating a 5-Year planning tool aid entitled Master Work Plans (MWPs). Within the overall scope of the CPAP, the MWPs were formulated together with the UNFPA Country Support Teams (CST) consultants and confirmed by key stakeholders/project managers at the time of programme formulation through a consultation process. Though not considered as mandatory, the MWPs aimed to serve as an overall framework for the AWPs covering UNFPA-supported activities inclusive of technical assistance components for each of the eight outputs for the programme cycle (i.e. 5 year period). Also, many of the synergy, coordination and M&E issues at the level of activities and outputs, within each of the three components are covered when used as in the case of Output 5 and the PDS component (Outputs 6 & 7). Due to their importance and potential use as the overall framework for the 4th CP, summary of the main...
cluster activities (sub-outputs) per outputs included in the original Master Work Plans are annexed as Annex IV for easy reference.

**D. Quality Criteria Used to Assess Performance of the 4th CP:**

Based on the commonly used criteria by UNFPA to assess the quality of programme performance\(^\text{13}\), five quality criteria\(^\text{14}\) were used in this operational evaluation as applicable (Please also see Glossary for detailed definitions of these criteria as well as other key terms used in this evaluation exercise):

1. **Relevance:** Measured by the CP being aligned with National Plans and Programmes while maintaining UNFPA-focused policies and priorities. In addition, this criterion is used to assess the extent in which the outcomes and the outputs are considered relevant to stakeholders;

2. **Effectiveness:** Reviewing the causality analysis and explaining how inputs and activities led to outputs, outcomes, etc. highlighting on facilitating and constraining factors;

3. **Cost-Efficiency:** In terms of **costing results inclusive of timeliness in delivery, adequacy (both qualitatively & quantitatively) and accountability** per technical assistance components (national and international Consultancy services; in-house and abroad Training; expendable and non-expendable Equipment);

4. **Impact,** both positive and negative **long-term effects** on identified target groups; and

5. **Sustainability** inclusive of continuation of activities/interventions after UNFPA exit.

**Relevance:**

To assess programme "relevance", there was an overall consensus amongst the IPs as the prime stakeholders of the programme that the technical assistance activities under the 4th CP were "relevant" as all the outputs as well as the outcomes are directly in line with the 4th (National) Five-Year Economic, Social and Cultural Development Plan (FYDP) and UNDAF (2005-2009). The programme is also fully aligned with UNFPA Multi-Year Planning, Management and Funding Framework (MYFF) for 2004-2007. In addition, the CP has maintained its relevance based on UNFPA Global Strategic Plan for 2008-2011.

In the course of the semi-structured interview with one of the prime stakeholders from the MOHME who was proactively involved in the formulation phase for the RH Outcomes and related outputs, it was confirmed that the MOHME undertook rapid needs-analysis using the results of "Demographic Household Surveys". This further confirmed the relevance of the programme. The PDS Outcome and related engendered data (Output 6) was also considered relevant as it contributes to the macro-level need and is amongst the cross-cutting targets established under the on-going national FYDP.

Concurrently, the need for production of Outputs 7 namely "promotion of research and training in population and development" was the evidence-based impact of the previous projects in this area under the 2nd and 3rd Country Programmes. It is worth noting that some 40 graduates of Shiraz University whose MSc Programme in Population and Development was supported by UNFPA are now holding key positions in SCI, CRO and or are part of the academia. In addition, the achievements of Output 6 together with those of Output 7, as the two most well synergised outputs under the PDS related outcomes, further confirm the relevance of this programme component.

The relevance of Output 8 was also clearly proven by the senior authorities at the time of the formulation of the country programme and the comprehensive nation-wide report prepared by the Ministry of Interior on this issue. The operational research conducted under Output 8 and the successful initiative of Hamyaran Dadghahe Khanevadeh (Family Court Counsellors) that is now being implemented at all the Family Courts in Tehran and expected to be used at the national level further verify the relevance of this output/outcome under the 4th CP.


\(^{14}\) Detailed definition of each of these criteria are provided in the glossary of this report
Effectiveness:
Regard regarding "effectiveness" this criterion commonly covers assessment of the "causality analysis" that link goals, outcomes, outputs, activities and inputs. While as mentioned above the outcomes and outputs of the programme are relevant and aligned with the National FYDP, UNDAF, and the MYFF (2004-2007) as well as UNFPA Global Strategic Plan (2008-2011), systematic causality analysis was not undertaken at the time of formulation of the programme or thereafter. Furthermore, other tools such as the "result-framework" and "log-frame" have not been used up to now. As these are considered common tools for up-to-date planning and they facilitate result based management (RBM), application of such instrument is recommended particularly for the formulation of the future programme.

Furthermore, to measure effectiveness, it is critical to have commonly used indicators such as SMART\(^{15}\), SPICED\(^{16}\), QQTs\(^{17}\), etc. The production of some 40 "deliverables" up to now, however, is a clear indication of the quantitative effectiveness of the programme that was fully confirmed by the immediate stakeholders/beneficiaries (i.e. the IPs) of the 4\(^{th}\) CP.

Cost-Efficiency:
Based on UNFPA commonly-used definition\(^{16}\), the evaluation intended to assess:
1. Quality of outputs produced in relation to the expenditure incurred, and resources used;
2. Timeliness of inputs including personnel, consultants, travel, training, equipment and miscellaneous costs and the timeliness of outputs; and
3. Whether there was adequate justification for the expenditures incurred and
4. Whether the resources were spent economically as possible taking into account possible alternatives.

Due to limitations of Atlas Financial System, there was no way to access details of the expenditure incurred in undertaking of activities used in production of the outputs (item 1 above). In spite UNFPA's all-out efforts to gather and furnish the information required in line with the common components of technical assistance categories (i.e. Consultancy--national and international; Training--in-house and abroad; and Equipment--expendable and non-expendable), this was not possible presently due to time constraints. Such information needs to be systematically gathered, logged and regularly updated for the future as already initiated by UNFPA.

Re item 3 above provisions of justifications for TA, presently the common practice is that at the time of formulation of the AWPs there is a mutual agreement on the TA components. In the future provision of justification for TA needs to be more systematically documented. Also, presently there are no standard performa figures for national consultancy services, in-house training, printing costs, etc. (item 4 above). For instance, in the overall review of similar technical assistance activities supported by the IPs (i.e. national consultancy and training), there is range of fees/costs for more or less similar activities. It is essential, therefore, for UNFPA and the IPs to jointly come up with standard performa figures to further enhance cost-efficiency of the programme. Lastly, there was no distinction made between "expendable" and "non-expendable" equipment for the first three years of the programme (2005-2007). Since 2008, the equipment component is being categorised as expendable and non-expendable.

The following measures are necessary for greater cost-efficiency (i.e. items 1, 3 and 4 above):
- Continuing the practice of distinction between expendable and non-expendable equipment;
- Provision of justifications for the TA components;
- Establishing performa figures for the TA components (i.e. national consultancy and training); and
- Systematic logging of TA related expenditure.

Re item 2 above and based on the TORs, the quality, adequacy, relevance and timeliness of TA and backstopping by national consultants, international consultants and UNFPA regional/CST consultants, in-

\(^{15}\) SMART = Specific, Measurable, Action-Oriented(Achievable), Realistic, and Time-bound
\(^{16}\) SPICED = Subjective; participatory; interpreted and communicable; cross-checked and compared; empowering; Diverse and disaggregated
\(^{17}\) QQT = Quality, Quantity, Time-bound
\(^{18}\) UNFPA Programme Manager's Planning Monitoring & Evaluation Toolkit, 2004
house and training abroad (e.g. workshops, study tours, etc.), and equipment (expendable and non-
expendable), the assessment was made in line with the following questions:

a) How were technical assistance planned?
  b) What are the views of partners, UNFPA on adequacy and quality of TA?
  c) Were missions planned according to AWPs or not and why?

a) Planning of technical assistance: The basis for planning of technical assistance was National
Execution (NEX). The technical assistance and backstopping for the national consultancy services, in-house
training and the equipment available locally were arranged, to the extent possible, by the IPs and
implemented-executed on the basis of priorities, prevailing rules and procedures under the supervision of the
PCMs through the national project directors (NPDs) or other relevant project authorities as designated. As
there is no PCM for the Gender Outcome, the planning and supervisory function were jointly undertaken by
UNFPA/IP.

While jointly planned under the AWPs for international components, they were directly executed (DEX)
by UNFPA. For instance, identification and fielding of international consultancies, some of whom also
served as trainers in addition to providing their technical advice as well as for training abroad (e.g.
identifying and finalising training programme, registration, visa arrangements, ticketing and scheduling
international travel, payment of per diem and the other logistics to attend workshops, study tours, etc.) were
made by UNFPA. Furthermore, the items of equipment not locally available were also purchased directly by
UNFPA. It is worthy to note that at times based on a mutual agreement, UNFPA also took additional
responsibilities partially to enhance the financial performance of the programme (i.e. increasing
implementation rates).

b) Adequacy and quality of TA:

Consultancy Services (National and International): In the course of the semi-structured interviews and
the forums, assessments of the adequacy and quality of technical assistance arrangement were jointly made.
Overall, the IPs and UNFPA were satisfied with the national and international consultancy services. It is
worthy to note that 28 international consultants inclusive of six UNFPA Country Support Team (CST)
consultants have rendered their services in 2006 and 2007. The following features were considered as the
advantages of the national and international consultancy services offered under the 4th CP:

• Being needs-based and up-to-date;
• Diversity in the services provided;
• Transfer of know-how and exchange of experiences (i.e. good practices); and
• Sharing of lessons learnt.

There were also challenges which are provided below that also addresses question (c) above.

For the national consultants the challenges were:

• Recruitment of faculty members who also served as the NPD due to "conflict of interest". While this
  was primary a challenge during 2005, it has remained an issue, as sometimes the most qualified
  national expertise available are also part of the management.
• Timely preparation of reports. This is primarily caused by:
  ➢ Delays in identification and recruitment of national consultants;
  ➢ Over-ambitious TORs; and
  ➢ Unrealistic planning.

The latter issue has constrained timely implementation of AWPs particularly under outputs that were
targeting innovative approaches and new intervention. In some of these cases the researches were justifiably
not completed in time due to the nature of the task, to complete the assignment required more time than
initially planed. Such delays have caused postponement of the payments of fees. Consequently, timely
utilisations of quarterly advances were impeded as well. As lesson learnt, and particularly for those AWPs
that are experimenting new interventions, as suggested in the audit reports, realistic advance planning at the
time of formulation of AWPs and TORs for the consultancy services are proposed to avoid later shifting and revising of the budgets.

There were also constraints and lessons learnt vis-à-vis international consultancy services which are listed below:

- For most consultancies, **detailed and realistic TORs were seldom prepared** by the IPs and in many cases a general area of the consultancy services and the preferred timing for the missions were the only information provided to UNFPA. In fact, one of the main factors that contributed to "good practices" in having the greatest multiplier effect by international consultancy services as experienced under Output 3 for instance was due to having specific and detailed TORs.

- **Short duration of assignments** by international consultants usually impedes effective utilisation of services rendered. However, there were cases that due to well-advance planning and preparation prior to the missions, even for such short duration of international consultancy services, there was a sustained multiplier effect. For instance, successful experiences under Output 1 [for painless labour], 3 [identification of women at high risk], 5 [action planning], and 7 (reformulation of the curricula] are just some of the cases mentioned by the IPs and UNFPA that in spite of this challenge, the services were considered instrumental.

- Re UNFPA CST consultants, in view of their main expertise being geared towards working with less developed countries, **tailor-making of their assignment to the on-going priorities** took longer than initially envisaged. Here again detailing expectations from each mission prior to the assignments by the consultants to enable their tailor-making of inputs were considered highly instrumental as was the case of UNFPA CST consultant for outputs 7 & 8.

- Generally as also referred to in the COAR reports, **the pool of the international expertise available was limited** and at times not as diversified as expected by some of the IPs. For example, greater use of innovative research tools (i.e. case-studies) for applied/operational research techniques was referred to by the management of Output 6. In such cases and to address this shortcoming, even the UNFPA's identification of the required international consultancy services was facilitated by IPs (e.g. Output 6), by providing CVs of preferred candidates to be recruited. As lessons learnt, more IPs are providing the CVs of their choice, requesting UNFPA to facilitate the arrangements and fielding of the international consultant. Such an approach is welcomed by UNFPA as it further enhance the national ownership and sustainability of the results achieved.

  It is worthy to note that the exposure of IPs through study tours and training abroad has facilitated the IPs in their identification of the most qualified candidates. For instance, the arrangements made through South-South and North-South cooperation have contributed to the exposure of the IPs and greater exchanges of views with high calibre expertise and in identifying more suitable international consultant for specific tasks as required.

- Above all, utilisation of international consultancy services was constrained due to **the language barrier** as there is no official second language in Iran. The remedial measure here, for instance, was that in some cases the Management of the IPs as well as UNFPA National Programme Officers took the responsibility and accompanied the international consultant throughout her/his mission and even during field visits (i.e. Output 1 and 3).

- As a related issue, **having the required background material in Farsi (Persian)** and their timely circulation amongst the national counterparts prior to the assignment of the international consultant was another concern. Under Output 3, the management handled this issue by obtaining some of the materials prior to the mission and translated the main points in advance or during the assignment of the consultant so to partially address the language barrier.

  A possible solution to address the issue of language barrier as well as the limited pool of international consultancy services is through greater use of Transfer of Knowledge Through Expatriate (TOKTEN) whereby Iranian-born international consultants are recruited for short assignments. The scheme is highly cost-efficient as TOKTEN consultants do not charge any fees for their services. Only travel costs, per diem and a small honorarium (on a voluntary basis) are provided to them. Being Iranian with
high level technical expertise, there would be no language barrier. The scheme first introduced under UNDP-supported initiatives in the late 80's and early 90's was considered as one of the most successful programmes in the country and commended as the main comparative advantage of the UN system.

Training (In-house & Abroad): Similar to the national and international consultancy services, there was an overall agreement on the usefulness and appropriateness of the training programmes conducted under the 4th CP. The following features were considered as lessons learnt in enhancing the quality/cost-efficiency of this TA component as training programmes are generally costly particularly those that are offered to small number of participants (i.e. unit cost/trainee ratio):

- Greater use of participatory techniques (e.g. conducting workshops and forums) was considered as an efficient approach to enhance proactive involvement and sharing of the experiences by the participants (i.e. emphasis on mutual learning instead of one person lecturing and the participants are mainly as passive recipient). Use of traditional tutorial/lecturing approaches for seminar and conferences were essential particularly when addressing larger group. However, even for such training activities, the methodology used by several IPs that complemented such large gatherings with small group focused discussions proved to have greater multiplier effect and increased efficiency. This was clearly evident in the Training of some 50 Rapid Response Teams under Output 5 as indicated by the beneficiaries.

- Another mechanism used was registering all the information on the participants in a data bank as also used under Output 5. Up-to-date analysis of such information inputted to the data banks if made mandatory for all outputs would enhance monitoring and follow-up actions required. It would also facilitate systematic quantitative and qualitative assessment of this technical assistance arrangement and thus proposed.

- Greater use of training of trainers/facilitators (TOT/F) programme was also considered essential by the IPs and used in several cases to enable provision of well-targeted training at the provincial levels as well.

- Advance preparatory work prior to the training programme was another feature of successful training activities. The following were identified by the beneficiaries interviewed as "good practices" for the preparatory work in provision of training:
  - Undertaking needs assessments;
  - Provision of detailed agenda and objectives of the courses, workshop, etc.:
  - Obtaining feedback from the participants on what they expect from the training to be offered;
  - Distribution of background documents and training material preferably prior or at least during the course.

  The beneficiaries interviewed also confirmed that such preparatory work under Output 5 facilitated their learning as it was needs-based. "Although the materials were not provided to them in advance, the training kits distributed at the start of the course was helpful, particularly the CD that included all the presentations as well as the Operational Guideline on Reproductive Health Teams in Disaster". Such advance preparatory work was also considered essential by the trainers/facilitators interviewed. "Through such documentation, the same course can be easily offered later and repeated/upgraded", thus further increasing cost-efficiency.

  Such information was considered also essential for training/study tours abroad as well. Several of the IPs who had benefited from such programmes confirmed that such advance preparation for the training programmes abroad has been generally practiced by UNFPA.

- As a related point, the approach taken by UNFPA to provide well-focused shorter duration training courses abroad that were needs based was highlighted by some of those IPs who had benefited from such study visits. Also, the South-South scheme study visits were also amongst the main successful

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19The evaluation consultant attended the training of some 50 Rapid Response Teams during the course of the operational evaluation.
arrangements made by UNFPA. Some 35 of such training courses have been arranged by UNFPA in the
period of 2005-2007 under the 4th CP.

It is worthy to note that one of the main constraints encountered in assessing the adequacy and quality of
the training offered and in the cost-efficiency assessment of this TA component was regarding the reporting
mechanisms used to documents results. While some of the reports were of high quality analysing the results
of the course evaluation conducted at the end of the course (i.e. reviewing the relevance of the course, how it
could be improved, etc.), others were more process-oriented and descriptive providing some general
information about the courses/conferences, etc. (e.g. timing, duration, list of keynote speakers, the areas
covered, etc.). Some even did not include details on the participants for instance. Having a prototype for
standard reporting of training activities to be used by the IPs involved in offering or arranging for training
programmes is therefore proposed.

Also, ensuring systematic end of the course evaluations is considered essential. For this purpose, a tailor-
made format was formulated by the evaluation consultant and distributed amongst the IPs in the course of the
operational evaluation. Once modified/approved, it is proposed to be used by all the IPs and contextualised
as required so that the evaluation of all the UNFPA-supported in-house training programmes becomes
unified. As presently practiced by most of the IPs, end of course evaluations have to also become mandatory
and systematically used.

Another related issue is follow-up to the training offered and how for instance it is expected to impact
the on-going work of the participants as well as whether or not they will share what was learnt with their
other colleagues upon completion of the training and return to work (i.e. enhancing multiplier effect of the
training offered). While such issues are addressed in this proposed evaluation form, regular follow-up will
also contribute to the effectiveness as well as efficiency of the training programmes. It would also help the
IPs in their identification of additional training courses that have to be conducted in the future. In short,
systematic follow-up is a must in making the training offered cost-efficient and thus proposed.

Equipment (Expendable & Non-Expendable), Printing/Advocacy related Activities: The equipment provided
under the programme was also considered important in undertaking the other technical assistance activities as
it complemented consultancy services and training. As explained by several IPs, the UNFPA-supported
technical assistance has purchased or covered the printing costs under the AWPs that were jointly assessed as
pre-requisite for conducting other activities. Purchase of books and publications for Output 7 and or
equipping the Population Lab that is fully utilised and considered highly relevant to the research work of the
students through the computer facilities and internet access; or the laptops purchased for SCI to be used for
the conducting of Census or Surveys are just some examples provided by the IPs of the facilitating role of the
equipment purchased under the 4th CP.

The items of equipment purchased for Output 5 in another instance of the usefulness of the equipment
purchased under the 4th CP. In this case, for example, a committee was set up to select the most cost-efficient
items. These items are regularly monitored for maintenance/up-keep or replacement when reaching the
expiry dates by IRCS so that they could be effectively and efficiently used as and when required. The main
challenge in purchase of equipment as explained by some of the IPs is regarding selection of the lowest offer.
This is not always the most cost effective approach. In couple of cases, the cheaper offers do not have the
best quality. Furthermore, by experience, there is usually higher maintenance costs involved and the warranty
is not providing full as the coverage of those with higher bids. For such exceptional cases, the use of
written justification and clearly specifying the reasons for requesting of "waivers" seems to be the appropriate
mechanism to be considered.

As a related issue, the UNFPA ceiling established for the total amount permissible to be used for the
purchases of equipment, cover printing cost, and or production of advocacy material was a cause for concern
expressed by some of the IPs. Due to exorbitant fees involved and the prevailing UNFPA ceilings, for
instance, there was no firm willing to produce the advocacy clips for media coverage (e.g. TV) as their fees
and airtime charges far exceeded what was budgeted. Using the umbrella advocacy programme exceptionally
for such cases was proposed to be considered. Otherwise, as pointed out by the UNFPA Programme Team,

20 Views of students expressed in the course of the interview while using the Population Lab.
the established ceilings are mandatory and have to be abided in accordance to UNFPA rules and regulations to cover such costs.

E. Issues of Impact & Sustainability:

While based on the TOR of the evaluation, assessment of the impact of the programme was to be made, the base-line data furnished almost at the end of the evaluation exercise was not directly indicative of impact of UNFPA-supported programme. Even with the limited data available, concentrating on the performance of the programme at the output level makes it impossible to undertake any realistic impact assessment which is at the level of programme outcomes and goals. Nor have there been any specific indicators or verifiers to assess impact of the programme performance as mentioned earlier. In fact, there is a footnote reference in the last page of Annex I: Country Programme Action Plan Results and Resource Framework stating, "Indicators will be enriched by utilizing baseline data which would be collected in the first year of the CP". The baseline surveys undertaken for 2006, however, pointed out, "There were some limitations in determining baseline values for UNFPA Country Programme, due to the fact that UNFPA programmes are complementary to MOHME interventions and as such it is not possible to determine the share of UNFPA programmes in changing indicators".

As a consequence, the "impact" criterion, both positive and negative as included in the definition of the five common criteria specified earlier and the TORs can not be applied under this operational evaluation. In fact based on lessons learnt from the previous evaluations, a decision needs to be made whether a "separate" or "individual" assessment of the impact of the UNFPA-supported programme is feasible or even cost-efficient. It seems that with the exception of those cases where there were new interventions or pilot schemes that were launched mainly with support of UNFPA, in a sense, it is a "contradiction of intend" to assess the impact of UNFPA-supported programmes separately. UNFPA programmes are part and parcel and fully integrated in the overall national programmes. Hence, there are no "individual" impacts to be assessed.

Also, the time factor which is another main constraint in assessing impact and sustainability within a programme cycle (i.e. 5 years) needs to be considered. Therefore, even for new interventions, as correctly pointed out by several implementing partners and some of the members of UNFPA Programme Team, it is unrealistic to assess impact or sustainability in a course of one programme cycle as the impacts or the issue of sustainability of some of these initiatives are only measurable some 7-10 years after the time a particular pilot intervention and or schemes (i.e. Protocols, Guidelines, Curricula, etc.) are introduced. Furthermore regarding the sustainability of UNFPA-supported programme, it is premature as it would have to be addressed at a later date (e.g. couple of years subsequent to the completion of the 4th CP).

This does not undermine in any way the importance of UNFPA-supported activities. In the word of most of the IP representatives, while UNFPA resources/funds are commonly referred to "a drop in the ocean" in comparison to national resources used, but UNFPA’s support serves as an "energiser/ facilitator". Some of the new initiatives that were launched up to now were because of such support. Therefore, while small as far as the magnitude of resources as compared with those provided nationally, it is fully appreciated confirming that UNFPA support needs to be weighed differently. Through such supports an enabling environment is created that is conducive in undertaking new interventions. Subject to the approval of the implementing partners and depending on the appropriateness/effectiveness of the initiatives supported under the 4th CP, they have the potential to be used and hence become nationally owned.

Instead of separate or individual impact assessment of the UNFPA-supported programme, therefore, systematic linking up with the IPs and facilitating utilisation of already available in-house national capacities is the cost-efficient approach that is proposed for the impact to be assessed. Such an approach will also enhance the sustainability of the results that is being targeted in line with the UNFPA capacity development strategies. Furthermore, through supporting the IPs as the actual owners of the programme, they would be in a much better position if joined by UNFPA, to take the appropriate steps required. Some positive linkages have already been made through supporting the work of the IMES Unit within the Population and Family

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21 For definition please refer to the Glossary
22 IMES = Integrated Monitoring and Evaluation System
The support for IMES was also confirmed in the course of the semi-structured interviews and the forum for Output 1, the SPRs and COARs. However, the linkages have to become institutionalised during the remaining period of the present programme and for the forthcoming 5th Country Programme. Since assessing impact is now mandatory, UNFPA intends to identify process indicators based on the results of this evaluation to address this issue jointly with the IPs.

F. Quantitative Achievement:
The quantitative assessment of the 4th CP and technical assistance arrangements (TA) is based mainly on the number of achievements in terms of "deliverables" produced. The sources and references used to cross check this assessment were:

- Briefing by the IPs and UNFPA in the course semi-structured interviews;
- Responses reflected in the partnership forms;
- Views expressed by the IPs/UNFPA in the course of the five Forums
- SPRs and COARs
- South-South and North-South schemes supported by UNFPA

As a prelude to presentation of this assessment, it is noteworthy that there was a consensus amongst the implementing partners that the successes in the technical assistance rendered were primarily due to UNFPA comparative advantages. These are summarised below:

UNFPA Comparative Advantages:

- **Windowing Effects** – Creating of an enabling environment for exchange of information/ know how and experiences (good practices) as referred to in the assessment of cost-efficiency of the various TA components (i.e. consultancy services and training offered as well as the equipment provided under the CP).
- **Flexibility** and willingness to support new RH-related interventions inclusive of UNFPA taking additional responsibilities;
- **Entry point** for linkage with other UN agencies as well as the international community through South-South and North-South scheme(e.g. facilitating/advocating recruitment of Iranian experts from SCI for the conducting of census in Afghanistan, international assignments, etc.) and facilitating regional cooperation such as ECO Health; participation of Iranian counterparts in international conferences, etc.;
- **Competent staff** that are trustworthy;
- **Adaptability** to prevailing conditions and willingness to align with National Plans and programmes corresponding with UNFPA Global Template, Strategic Plan and CP components;
- **Being culture-sensitive**; and
- **Committed towards greater partnership**.

Main Achievements & Good Practices in Arrangement of Technical Assistance (TA)

Some 40 "deliverables" have been selected as priority achievements. Eight (one per each output) has been ranked as "Good Practices" of the 4th Country Programme. As reflected from this list, the diversity of the deliverables is a clear indication of the magnitude of the achievements of the 4th CP. This is commendable particularly with due consideration to operational challenges encountered.
Achievements under RH Component

Output 1:

Good Practice Output 1: At the outset, it is worthy to note that it was difficult to prioritise on the basis of available information which initiative should be selected as the "good practice" under this output as they were several initiatives (e.g. Behvarz-Midwives scheme, Painless Labour, Standard Quality RH Commodity Production, etc.). However, the NSV Centre was selected due to it's the potential role both nationally and at the regional level. Based on lessons learnt from international experiences and by relying on national capacities, the modality used in setting up Orumieh No-Scalpel Vasectomy (NSV) Centre is considered as a unique experience. The Centre is being considered for accreditation by WHO.

Other main Achievements under Output 1:
- Standards for provision of RH Services;
- Behvarz\textsuperscript{23}-Midwives scheme;
- Protocols for Mother-Friendly Hospitals; and
- Trained Master trainers in "Painless labour" using natural child birth techniques.
- Standards for Quality RH Commodity Production.

Output 2:

Good Practice Output 2: The Inter-ministerial and participatory approaches used in the formulation of the RH Policy/Strategy for Youth and Adolescent was the key to the success of this highly challenging initiative that has been pioneered for the first time in the country. Perseverance, good will and continuous commitment of the Youth and School Health Office of the MOHME management together with the staff members to maintain the momentum while encountering challenges were the key features that is considered commendable.

Other main Achievements under Output 2:
- Operational Research inclusive of a report prepared on the RH services rendered on youth and young adults
- Youth Website pilot-tested and is expected to become operational shortly; and
- On-line Youth counselling.

Output 3:

Good Practice Output 3: The consultative processes used in the formulation of the National Strategic Plan for HIV/AIDS with specific action planning, mapping and mutually agreeing on, "who has the comparative advantages to undertake which tasks" for each of the partners is an exemplary of Inter-Agency Synergy and Coordination Amongst the IP/UN Agencies/CSOs. The approach used under this initiative has been the main reason for the successes of the Centre for Disease Control (CDC) of the Ministry of Health and Medical Education as the National Coordinator for HIV/AIDS.

Other main Achievements under Output 3:
- Trained National consultants and the academia on ‘Women at High Risk’ by outstanding international consultant that offered a needs-based demand-driven training;
- Institutionalisation of Volunteer Testing Counselling (VTCs) clinics for women at high risk;
- Quality-assured STI diagnostic laboratory set up as part of STI Prevalence Assessment; and
- Relevant Protocols.

\textsuperscript{23} Community Health Workers (CHW)
Output 4:

**Good Practice of Output 4:** For the 1st time in the country, Government-CSOs RH/RR Advocacy Network was supported by MOHME. With the proactive participation of UNFPA and continuation of the support extended by the Ministry, this newly set-up Network has a pivotal role in RR/RH advocacy work. With long years of experience in supporting the public sector (i.e. Women Health Volunteers initiative), the Ministry has the comparative advantage in also becoming a forerunner in collaboration with the civil sector. The Institute of Women Studies and Research with the work experiences and lessons learnt from other networks is serving as the Network Secretariat. Along with the Secretariat's gender-related activities, the Network benefits from the diversified expertise of some 35RH and RR focused and Youth CSOs in Tehran and at the provincial level proactively involved in the civil sector. With such expertise and through teamwork the group have managed to set up a seamless structure. With dedication and commitment of all, it is expected that this partnership will be sustained in the years to come. The comprehensive mandate and capacity development orientation and approaches followed, together with the support of the Ministry, other key stakeholders in the public sector, and UNFPA, the Network has the potential in becoming a nationwide and well-integrated advocate for some of the key concerns impacting the population at large. With the goal of being the "voice" of the target groups and its members at the level of policy making in line with its stated vision, the RH/RR Network seems to be well on the way and thus one of the main "good practices" of the 4th Country Programme.

Other main Achievements under Output 4 both by the MOHME and the RH/RR Network:
- Effective training materials on Advocacy;
- Documenting prioritization of Areas for advocacy in RH/ARH/RR & Gender by consensus
- Capacity Assessment of 70 CSOs with diversity in expertise inclusive of health-focussed and those mandated to support youth, women, and mothers;
- Training Manuals/CDs on Communication Skills & Teamwork; and
- Several Studies (i.e. attitudes of religious and influential people towards RH) conducted by national consultants recruited by the MOHME.

Output 5:

**Good Practice Output 5:** Placing "emergency" as a strategic area to be considered and included in the 4th CP, systematically Training of Rapid Response Teams (RRTs) of some 480 female volunteers up to now, and proactively involving them in RH for Emergency Operations were a challenging but a fruitful process. Without the commitment of the Iranian Red Crescent Society as the prime vanguard in the area of Disaster Preparedness and Emergency Operations and the continual emphasis by UNFPA amongst the UN Country team to include "emergency operation" as one of the main areas of focus instead of case-by-case area and ad-hoc assistance when and where disasters occur have created the required synergy to integrate reproductive health consideration in the case of disaster preparedness. Together, IRSC and UNFPA have joined for improved and greater partnership, by effectively creating a core of professional national RRTs under this UNFPA-supported initiative.

Other main Achievements under Output 5:
- Development of RH Guidelines for Emergency Situation;
- National Plan of Action on RH in emergency situations;
- Networks of Rapid Response Teams (RRT);
- Integrated RH Packages for SDI and HIV during emergency situation addressing key issues of violence; and
- RH Equipment for Emergency Situation in place with regular inventory upkeep/checks
PDS Component:

As the achievements of technical assistance for the two outputs under this outcome are closely inter-related, the achievements of Outputs 6 and 7 are presented together:

**Outputs 6 & 7:**

**Good Practice Output 6:** The participatory process used by the Statistical Centre of Iran (SCI) in Engendering the Census and Surveys with potentials for multi-sectoral application is commendable. The amplifications of this initiative will have a cross-cutting impact for all other components of the 4th CP and even beyond (i.e. the future programmes). The effective utilisation of up-to-date international standards/criteria that were contextualised to meet the local and prevailing conditions and the in-depth analysis together with other partners under the PDS component are amongst the main features of this good practice. With the practical approaches and effective partnership schemes in place, the SCI together with the Statistical Research Centre senior management were able to tackle the challenges encountered in the process. The contributions of the SCI national staff, especially those trained under the UNFPA-supported technical assistance have facilitated the successful completion of this high profile undertaking of the 4th County Programme.

**Output 7:**

**Good Practice Output 7:** Similar to Output 1, the selection of "Good Practices" was not an easy one when it came to Output 7. When attending the session on the thesis presentation of the UNFPA-Supported PhD student, seeing the all-out efforts by the other faculty members who have served or are presently partners with the Faculty of the Department of Demography at University of Tehran (UT) and their joining their colleagues at UT in the heat of the summer with such enthusiasm discussing each and every point to improve the quality of the dissertation, it seemed that this exercise is worth highlighting as the good practice. Then, the ambiance created by the Population Lab amongst the students and faculty members was the option as it was also an exceptional forum for exchange of know how that deserved to be considered as a good practice. However, considering the participatory approaches used by the management, the Prioritisation of Research Areas for RH, PDS & Gender became the eventual choice. This "good practice" is another example of cross-cutting initiative similar to Output 6 with potential impact for the 4th CP as a whole. Based on a series of forums and focused group discussions that were facilitated by the Faculty involving all the key stakeholders and through consensus building processes, Research Areas for RH, PDS & Gender were jointly prioritised.

Other main Achievements under Outputs 6 and 7 are listed together below:

- Regular Consultative/Result-Based Programme Team complementing each other's activities;
- Population Research Lab at University of Tehran;
- National staff members of the CRO fully trained of nuts & bolts to handle/rectify delayed registrations;
- Staff members of the SCI and CRO fully utilising their training with great multiplier effect;
- Population Maps prepared and widely distributed by the SCI;
- Specialised Technical training Packages for SCI staff;
- Data bank and data dissemination for use by other SCI’s partners;
- Upgraded/revised Syllabi/curriculum of Demography by UT; and
- Research/Theses work of MSc Students supported by UT and SU.
Gender Component:

Output 8:

**Good Practice Output 8:** *Family Court Counsellors (Hamyarane Dadghahe Khanevadeh)* is amongst the successful scheme launched by ODVV that was joined by some 20 Gender-focused CSOs representative with long years of experience in family counselling. They volunteered to provide their services free of charge. Some 540 vulnerable women were the beneficiaries of this scheme. About 32% of these divorce cases were either withdrawn or reached closure. About 400 Children also benefited from the scheme as the initiative helped them not becoming "children of divorce". They were able to return to their families facilitated by the volunteer Family Court Counsellors that sometimes had to travel for hours to reach the Court in the South of Tehran. In contrast to the common practices addressing women concerns, under this innovative scheme attention was paid to gender-related issues affecting both women and men. Thus, in addition to the vulnerable women who benefited from the services rendered, in fact, at times the entire family members and even the parents as well as the brothers and sisters of both the claimant and her spouse were invited to facilitate resolving the cases. The initiative was so successful that it was commended by the most senior authorities of the Judiciary as well as the Centre for Women and Family Affairs. Serving as a prototype, similar practices are now being used in all Family Courts of the city of Tehran. As a result of this "good practice", it is expected that Family Court Counsellors would become institutionalised in the Family Court system throughout the country.

Other main Achievements under Output 8:

- Comprehensive Research Study Series on GBV\(^{24}\)
- Mapping violence against women in selected provinces
- Tailor-made training packages on domestic violence
- Guidelines on how to support GBV victims
- Socio-psychological and Legal-Aids Clinics
- Inter-sectoral & inter-ministerial Forums (i.e. Judiciary/armed forces/Executive – SWO)

\(^{24}\) The initial research work was conducted by University of Welfare Sciences and later complemented by ODVV recruited legal specialists.
CHAPTER III:
IMPLEMENTATION-EXECUTION MODALITIES & FINANCIAL ASPECTS

A. The Structure of Implementation-Execution Modalities:
The initial and present structures used in implementation-execution by the implementing partners (IPs) of the 4th Country Programme are depicted in Figure 3 below.

Figure 3

The differences between the present and the initial structure used at the formulation phase of the 4th CP up to end 2005 are listed below:

- **Output 2:** Withdrawal of National Youth Organisation (NYO) as one of the signatories and IPs of Output 2 (only involved during 2005) together with Ministry of Health and Medical Education (MOHME) and the Family Planning Association of IR Iran (FPAI). Soon thereafter the NYO senior managements were changed and based on their new priorities, they discontinued their direct collaboration.

  The change of management of Family Planning Association of IR Iran (FPAI) also impacted the on-going activities of output 2 as FPAI was also one of the signatories to AWPs under this output in 2005. Furthermore, with the management changes within MOHME, the incoming management reoriented some of the activities to make the youth strategy, for example, more aligned with the priorities of the target group. As the only signatory of AWPs for Output 2 from 2006 up to now MOHME has also managed to involve other stakeholders through establishing a task force involving other key partners and recently even FPAI and their "good practice" for youth-based initiatives are being reviewed for possible intersectoral collaboration.

- **Output 4:** The Institute for Women's Studies and Research (IWSR) as the Secretariat for the RH/RR Network has become a partner under Output 4 – of the RH component since early 2007. Supported by the MOHME for the first time in the country, the Ministry together with UNFPA facilitated the establishment of the network also highlighted as one of the "good practices" under the 4th CP.

- **Output 8:** Discontinuation of partnership of one of the major partners namely the Centre for Women's Participation (CWP) [now called Centre for Women and Family Affairs – CWFA] was one of the main challenges of the 4th CP. As indicated in the COARs, the incoming senior management declined partnering for Output 8 as well as the Gender Outcome mainly due to the sensitivities associated with the gender component and their prioritisation of focusing primary on the women's role within the family as well as targeting women headed households.
With the withdrawal of the Centre, the University of Welfare Sciences (UWS) became the IP and the signatory for AWP of Output 8 in 2005 instead. With the completion of the research activities, however, there were no further AWP signed with the UWS. Also, due to the difference of approaches of the Director of the Centre for Gender Studies (CGS) and the management of the University, the CGS established with the support of UNFPA also ceased operation from 2006. All the unspent funds and equipment were subsequently returned to UNFPA. It is worth to not that with the withdrawal of the CWFA, there is still no Programme Component Manager for the Gender component (outcome).

Since mid-2006, the Organisation for Defending Victims of Violence (ODVV) has become a partner under Output 8. With long years of experience in working with victims of violence and close cooperation and partnership with the Judiciary, ODVV had a major role in bringing new momentum to the gender component and completed some of the outstanding activities planned for this output. Serving as the only signatory of AWP for the Gender Output, under collaboration with ODVV, UNFPA also benefited from the joint partnership with a number of volunteer CSOs with expertise in the area of family counselling, as well as the academia specialising in the area of GBV. Also, as the focal point for linkage with other CSOs and a recent member of the RH/RR Network, the gender focus of the Organisation has been an added value to the work of the Network as well.

**List of Original and Present Implementing Partners Depicted in Figure 3**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Outputs</th>
<th>Prime Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>RH</td>
<td>Output 1</td>
<td>Original &amp; Present: MOHME = Ministry of Health &amp; Medical Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Present: MOHME</td>
</tr>
<tr>
<td></td>
<td>Output 2</td>
<td>Original: MOHME; FPAI = Family Planning Association of IR Iran; &amp; NYO = National Youth Organisation</td>
</tr>
<tr>
<td></td>
<td>Output 3</td>
<td>Original &amp; Present: Centre for Disease Control (CDC) of MOHME</td>
</tr>
<tr>
<td>MOHME</td>
<td>Output 4</td>
<td>Original: MOHME</td>
</tr>
<tr>
<td>Now: MOHME</td>
<td>Present (Since Mid 2006): MOHME &amp; IWRS = Institute of Women Studies and Research</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Output 5</td>
<td>Original: MOHME &amp; IRCS = Iranian Red Crescent Society</td>
</tr>
<tr>
<td></td>
<td>Present: IRCS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Output 6</td>
<td>Original: SCI = Statistical Centre of Iran; &amp; CRO = Civil Registration Organisation</td>
</tr>
<tr>
<td>PDS</td>
<td>Present: SCI = Statistical Centre of Iran through SRC = Statistical Research Centre; &amp; CRO = Civil Registration Organisation</td>
<td></td>
</tr>
<tr>
<td>Original PCM:</td>
<td></td>
<td>SCI</td>
</tr>
<tr>
<td>Now: SCI</td>
<td>Output 7</td>
<td>Original &amp; Present: TU = Tehran University &amp; SU = Shiraz University</td>
</tr>
<tr>
<td>Gender</td>
<td>Output 8</td>
<td>Original (2005): CWP = Centre for Women's Participation [- Presently called CWFA = Centre for Women &amp; Family Affairs]; UWS = University of Welfare Sciences</td>
</tr>
<tr>
<td>Original PCM:</td>
<td>Present (Since Mid 2006): ODVV = Organization for Defending Victims of Violence</td>
<td></td>
</tr>
<tr>
<td>CWP</td>
<td>Now: CWP</td>
<td></td>
</tr>
</tbody>
</table>

In short, major management turnover and the priority changes of some of the previous partners involved in the formulation of the CP have impacted the initial implementation-execution modalities envisaged. Furthermore amongst those partners who are presently proactively involved such as MOHME, IRSC, SCI, CRO and UT there has been also management turnover (sometimes 2-3 times) particularly at the senior level. The direct consequence of these changes has been the overall lower absorption capacity and implementation rates for the programme as a whole. As a consequence, mainly those IPs with consistent support for their quality performance from their senior management had better financial performances than the others for instance. In addition, due the areas addressed by some of the IPs, the pace of implementation-execution was affected. For instance, the IPs for Outputs 2 and 3 had to tailor their activities in such a way to minimise potential challenges and find the suitable implementation-execution modalities considered appropriate in
coping with the sensitivities towards HIV/AIDS and RH of youth, for instance. This will be reflected under the section covering the analysis of the financial aspects later.

Another main constraint impeding the implementation-execution was the low profile of the PCMs under the 4th CP. This was also mentioned in the Standard Progress Reports (SPRs), COARs and the audit reports. Their minimal involvement in the course of the operational evaluation process, presumably due to their seniority, confirmed this issue, also mentioned in Chapter I. With due consideration to their major oversight, monitoring and evaluation functions, it is proposed that the issue of greater involvement of the PCMs are reviewed with them. It seems that with the coordination of MFA and the required preparatory work by UNFPA (e.g. advance planning re timing of the meeting; tentative agenda; and at a venue of their choice, etc.) the urgency of the matter could be highlighted. Furthermore, it seems that the TORs of the PCMs as per LOUs have to be revisited so that practical mechanisms for the discharging of duties and responsibilities of PCMs are incorporated and the required revisions made accordingly.

Present Implementation-Execution Modalities:

Regarding modalities used for the implementation-execution of the AWPs and work-distribution/designation of responsibilities under the three programme components, the main modalities with some degree of overlap as in the cases of Outputs 4 (e.g. the RH/RR Network), 5, 6, 7, and 8 were identified. These are:

- Inter-departmental approaches used for most of the RH outputs of the MOHME (e.g. Outputs 1, 2, 3, and 4);
- Steering and Coordination Committee followed by the IWSR as the Secretariat and one of the two signatories of AWP for Output 4;
- Participatory inter-sectoral arrangements by Output 5 and PDS component (Outputs 6 & 7); and
- Case-by-case teaming up and recruitment of top-level expertise, consultants and academia to lead each initiative with the overall supervision by the ODVV senior management.

**RH Component:**

Using an inter-departmental modality and with the Family Planning Unit as the lead, other Units (e.g. Maternal Health, Middle-Age and IMES) under the Population and Family Health Department of the MOHME are also collaborating for the production of **Output 1.** The Youth and School Health Office of the MOHME is prime responsible authority for implementation-execution of **Output 2** while close linkages are made with the other units particularly Output 1 as was clearly demonstrated in the course of the joint evaluation forum. It is worth noting that the Head of this Office is also the officially designated PCM for Outputs 1, 2, and 4. **Output 3** is implemented-executed by Centre for Disease Control (CDC) of the Ministry. The Director General of CDC is also the PCM for this output.

Re **Output 4,** while not yet officially announced to UNFPA, in the course of a brief interview with the Director- General of Population and Family Health Department, it was indicated that the Head of Health Education Unit under the direct supervision of the Department is responsible for implementation of activities envisaged under the AWP signed with MOHME. The proactive participation of the present Head of Health Education in many of the previous activities of the RH/RR Network is a plus for the other implementing partner and signatory of AWP under **Output 4,** namely the Institute for Women's Studies and Research (IWSR).

IWSR has been elected by a majority vote by all the members of the RH/RR Network early 2007 and acts as the Secretariat of the Network. The implementation-execution modality used by the Network Secretariat is through a Steering Coordination Committee (SCC) with elected representative of the Training/Research; Communications and Monitoring, Evaluation and Reporting units of the Network. MOHME and UNFPA are also the other two official members of the SCC. Since early 2008 the representative from the MOHME has not participated in the SCC monthly meetings. The Secretariat together with the other members of the SCC consider the proactive participation of both the MOHME representative and UNFPA instrumental in enhancing synergy and coordination of activities implemented by the Network team members.
The implementation-execution for **Output 5** is under the responsibility of the Iranian Red Crescent Society (IRSC). As RH work is related to those mandated by MOHME, IRSC has collaborated with the Ministry since the start of the programme. This was also evident in the course of the evaluation forum with the designated authority of IRSC joining the IPs responsible for outputs 1 and 2 of the MOHME reviewing the areas covered under the operational evaluation. The implementation-execution modality used for this output is also similar to those of the other RH Outputs. However, the management has also linked some of the related activities of this output with those of the initiatives supported by the IPs of the PDS component (Outputs 6 and 7). It is noteworthy that the same UNFPA Programme Officer handles this output and the two PDS outputs (i.e. Outputs 6 & 7) which has facilitated this inter-outputs linkages.

**PDS Component:**

The two Outputs of the PDS component namely Outputs 6 and 7 are exemplary in using participatory implementation-execution modality. The Statistical Centre of Iran (SCI) is one of the IPs for **Output 6**. As the PCM for PDS component, the management of the Statistical Research Centre (SRC) has been designated as the responsible authority for the implementation-execution arrangements. There is also a close partnership and collaboration with the Civil Registration Organisation (CRO) as the other signatory of AWP for **Output 6**. There are also two universities as signatories for AWPs for **Output 7** namely the University of Tehran (UT) and Shiraz University (SU) under the PDS component. The management of University of Tehran has used a participatory approach to the extent possible and has proactively involved other partners as well. For example in addition to the other IPs such as the SCI and CRO under the PDS component, other partners such as the Iranian Association for Population and recently Allameh Tabatabaee University have also joined on board to diversify implementation of the envisaged activities of this output.

**Gender Outcome:**

ODVV has a policy to recruit senior faculty members and highly qualified national consultants for implementation and execution of the activities envisaged under each initiative included in the AWP of the gender output on a case-by-case basis. For instance, for the *Hamyarane Dadghahe Khanevadeh* (Family Court Counsellors) scheme, an associate professor was recruited and some 20 professionals with long years of experience in family counselling from gender-focussed CSOs were interviewed jointly by the management team and short-listed from some 40 candidates. While their services were rendered free of charge, ODVV management used needs-based incentives to maintain their proactive involvement and has now established an informal network with almost all of the members of the team even subsequent to successful completion of the scheme. In the course of the evaluation of this initiative, it was agreed by consensus that having one person recruited and responsible for most of the implementation, execution, monitoring and reporting was inappropriate. Thus, presently for the implementation of the various activities, 4-5 consultants have been teamed up with different TORs to check and balance and complement each other under the direct guidance of the ODVV senior management.

UNFPA also supports ODVV oversight functions as there are no PCM for the Gender component. This is carried out through regular review sessions. In such gatherings the Representative, Assistant Representative and the Programme Officer together with the NPA from the UNFPA side as well as ODVV senior management and the full team take part to jointly review the implementation-execution arrangements. They also together monitor the overall status, the progress made, and the challenges encountered. Participating in one of such review sessions in the course of the evaluation process, the frank exchange of views, useful feedbacks and commitment of the IP as well as UNFPA to ensure smooth operation of the activities for this output was further confirmed.

In addition to the IPs directly involved in the implementation-execution of the 4th CP, UNFPA also uses its comparative advantage and linkages within the UN to complement programme operation as and when required. For example, UNFPA chairing of the Gender Theme Group (GTG) has facilitated undertaking of joint activities with other UN agencies (e.g. training) for gender empowerment that has been considered beneficial under Output 8. Similarly, as also discussed in the forum, through proactive participation in the HIV/AIDS Theme Group, UNFPA has facilitated sustaining the required linkages/exchange of experience and know how with the other UN Agencies for improved implementation and execution used by Output 3.
management. The UN Agencies have also benefited from the achievements of Output 3 as well. UNFPA’s membership in the Disaster Preparedness Theme groups has been instrumental for the IRCS to benefit from the expertise of other UN partners and to further enrich the activities undertaken and visa versa. In short, UNFPA has played an active role within United Nations Framework of Development Assistance (UNDAF) in order to optimise utilisation of national and international capacities for improved operation of the 4th CP.

Furthermore, UNFPA has supported several initiatives under the Umbrella Advocacy Programme, particularly those that are related to South-South and North-South schemes that has mutually benefited the IPs as the provider and the recipients of expertise at national and regional levels. UNFPA is also following-up on bringing back strategic stakeholders who were involved in the past as well creating new partnerships. There are some positive indications and negotiations underway in this regard.

C. Financial Aspects: Magnitude of UNFPA Assistance:

The UNFPA assistance covering the period of 2005-2009 is for a total of $10.5 million (9.5 from regular resources and 1 million through co-financing). Table 1 is the breakdowns of the proposed assistance per components as reflected in the Country Programme Document:

Table 1: Proposed Assistance Compared with Actual Expenditure (Figures in $ millions)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RH</td>
<td>5.00</td>
<td>1.00</td>
<td>6.00</td>
<td>2.1 per annum if equally distributed</td>
<td>2.29</td>
</tr>
<tr>
<td>PDS</td>
<td>3.25</td>
<td>-</td>
<td>3.25</td>
<td>1.41</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>0.50</td>
<td>-</td>
<td>0.50</td>
<td>0.14</td>
<td></td>
</tr>
<tr>
<td>Coordination (i.e. the Umbrella Advocacy Prog.)</td>
<td>0.75</td>
<td>-</td>
<td>0.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9.50</td>
<td>1.00</td>
<td>10.50</td>
<td>6.3</td>
<td>3.84</td>
</tr>
</tbody>
</table>

If equally distributed, $2.1 million was available for programming per annum. Accumulatively by the end of 2007-- the period covered under this financial assessment, therefore, $6.3 million was available for programming if spent as planned. However, partially due to the implementation-execution issues particularly financial management constraints referred to in the Country Office Annual Reports, and the Audit Reports, the IPs together with UNFPA were able to spend close to 61% of the total assistance approved by the UNDP/UNFPA Executive Board for programming (i.e. $3.84 millions out of the $6.3 millions available if equally distributed annually for 2007-2007).

In reviewing the ceiling identified by UNFPA per year, the forecasts for annual expenditure is much more realistic. For example only for 2006 the anticipated ceiling at the beginning of the year was not sufficient and additional amounts were requested. Similarly, in comparison of the actual expenditure for 2005-2007 to the planned budgets, the implementation rate of 90% clearly confirms better distribution of resources. Namely total $ 3.84 million was the amount for actual expenditure which is 90% of $4.26 million planned budgets for the period of 2005-2007.

D. Share of Each Component:

Table 3: Shares of Each Programme Component: Planned Budgets & Actual Expenditure for 2005-2007

<table>
<thead>
<tr>
<th>2005–2007</th>
<th>Planned Budgets</th>
<th>% Share of Budget</th>
<th>Actual Expenditures</th>
<th>% of Share Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>RH</td>
<td>$2,748,445.0</td>
<td>64.45</td>
<td>$2,291,125.9</td>
<td>59.71</td>
</tr>
<tr>
<td>PDS</td>
<td>$1,352,000.0</td>
<td>31.71</td>
<td>$1,410,278.3</td>
<td>36.76</td>
</tr>
<tr>
<td>Gender</td>
<td>$163,610.0</td>
<td>3.84</td>
<td>$135,305.4</td>
<td>3.53</td>
</tr>
<tr>
<td>Total</td>
<td>$4,264,055.0</td>
<td>100</td>
<td>$3,836,709.7</td>
<td>100</td>
</tr>
</tbody>
</table>

25 Total resources mobilized: $0.8 million of which almost $0.65 has been fully utilized.
In assessing the share of each component from the total resources available for programming 2005-2007, Table 3 fully illustrate that RH has the lion share of the total initial budget (over 64%) and actual expenditure (almost 60%). PDS initially had 31.7% of the planned budget, but due to the high financial absorption capacity of IPs for Outputs 6 and 7, its share of actual expenditure was over 36% (even 4% more than initially planned). Form the total share of resources available for programming, only 3.84% was the share of the planned budget for the Gender component of which 3.53% were actually spent during 2005-2007.

**E: Total Resources per Output:**

Table 4 below depicts the total resources budgeted and the actual expenditure for IPs and UNFPA per output. In comparing the absorption capacity of the implementing partners, this table clearly illustrates that the IPs of three outputs namely Outputs 5, 6, and 7 have even surpassed the amounts of budgets that were initially planned. That is to say that amongst the RH Outputs, Output 5 had the highest absorption capacity with 112% actual expenditure. Furthermore, the two PDS outputs also had similar over 100% absorption capacity with 111% for Output 7 and 102% for Output 6 of actual expenditure respectively. The superseding of the planned budgets are partly due to shifting of additional resources due to the higher absorption capacity as well as inflation rates which has been mentioned by the IPs as one of the planning issues that needs to be taken into consideration.

Table 4: Planned Budgets & Actual Expenditure per Output Inclusive of Share & Percentages of Actual Expenditure of IPs/UNFPA 2005-2007

<table>
<thead>
<tr>
<th>Output</th>
<th>Planned Budget</th>
<th>Actual Expenditure</th>
<th>% IPs</th>
<th>% UNFPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$760,200</td>
<td>$241,900</td>
<td>82</td>
<td>$232,733</td>
</tr>
<tr>
<td>2</td>
<td>$158,400</td>
<td>$118,430</td>
<td>39</td>
<td>$92,214</td>
</tr>
<tr>
<td>3</td>
<td>$294,165</td>
<td>$187,880</td>
<td>82</td>
<td>$119,683</td>
</tr>
<tr>
<td>4</td>
<td>$272,200</td>
<td>$112,200</td>
<td>72</td>
<td>$122,764</td>
</tr>
<tr>
<td>5</td>
<td>$504,900</td>
<td>$98,170</td>
<td>112</td>
<td>$41,447</td>
</tr>
<tr>
<td>6</td>
<td>$704,000</td>
<td>$181,500</td>
<td>102</td>
<td>$193,772</td>
</tr>
<tr>
<td>7</td>
<td>$374,500</td>
<td>$92,000</td>
<td>111</td>
<td>$80,764</td>
</tr>
<tr>
<td>8</td>
<td>$148,360</td>
<td>$15,250</td>
<td>73</td>
<td>$27,709</td>
</tr>
<tr>
<td>Total</td>
<td>$3,216,725.00</td>
<td>$1,047,330.00</td>
<td>84</td>
<td>$911,085.05</td>
</tr>
<tr>
<td>Grand Total</td>
<td>$4,264,055.00</td>
<td>$3,836,709.65</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(*The percentages are derived from the ratio of actual expenditure by IPs or UNFPA as compared with the planned budgets for each.

The IPs of Outputs 5, 6 & 7 and UNFPA Programme Officer handling these outputs, have indicated that the following measures facilitated their outstanding financial performance:

- Their activities were more or less those included in the initial Master Work Plans (MWPs). In fact the MWPs served as the main framework for the activities included under the AWPs.
- There were no major changes of priorities even when there were management changes.
- The overall institutional/organisation support, at the level of Programme Component Managers remained intact. This further highlights on the role of the PCMs in programme delivery.
- They regularly and jointly monitored their financial performance.

The percentages of the actual expenditures of the other IPs vary from 39% for Output 2 to 82% for Output 1 and Output 3. The average percentage of IPs actual expenditure for the period of 2005-2007 was
84%. For UNFPA the average was 96%. This has brought the accumulative implementation rate for the same period to 90% as also mentioned earlier.

Some of the IPs and UNFPA have provided the following explanation for their lower absorption capacity and actual expenditures:

- The activities of these outputs targeted highly sensitive areas.
- The initiatives supported to achieve these outputs also involved much lengthier processes.
- As there was little or no precedence, it required frequent changes of strategies and approaches.

In short, to implement some of these initiatives were similar to "walking in the dark".

Being in the fourth year, it is now high time to exchange views and experiences and to further increase the delivery of the whole programme while maintaining quality performance. The present on-going review of the financial management modality that is being facilitated by the audit team together with UNFPA and the IPs is a step in the right direction.

F. NEX & DEX Percentages:

The extent of national execution modality being used was also assessed in reviewing the financial aspects of the 4th CP. Based on the data provided in Table 4, the percentages of the total planned budgets and actual expenditure per output is provided in Table 5. The ranking of IPs using national execution – NEX modality as compared with those directly executed (DEX) by UNFPA as the total resources planned and the actually spent per output are reflected in Table 5 as well.

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Planned Budgets</th>
<th>Actual Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% NEX</td>
<td>% DEX</td>
</tr>
<tr>
<td>Output 8</td>
<td>91</td>
<td>9</td>
</tr>
<tr>
<td>Output 5</td>
<td>84</td>
<td>16</td>
</tr>
<tr>
<td>Output 6</td>
<td>80</td>
<td>20</td>
</tr>
<tr>
<td>Output 7</td>
<td>80</td>
<td>20</td>
</tr>
<tr>
<td>Output 1</td>
<td>76</td>
<td>24</td>
</tr>
<tr>
<td>Output 4</td>
<td>71</td>
<td>29</td>
</tr>
<tr>
<td>Output 3</td>
<td>61</td>
<td>39</td>
</tr>
<tr>
<td>Output 2</td>
<td>57</td>
<td>43</td>
</tr>
<tr>
<td>Total %</td>
<td>75</td>
<td>25</td>
</tr>
</tbody>
</table>

As highlighted in Table 5, the higher the amounts of actual expenditures of the IPs as compared to those directly executed by UNFPA, the greater is the NEX percentages. The same also applies to the planned budgets. Based on the NEX percentages provided above, the IPs for Outputs 8, 5, 6, and 7 had the highest NEX percentages for the planned budgets. Output 8 has the highest NEX ratio with 91% ranking of the planned budgets. For the actual expenditure, the same four outputs are still amongst those with higher NEX percentages. Here, Output 5 has the highest NEX ranking with 93% followed by Output 7 with 84%, and both Output 8 and Output 6 with 80%. However, the total percentages of the actual expenditure by DEX as compared to NEX has increased and higher than UNFPA common practices.

The present continuity of management within the IPs is a positive sign towards greater use for higher NEX modality for the remainder of the programme. Also, since the IPs are more familiar with UNFPA policies and procedures, the present percentages for UNFPA direct execution for the overall programme that stands at about 25% of total planned budgets and 27% of the total actual expenditure is expected to be decreased. It is proposed that for the remainder of the programme, the IPs together with the support of UNFPA try to find practical approaches to align the resources towards greater application of NEX modality. The common mechanisms used by the IPs ranked high in application of NEX modality were:

- Result based management;
- Realistic and joint strategic planning
- Commitment of senior management for full utilisation of resources budgeted;
Linkage and involvement of other partners as also initially planned under CPAP.

G. Financial Constraints:
Financial management related issues have impeded timely implementation-execution of the 4th country programme. The "qualification" ratings especially during 2006 confirm this finding. Fortunately, with the exception of couple of cases, major "accountability" issues have been already rectified. However, based on the detailed review of the audit reports, there are still common issues/problems impeding the financial performance of some of the IPs. These are clustered under five headings and are listed below. Consultation with the auditors who are presently undertaking a Review of the Financial Management Modalities would be an opportune occasion for the IPs to further elaborate on some of these constraints with a view to reach an overall consensus on how to rectify them. These clusters and the related financial issues/problems are:

1. Management issues:
- High turnover rates of management;
- Non or minimal availability of National Project Directors (NPDs) or authorized officials in the audit process partially due to seniority of rank;
- Not having or delays in official designation of NPD and certifying officer;
- Senior management (PCMs and NPDs) not providing their views on periodic narrative reports in respect to financial issues encountered in the course of implementation; and
- Signing of AWPs prior to LOUs.

2. Supporting documentation and "internal control" issues:
- Inadequacy or lacking/missing supporting documentation;
- Unavailability of bank reconciliation statements;
- Not recording transactions in the books of accounts that has impeded internal control;
- Accounting vouchers not being numbered nor dated;
- Inconsistency between cheques and vouchers (e.g. either without or discrepancy between number or dates) that impeded internal control; and
- Not recording purchased equipment or inconsistency in different records from different sources.

3. Use of pooled account:
- Not maintaining an independent/separate bank accounts – book of accounts, files, record, and vouchers;
- Keeping general ledgers as part of IPs whole finance unit; or not regularly updating general ledgers which impedes accountability; and
- Having pooled accounts and sometimes more than one Zihesabis [accounting unit] that hinders achievement of desired implementation rate due to inaccessibility/delayed receipt of funds/resources.

   It is worth noting that as it was recommended in one of the audit reports, pooled accounts are permissible if there are traceable bank statements and reconcilable book of accounts with maintenance of separate log books. Use of excel forms tailored for all the AWPs to have detailed traceable information on each and every disbursement & transaction will be acceptable modality in using pooled accounts.

4. Expenditure issues:
- Inconsistency between expenditures and AWP budget or activity line, and or pre-payments before official signature of AWPs;
- Treating funds advanced or transferred as spent while this is not the way expenditure is defined by the standard auditing procedures;
- Issue of minor amounts of currency exchange losses that is related to delayed implementation;
- Time gap from advance to expenditure (e.g. Advance 1st Quarter while incurred expenditure is at the end of 4th Quarter) thus causing large cash remaining idle;
• Shifting of budget lines without proper budget revisions such as purchasing equipment from the budget allocated for training prior to budget revisions;
• Having frequent budget revisions (i.e. in one case up to seven revisions in one year and for most cases 2-3 revisions) primarily due to inadequate budgeting practices or over-planning; and
• Issues related to tax-exemption and inflation.

5. Incompatibility of Fiscal Year:

Lastly, and may be the prime bottleneck impeding financial management (i.e. absorption capacity and implementation rates) stems from the incompatibility/mismatch of the Iranian and UNFPA Fiscal Year. Almost one quarter is lost, usually the first quarter due to this major issue. The end of the year for UNFPA is 31 December while the Iranian New Year coincides with 21 March. In fact, when the auditors are busy with the audit exercise around mid-February, the management of IPs are mandated to finalise their usual end of year reporting and closing of their accounts. It is worthy to note that UNFPA-supported programme is a small portion of the IPs regular work.

This was verified by reviewing most frequent date of signature of the AWPs which is usually not earlier than late January or early February. Hence, between early/mid-December to late January/Early February (i.e. about 1 – 1.5 months) UNFPA is in effect busy with closing of books and wrapping up its end of the year activities. A similar situation is also the case for the IPs. They are also involved in closing accounts/end of the year activities from late February till early-mid April each year (also about 1-1.5 months). In effect, meeting quarterly deadlines particularly for undertaking activities under the 1st Quarter becomes practically impossible/not feasible and thus the chances of getting any of the planned activities for this period done throughout the programme cycle are remote. This substantially impedes the financial performance of the CP as a whole particularly the absorption capacity of the IPs and timely implementation and delivery rates. In short, about 2.5-3.0 months are lost per annum. The total accumulative loss of time due to this mismatch of the fiscal year of UNFPA and the IPs for the full programme cycle of five year period is in the order of 12-15 months.

Thus, even the best planned programme will have over one out of the five-year cycle lost. This is a major issue that has also impeded the previous programmes. It requires a policy decision from both the IPs and UNFPA alike. One way to address this issue is advance planning and commencement of preparatory work on the AWPs prior to end of the year period for UNFPA (i.e. early to mid November of any given year) as also recommended under the previous programmes. Other alternatives are to consult with UNFPA Headquarters to see if any other country has a similar problem and enquire on possible solutions to rectify it.

H. Other operational management (implementation-execution) Issues of the 4th CP:

• Logging Technical Assistance Components: Due to the insistence of Atlas categories with common technical assistance (TA) components, presently there is no tool to cost results and assess the expenditure per TA component that is required for the "cost-efficiency" assessment of consultancy (national & international); training (in-house and abroad); and equipment (expendable and non-expendable). For this purpose forms were tailor-made to be completed by UNFPA/IP in order to systematically log TA. While this was not done for this evaluation exercise primarily due to time constraints, it is proposed that systematic logging and updating of such information are made.

• Unclear TORs for the NPAs: It is worthy to note that in line with the recommendations of the operational evaluation of the 3rd CP, national programme assistants (NPAs) were recruited by UNFPA. Their prime function is to undertake operational/administrative and related logistics for the IPs and UNFPA. There are presently four NPAs. Each NPA is tasked to undertake routine backstopping functions for two outputs.

Due to their efficient performance, their contribution has been fully acknowledged by both the management of the IPs and UNFPA alike. However, their present TORs are too broad and do not clearly detail what is expected of them. They are frequently tasked with additional responsibilities.

26 At least two weeks from 21st March – 4th April are New Year Holidays
particularly regarding the financial backstopping of the programme. Even in the audit reports of 2005/6 there are references to this issue as the NPA are fully involved in the course of the audit exercise without having an official status to undertake such tasks.

While they have willingly undertaken these additional responsibilities along with their regular routine back-stopping of the programme, there is a need to re-examine their TORs and make them more concise and specific. Also, based on their overall responsibilities they spend most of their time with the IPs. However, they have to come back and forth to UNFPA office as well. The present arrangements at UNFPA need to be re-examined to facilitate their performance while there (e.g. provision of UNFPA ID card, office space, etc.). Different arrangements are presently made by some of the IPs to accommodate NPAs. For instance, one of the NPAs has been privileged to share a separate office with one other person (e.g. for Output 7 at Tehran University). For those working with MOHME a joint space is designated where they share an office with several other national staff. As they are treated as UNFPA staff, they do not presently hold an ID card in working with the IPs either. Appropriate actions to address these concerns are proposed.

- **Annual Audits**: Throughout the evaluation exercise, several IPs emphasised on three main financial constraints in working with UNFPA. These were:
  - Limitation of funds;
  - Frequent changes of financial approaches and practices; and
  - Auditing requirement.

In fact in analysing the strengths, weaknesses, opportunities and threats (SWOT) of the 4th Country Programme, auditing was considered as one of the main weaknesses. The following steps are proposed for consideration by the IPs, UNFPA and the auditors:

1. **Provision of a summary list of the most common issues/problems along with possible measures to rectify them** to enhance programme operation and financial management at the end of the audit exercise in addition to individual audit reports. These common issues can be considered by IPs and UNFPA at their joint review sessions.

2. **As the audit reports are prepared in English, many of the terminologies used such as "Qualification Rating" or the acronyms are not familiar terms and possibly need to be provided through a summary version of the report in Farsi (Persian).** This would facilitate timely compliance/feedback by the IPs.

3. **Greater involvement of the senior programme management PCMs and NPDs** as mentioned earlier. Their minimal role up to now in the audit exercise has been a major concern repeatedly referred to in the audit reports as mentioned earlier. This is a substantive constraint that deserves to be followed up by all the prime stakeholders (i.e. MFA, UNFPA and the IPs) together. Proactive involvement of the PCMs and their undertaking effectively the oversight function, for instance has been clearly envisaged in the CPAP and the LOUs accordingly.

4. **Invitation of auditors to serve as resource persons at mid-year and annual review sessions** is another possibility to address these issues jointly. At such sessions the wealth of information and experiences of the auditors can be easily shared addressing financial constraints listed above as well. Both IPs and UNFPA can benefit from such joint exercises and thus recommended.

It is proposed that auditing turns into a more process-based exercise instead of one time event at the end of each year. UNFPA has already used this approach by involving the auditors in the on-going financial management review. Such innovative approaches help complement mandatory audit with capacity development with greater "windowing effect". For instance, in the joint review session referred to above, it is proposed that auditors present new tools, lessons learnt and good practices to further facilitate enhancement of IPs and UNFPA financial management practices.

In short, greater attention to identifying common issues; acknowledging "good practices"; highlighting on lessons learnt in financial management; and suggesting localised alternatives and practical solutions are proposed to improve mandatory auditing. Greater involvement of the auditors in joint review sessions as it is presently on-going is a great leap forward.
CHAPTER IV:
MONITORING, EVALUATION AND REPORTING; COORDINATION, SYNERGY AND PARTNERSHIP

A. Monitoring & Evaluation(M&E) and Reporting

Monitoring and Evaluation (M&E): Substantive and participatory monitoring and evaluation are the main instruments in achieving high quality performance. In effect, quality programming and substantive monitoring and evaluations are two sides of the same coin. Detailed emphasis on monitoring and evaluation (M&E) was fully reflected under the CP and CPAP as well as each and every Master Work Plan with separate M&E section for all the outputs.

The main focus of joint monitoring carried out up-to-now under the programme has been on the financial aspects. This was justified due to teething financial operational issues encountered as mentioned earlier. There were also mandatory Annual CP Reviews where the progress in implementation of each AWP was jointly monitored. These monitoring reviews that were made at the end of the year mainly concentrated at the AWPs – output level. Such reviews need to be accompanied by the analyses of achievements and challenges that are proposed to be undertaken jointly by the IPs and UNFPA with an integrated programmatic approach with greater emphasis on outcomes and inter-linkages between outputs and outcomes similar to those that were mainly reflected in Country Office Annual Reports (COARs). In short, joint and substantive monitoring aim to integrate, synergise and link the achievements of individual outputs within and in-between outcomes and for the country programme as a whole.

Inter-agency monitoring at the level of UNDAF and the reporting through COARs, as well as internal and routine monitoring mechanisms within the UNFPA Country Office to a great extent has addressed this shortcoming. Through such mechanisms, UNFPA is monitoring the progress made by the Programme Team and with the logistical supports rendered by the National Programme Assistants. The routine monitoring is also practiced and enhanced in the past year through more systematic internal joint assessment of the Office Management Plan, for instance. UNFPA has used different opportunity to involve the IPs to join in substantive monitoring and reviews. One instance was a two-day retreat that was sponsored by UNFPA and held in March 2008 UNFPA with the 1st day covering internal team-building concerns and the 2nd day that addressed issues related to partnership to improve performance. Also, through South-South and North-South collaborations, useful materials were prepared both in Farsi (Persian) and English on UNFPA-supported activities and the 4th CP. The IPs emphasised on the participatory mechanism used under this evaluation and joint assessment made by Implementing Partners UNFPA in the forums/workshops as measures that have contributed to greater substantive joint M&E.

Regarding evaluation, with the exception of Output 8-Family Court Counsellors (Hanyarane Dadghahe Khanevadeh) initiative that was evaluated in 2007; and the preparatory work for the evaluation of the Training of Behvarz-Midwives Scheme under Output 1 that is on-going, almost all of the evaluation tasks envisaged in the CPAP and initial Master Work Plans (MWPs) were either postponed or not conducted up to now. Quality performance (technical or thematic) assessments of the UNFPA-supported outputs or outcomes, though included in the CPAP Calendar, have not yet been undertaken. The present operational evaluation and the end of programme thematic evaluation being proposed are expected to address these critical consideration regarding substantive and participatory evaluation.

B. Establishing Monitoring and Evaluation (M&E) Unit:

In order to facilitate and improve substantive joint monitoring and evaluation practices UNFPA has taken several in-house tasks. Although it is informal, there is a functional set-up for M&E within UNFPA since early 2007. That is to say that shortly after the recruitment of the Assistant Representative in mid 2006, she was tasked with the overall coordination for monitoring and evaluation. Together with the Programme Team and the NPAs, though not officially called M&E Unit, they are more or less functioning as M&E team.

27 The evaluation consultant was privileged to facilitate this workshop.
28 The evaluation consultant used similar participatory approaches in conducting this evaluation as well.
29 Behvarz = Community Health Workers
In addition, UNFPA has benefited from the national expertise and contributions of national consultants recruited on a short-term basis to systematically address key issues regarding programme performance. Through recruitment of a national consultant who has undertaken two base-line surveys up to now for instance, the Country Office has undertaken one of the mandatory monitoring tasks in line with the CP and CPAP. Furthermore, to advance the IT facilities (e.g. to share reports/access to data, etc.), the Country Office has benefited from the expertise of a national IT specialist recruited for this purpose. If complemented with systematic linkages with the IMES and the proposed M&E Task Force with representatives from each of the programme components, the M&E Unit can become fully operational and address joint substantive M&E targets.

C. Substantive reporting:

The present reporting inclusive of the SPRs have to become more substantive and analytical highlighting on key programme issues as well. The M&E Unit once fully fledged together with the proposed M&E Task Force are in an excellent position to facilitate this process. To obtain information beyond the more descriptive SPRs, the Country Office Annual Reports (COARs) covering the period of 2005-2007 were used. Due to their comprehensive analyses, they more or less covered this major shortcoming as well.

D. Intra & Inter Coordination & Synergy:

The use of "reinforcing strategy" amongst programme components was mentioned in the CP. As such a strategy was not detailed out, based on the TORs, intra and inter coordination as well as synergy in line with the TORs, the following features of good practices by management of IPs for Outputs 3, 4, 5, 6, and 7 are summarised below. These features were identified through reviews of UNFPA guidelines, up-to-date strategies reflected in the literature review conducted as well as those proposed under the 3rd CP operational evaluation report:

• Commonalities: The approach taken by the management of Output 3 in the course of the strategic planning exercise held in Tabriz, 2007 enhanced both inter and intra coordination and synergised the work of the various UN agencies together with those of the MOHME. This enhanced identification of commonalities. Also, through networking, the MOHME management of Output 4 took the initiative to support the CSOs active in the area of RH/RR advocacy. The RH/RR Network has also identified common training practices amongst the members to complement those being used by the community based organisations (CBOs) to further strengthen its advocacy work at the outreach level.

• Complementarities: Another critical component of coordination and synergy is complementing each other to fill the gaps. As explained by the management for Output 7, various members of the academia within and outside Tehran University as well as those working with affiliated organisations were invited to join the team. The RR/RH Network also uses the same approach. Complementing the existing capacities of the present members of the network with those of the Ministry as well as the academia and the CBOs are the steps taken by the Network. Another key step was participatory capacity assessment that was undertaken in late 2006 at the start of the operation of the Network. Such capacity assessments are fully in line with the UNFPA mandate as they are excellent starting points in identifying the potential and optimal capacities as well as the gaps. They facilitate partners to complement each other and implement the programme jointly. UNFPA had a pivotal role in supporting the work of the RR/RH Network in this area.

• Convergence: As a related feature to identification of commonalities and complementing each other, convergence is required for quality performance in programme implementation. In fact, convergence is one of the key measures in having a programme approach. Some initial steps have been undertaken in this regard by the management of most of the IPs. In fact, learning from the experiences of the IPs through joint formulations of case-studies for wider circulation and sharing both amongst present and future partners have been recommended by the IPs as well.

• Integration: As an ultimate goal for well-coordinated and synergised performance, greater utilisation of the programme approach is considered essential. For instance, while concentrating on selected and individual outputs as it is practiced by the IPs and UNFPA, a focal point for each of the programme components (i.e. a member of the proposed M&E Task Force) can facilitate greater integration working both with the individual
IPs and the PCMs. Presently maintaining a programmatic focus is not easily achieved while, at least at the level of outputs and within the same outcome, there are some positive moves already. Re-visiting the present implementation-execution modalities and sharing "good practices" for inter/intra coordination and synergy as well as greater practices of result-based management considered feasible locally are the next steps towards achieving a well-integrated programme. The M&E Unit together with the proposed M&E Task Force have the potential to further augment such integration.

**F. Assessment of the Status of Present Partnership:**

As a follow-up to the findings of the two day retreat on teamwork and partnership, assessment of the ongoing partnership approaches and practices of UNFPA/IPs was made. In line with the TOR for the operational evaluation, a series of 25 statements were formulated to which 11 representatives from almost all of the present IPs willingly responded. These were subsequently weighed on the basis of number and categories of selected responses. There were also a series of open questions to document the "good practices" and challenges encountered in partnership under the 4th CP. The results are reflected in the chart below with "0" as the "least" and "10" as the highest ranking:

The chart below depicts the responses by the IPs and confirms that 60% of partnering approaches and practices by UNFPA has succeeded to receive scores 5 and above. Therefore, in an overall assessment, UNFPA has been able to perform satisfactorily that deserves to be acknowledged.

![UNFPA Partnership Approaches & Practices](image_url)

**Areas Covered under items (1 – 25)**

The summary of the translation of items 1, 4, 5, 6, 17 and 25 of the forms which are self-explanatory are listed below:

<table>
<thead>
<tr>
<th>Item</th>
<th>Areas</th>
<th>Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>UNFPA has effective strategies for partnership</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>UNFPA staff are well versed to tackle existing challenges &amp; issues</td>
<td>6</td>
</tr>
<tr>
<td>5.</td>
<td>UNFPA is a responsible, transparent &amp; accountable partner</td>
<td>6</td>
</tr>
<tr>
<td>6.</td>
<td>UNFPA Programme is aligned with IPs programmes &amp; plans</td>
<td>5</td>
</tr>
<tr>
<td>17.</td>
<td>IPs (external stakeholders) are confident of UNFPA's personnel(management/staff) support in implementing joint activities</td>
<td>6</td>
</tr>
<tr>
<td>25.</td>
<td>In implementation of the programme and for partnership, UNFPA conducts forums to exchange views and reviews/evaluates the process</td>
<td>7</td>
</tr>
</tbody>
</table>
Combined with the ways the implementing partners (IPs) have collaborated with UNFPA, it is further confirmed that UNFPA and the IPs have a common vision, objectives, mutual trust, and confidence. These are reflected under items 2, 8, 9, 12, 13; 15, 18 and 24 as reflected in the table below:

<table>
<thead>
<tr>
<th>Items</th>
<th>Areas</th>
<th>Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>UNFPA and IPs (external stakeholders) have a common vision</td>
<td>5</td>
</tr>
<tr>
<td>8.</td>
<td>IPs (external stakeholders) also cooperate in partnership to achieve objectives</td>
<td>5</td>
</tr>
<tr>
<td>9.</td>
<td>Having common objectives is prioritised over individual objectives</td>
<td>5</td>
</tr>
<tr>
<td>12.</td>
<td>There is mutual trust &amp; confidence</td>
<td>5</td>
</tr>
<tr>
<td>13.</td>
<td>Responsibilities are clearly specified &amp; partners know what to do and try their best</td>
<td>5</td>
</tr>
<tr>
<td>15.</td>
<td>Partners are committed to partnership &amp; consider it vital to move things forward</td>
<td>5</td>
</tr>
<tr>
<td>18.</td>
<td>UNFPA staff are confident of their IPs/external stakeholders' support creating an enabling environment for greater partnership in projects implementation/ management</td>
<td>6</td>
</tr>
<tr>
<td>24.</td>
<td>IPs (external stakeholders) and UNFPA are jointly accountable to undertake the tasks</td>
<td>5</td>
</tr>
</tbody>
</table>

G. Areas to Improve Partnership-"Where we should be":

While as reflected in the above two tables, there has been significant achievements in the area of partnership, on the basis of feedbacks received from the partners, the key areas identified by the IPs that need to be further improved in partnership are:

<table>
<thead>
<tr>
<th>Items</th>
<th>Areas</th>
<th>Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Stakeholders (internal &amp; external) are involved in decision making using consensus building approaches</td>
<td>3</td>
</tr>
<tr>
<td>11.</td>
<td>Stakeholders/IPs use &quot;we/ours&quot; to describe UNFPA-supported programme activities</td>
<td>2</td>
</tr>
<tr>
<td>20.</td>
<td>UNFPA programme has been realistically designed in such a way that sustainability of activities are ensured after completion of assistance</td>
<td>3</td>
</tr>
<tr>
<td>21.</td>
<td>UNFPA creates an enabling environment for coordination so that IPs are able to complement each other</td>
<td>3</td>
</tr>
<tr>
<td>22.</td>
<td>UNFPA uses innovative approaches and advocates sustained capacity development for enhanced partnership</td>
<td>2</td>
</tr>
</tbody>
</table>

In short, the following areas have been identified requiring improvement in partnership:

- **Joint decision-making** using consensus building approaches (item 10);
- Greater teamwork or describing of programme activities as "ours" (item 11);
- **Realistic design** ensuring programme sustainability after completion of assistance [exist strategy] (item 20); and
- **Complementarities** of the efforts undertaken under the programme (item 21).
- **Innovative approaches for sustained capacity development** for enhanced partnership

H. Projections to Enhance Partnerships based on lessons learnt:

In the course of the evaluation workshops, the IPs/UNFPA jointly assessed the present partners and those that need to be involved as well as key stakeholders to establish greater linkage in order to enhance quality performance of the present and the forthcoming programme. The list consisted of:

- Those involved with overall supervision and coordination (i.e. Ministry of Foreign Affairs)
- Present IPs and their staff
- Consultants with expertise (particularly in advocacy as it is the basis to diversify partnership)
- Faculty members and Research Institutions and Association (e.g. Population Association)
- Those concerned with the public sector (e.g. municipalities, Health Volunteers)
- Civil Society Organisations inclusive of community based organisations (CBOs)
- Potential Funders (national & international such as other UN agencies and Regional Centres)
- Opponents (Antagonistic and Problematic)
- Selected groups of most immediate beneficiaries

Taking the stakeholder analysis a step further, on the basis of the above self-explanatory list and based on the challenges encountered in the course of implementation of the 4th CP, the above list was prioritised by the present partners and UNFPA. The prioritisation points to the future course of action required to increase the level of inclusiveness of stakeholders as well as additional partnering options. In addition to proactive involvement of MFA as the Coordinating Authority, based on the prioritised listing, greater linkages with three main categories of prime stakeholders were considered essential. These were identified along the lines of the matrix presented at the workshop with two axes one for "importance" and the other for "influence". The three most important and influential stakeholders and potential partners selected as the top priority stakeholders to establish and maintain greater linkages based on lessons learnt from the present programme were:
- Key decision and policy makers from relevant ministries and national organisations/institutions
- Opponent of the programme
- Potential Funders--national & international agencies such as other UN agencies in addition to UNFPA to further widen the windowing effect/exchange of information/experiences, etc.

To improve linkage and advocate the programme with the above three priority stakeholders, the following strategies/mechanisms were identified by the participating IPs in the course of the evaluation workshop:

<table>
<thead>
<tr>
<th>Strategies for Partnership with Key Decision &amp; Policy Makers</th>
<th>Strategies for Opponent of the Programme</th>
<th>Strategies for Funders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linkage: Majlis; Judiciary; MST; &amp; Religious Figures</td>
<td>Have a Policy to &quot;attract&quot; instead of &quot;Defending&quot;</td>
<td>Motto: Synergise; Greater Partnership &amp; Coordination</td>
</tr>
<tr>
<td>Arrange for Meetings/Discourse*</td>
<td>Map Who are the Opponents</td>
<td>Identify Areas of Joint Work*</td>
</tr>
<tr>
<td>Information Dissemination*</td>
<td>Identify Areas Being Opposed</td>
<td>Link with UN Theme Groups*</td>
</tr>
<tr>
<td>Be Transparent &amp; Accountable*</td>
<td>Cause-Analysis of Sensitive Issues</td>
<td>Attend Well-Targeted Study Visit*</td>
</tr>
<tr>
<td>Invite Them as Keynote Speakers**</td>
<td>Be Transparent &amp; Accountable*</td>
<td>Establish Websites on Outputs of 4th CP</td>
</tr>
<tr>
<td>Utilise Expertise in Training*</td>
<td>Disseminate Good Practices of 4th CP</td>
<td>Invite UN agencies to visit projects</td>
</tr>
<tr>
<td>Preparing Booklets on Outputs***</td>
<td>Having &quot;agree to disagree&quot; Approach*</td>
<td>Introducing Achievements thru UN*</td>
</tr>
<tr>
<td>Documenting Good Practices****</td>
<td>Flexible with Maintaining Principles*</td>
<td>Invite UN to Annual Meetings</td>
</tr>
<tr>
<td>Identify Supportive Figures**</td>
<td>Identify &amp; Use Correct Entry Points*</td>
<td>Obtain Information from UN*</td>
</tr>
<tr>
<td>Undertake Joint Research</td>
<td>Use Effective Communications Skills*</td>
<td>Establish a Joint Fund</td>
</tr>
</tbody>
</table>

(*) UNFPA has made significant achievement (i.e. collaboration with the Majlis).

(**) Keynote speakers and supportive figures have been invited by UNFPA and for instance they have attended regional conferences.

(***) While UNFPA has prepared several booklets/CDs on UNFPA activities and good practices, particularly those completed under the previous programme, there is a need to zoom more on the activities of the on-going programme (i.e. painless deliveries, HIV/AIDS VTCs, the RH/RR Network, engendered census just to name a few).

N.B.: MFA as the Coordinating Authority & the present IPs are not included as they are already proactively involved with the programme.

The above strategies are self-explanatory providing clear mechanisms to address different categories of potential partners and priority stakeholders. It is worthy to note that similar concerns were also expressed by various UN partners under Triennial Comprehensive Policy Review 30 (TCPR). As was also confirmed then,

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30 The evaluation consultant was privileged to serve as the national consultant for the TCPR exercise.
UNFPA has already taken innovative advocacy approaches to broaden the scope of its partnering practices outside the circle of the present IPs as mentioned under Chapter III as well.

**Use/regular update of Stakeholder Matrices:** Another effective tool to address "inclusiveness" strategy in partnership was also presented in the course of the evaluation workshop and is also recommended to be used for the future joint programming under the 5th CP. As the institutional memory of the formulation phase of the 4th CP, the UNFPA Programme Team completed these matrices for the majority of the outputs. It is proposed that for the 5th Country programme some of the potential influential and important partners and stakeholders identified in the course of the Retreat Session on Partnership in March 2008 are approached for a consolidated multi-levels/stakeholder programming. For instance, at different levels of the programme such linkages would facilitate better "Formulation"; "Implementation"; "Management"; "Reporting"; "M&E" as well as "Follow-Up". From the list below which is not inclusive, the roles of different stakeholders such as to "Inform/Obtain Information from"; "Consult"; use as additional "Funders"; contribute to "M&E"; and above all to have as "Partner" would be easily assessed. The list of the prime stakeholders identified by the IPs at the said Retreat included:

| ✔ CWFA | ✔ Judiciary | ✔ Ministry of Interior | ✔ Other Networks |
| ✔ Majlis | ✔ MOE | ✔ Municipalities | ✔ Welfare Org. |
| ✔ NYO | ✔ LMO | ✔ City Councils | ✔ Technical Society |
| ✔ Academia | ✔ IRIB | ✔ Provincial authorities | ✔ Other UN Agencies |
| ✔ Journalists | ✔ CSOs/CBOs31 | ✔ Selected Beneficiaries | ✔ Past Partners |

Furthermore, to diversify the present partnering practices for the on-going programme, in addition to the present partners involved in programme implementation, as the above list also suggests, linkage with other key players is also considered essential both by the IPs and UNFPA alike. For instance, UNFPA has already established the grounds for such linkages with some of these influential and important stakeholders. For instance, in addition to the present IPs, UNFPA has partnered with the Journalists Association through Gender Theme Group (GTG). It has facilitated linkages between potential partners and other UN agencies and other UN theme groups for HIV/AIDS and Disaster Preparedness. Through the RH/RR Network the proactive civil society organisations have been identified. UNFPA has also cooperated with potential donors and embassies. The latter partnering initiatives have been instrumental in the implementation of the umbrella advocacy programme such as those of the South-South and North-South schemes (i.e. through cooperation with embassies of Malaysia, Indonesia, Australia, and Norway).

Greater linkages with regional institutions (i.e. ECO) for ECO Health are also other instances of positive moves made by UNFPA to enhance partnering practices. Furthermore, UNFPA has facilitated through its advocacy programme and arranged for the invitation and participation of a number of religious leaders who are fully supporting the programme. For instance, Dr. Tabarian and Hojat-ul-Eslam Hajari were invited to present keynote speeches in the conference held in Indonesia. Above all, the joint work with the Majlis and the Iranian Parliamentarians of the Population and Development Commission has facilitated their affiliation with Asian Parliamentarians on Population and Development. These initiatives confirm the progress made by UNFPA in the area of broadening the scope of partnership. It is worthy to note that the pivotal role of UNFPA in establishing and sustaining linkages has also been acknowledged as an exemplary under the Triennial Comprehensive Policy Review (TCPR) report.

In short, "greater diversity" while "acknowledging" and "building on past partnerships" in line with an "inclusiveness" policy were amongst the key measures suggested by the IPs to improve partnering practices. This is clearly evident in the selection of the team who are presently undertaking the Country Population Assessment and another illustration of UNFPA and the IPs achievements in the area of partnership.

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31 CSOs = Civil Society Organizations [Sazmanhaye Mardoom Nahad] and CBOs: Community Based Organizations [Tashakolhaye Mardomi]
CHAPTER V: SUMMARY OF FINDINGS, CONCLUSIONS & RECOMMENDATIONS OF OPERATIONAL EVALUATION OF THE 4TH CP

A. SWOT Analysis of the 4th CP:
As a prelude to this final chapter, the joint SWOT analysis by IPs and UNFPA provides the basis for the recommendations and follow-up during remainder of the 4th Country Programme and for the forthcoming 5th CP. The top priority common SWOTs of the 4th Country Programme along with the relevant strategies and mechanism for future capacity development schemes were identified by the participants at the evaluation workshops. These were:

### Strengths
- Having high calibre national expertise
- Needs-based/effective activities
- Mutual Commitment towards partnership
- Access to international expertise/know how

#### Proposed Mechanisms:
- Establish a data-bank for full utilisation of expertise both national and international
- Strategic planning to synergise and complement each other
- Team-building/partnership retreats - at least every six months (i.e. similar to the March 2008 Retreat)
- Diversify the pool of international experts to get the best

### Opportunities
- Having UNFPA Programme;
- Having multi-sectoral orientation; and
- Having partners from different sectors (State, Civil, etc.) with diverse capacities.

#### Proposed Mechanisms:
The main mechanism to enhance opportunities is to internalise participatory result based management that would also involve better planning/programming, diversifying involvement of key stakeholders and work towards greater M&E culture.

### Weaknesses
- Audit-related Issues
- Incompatibility of National/UN financial procedures, policies, regulations and practices;
- Minimal coordination, synergy and joint advocacy of UNFPA-IPs to support the programme; and
- Repeated management changes.

#### Proposed Mechanisms:
- Translation of UNFPA financial rules and regulations
- Finding user-friendly M&E tools;
- Having joint websites to document good practices accessible to IPs and UNFPA management team; and
- Training in Participatory Result-Based Management

### Threats
- Minimal participation/targeting ultimate beneficiaries;
- Sensitivities of many of the issues addressed under the UNFPA-supported programme;
- Limited support of key influential and important stakeholders; and
- Shifting of priorities

#### Proposed Mechanisms:
To minimise the threats, the overall mechanism suggested was greater and systematic advocacy with a range of partners, particularly with the opponents once identified (i.e. through mapping) and with regular exchanges of views.

The above self-explanatory SWOT analysis of the 4th Country Programme facilitated cross-checking of the findings and further reconfirmed the conclusions of this evaluation exercise. The summary findings, conclusions and recommendations of this operational evaluation are summarised as follows:

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32 In order to have a common understanding, it was jointly explained by the evaluation consultant and some of the participants that strengths and weakness are those that are internal to the programme and in fact under the control of IPs/UNFPA while opportunities and threats are external factors and beyond the control of IPs/Partners.

33 Tehran University already has a site and linking between UNFPA’s site with the IPs is a starting point.
B. Summary of Findings, Conclusion and Recommendations:

1. **Overall Performance & TA Arrangements:** Based on the findings presented in the previous chapters, it is confirmed that the process of the formulation and implementation of the 4th CP was much more participatory than in the past as reflected in the stakeholder matrices prepared by the UNFPA Programme Team and evident in the implementation-execution modalities that are being used. Due to management turnover, greater involvement particularly at the level of PCMs is considered essential for quality performance. It calls for a practical mechanism to be reached by consensus (MFA, IPs and UNFPA) to resolve this macro level programme issue. The proposed modality (i.e. using a steering and coordination committee) is recommended.

Based on the common UNFPA criteria, the 4th CP was considered relevant and needs-based; aligned with national FYDP, UNDAF, MYFF and UNFPA Global Strategy. It is effective in terms of quantitative achievements and good practices such as those 40 deliverables mentioned in the report. It is cost-efficient based on the quality and adequacy of the technical assistance arrangements (e.g. consultancy services, training and equipment). To enhance the pool of international consultants as well as rectify the language barrier greater use of TOKTEN scheme is recommended.

It is also proposed that UNFPA/IPs to come up with practical indicators to further enhance assessment of the effectiveness of outputs produced. Also, logging TA; and documenting justification for consultancies services, training and equipment purchased will enable UNFPA/IPs to cost results. Establishing performa figures and applying them for the TA components is another measure that is proposed. This is expected to further facilitate application of the cost-efficiency criterion. Such measures would also create the enabling environment for greater strategic planning for the AWPs and M&E related activities. In addition revisiting MWPs and reconsidering their application is recommended as they have proved to be highly effective in the cases of Outputs 5, 6 and 7 that have the highest financial performance.

2. **Implementation-Execution Modalities:** To complement implementation and execution practices, undertaking participatory capacity assessment of the IPs is proposed. Such participatory approaches have proven to be the key for success in programme performance as also mandated by UNFPA guidelines. The "good practices" of the present CP has set the stage for the future implementation-execution modality to be followed under the present 4th CP and the future programme. Similar to the "good practice" of other UN agencies (e.g. the Small Grant Programme of the Global Environment Facility and UNDP-support Human Rights Cluster Project), and based on lessons learnt form the successes of participatory RBM used under the present CP, one of the main findings and conclusions of this evaluation is to propose setting up of a Coordination Steering Committee (also mentioned above) with memberships from the MFA, PCMs and UNFPA Representative to regularly and systematically synergise and integrate programme components.

3. **Financial Aspects:** Based on the financial performance of the 4th CP, greater reliance on NEX and recruitment of a short-term financial manager one month prior and during the audit exercise is expected to facilitate rectifying some of the existing financial issues with due consideration to the availability of resources. Also, the present on-going financial management review is opportune to jointly rectify the financial issues. It is worthy to note that the use pooled accounts as one of the most outstanding issues are permissible if there are traceable bank statements and reconcilable book of accounts with maintenance of separate log books. Use of excel forms tailored for all the AWPs to have detailed traceable information on each and every disbursement & transaction will be acceptable modality in using pooled accounts.

Refresher courses with the participation of the management of the IPs together with their accountants and UNFPA Assistant Representative, Programme Officers and NPAs are amongst the suggestions made by the IPs/UNFPA. Greater involvement of the Audit team in the mid-year and annual review sessions seems to be the way to partially address the financial constraints as well as turning auditing into a more process-based exercise instead of one time event at the end of each year. Finding a way to rectify the incompatibility issue of the fiscal year is another major impediment that requires among other measures systematic advance planning.
4. **M&E and Reporting:** Internally UNFPA is addressing some of the more substantive M&E related issues under the 4th CP. To rectify the present operational issues will need, however, greater use of participatory approaches. The functional arrangements within UNFPA Office can easily be turned into a full fledged M&E Unit and with greater specificity and sharing of tasks from both UNFPA (e.g. the Assistant Representative/Programme Team/NPAs) with those involved addressing similar concerns amongst the IPs management. This is proposed to be facilitated by setting up M&E Task Force with representation from each of the components (i.e. RH, PDS and Gender). Greater linkages with the IPs and tapping national capacities (i.e. IMES) for participatory substantive M&E is also considered as another instrumental measure and thus recommended. This is expected to further improve joint assessment of qualitative effectiveness, cost-efficiency and impact as well as financial management.

Re reporting, it is proposed that individual reports are first prepared using the SPR format in Farsi (Persian) at output/outcome and for the programme as a whole. Subsequently, based on the availability of the capacity within the M&E Unit or by a short-term consultant recruited for this purpose, an annual report for the programme is to be drafted in English and back translated into Farsi (Persian) consolidating the major findings for consideration by MFA, all the IPs and UNFPA at the Annual CP Review Sessions. Such reports would be a useful working document for the IPs and in case of management turnovers for the incoming managers.

5. **Coordination, Synergy and Partnership:** Significant progress in coordination, synergy and partnership within the circle of the IPs as well as with other potential partners has been achieved mainly at the level of output. Getting two of the previous strategic partners (i.e. NYO for Output 2 and CWFA for Output 8) once again back on board is recommended to enhance inter coordination, synergy as well as broaden the scope of partnership. It is worthy to note that the achievements of the 4th CP are the pre-requisites for a well-integrated multi-stakeholder and multi-level interagency, intersectoral and inter-ministerial collaborations for the remainder of the present programme and for the forthcoming 5th CP. Setting up a website for the 4th CP and linking it with the already operational websites of Tehran University is another step forward. Through such a website as suggested jointly by the IPs/UNFPA in their SWOT analysis of the 4th CP, the IPs and UNFPA are able to network. Applying the Delphi approach and other means to facilitate greater consultation within and between outputs and components of the programme was also recommended by the IPs. It is proposed that the IT Consultant of UNFPA to facilitate establishment of such a website.

Furthermore, quarterly or every six-month partnership and teamwork retreat sessions coinciding with mid-year monitoring were proposed in the course of 1st day of the March Retreat as well as at the evaluation workshops. Such events are the right forums to start working on the ways to further enhance and sustain partnership amongst the IPs/UNFPA. In addition, in line with the three top priority stakeholders that have been identified in the course of the evaluation workshop, the IPs together with UNFPA can map the strategies to enhance greater linkages. 12 preparatory steps in line with the team-building targets including scoping; motivating; planning; identifying; capacity development; resourcing; managing, implementing; monitoring; revising; institutionalising/internalising and sustaining have proven effective elsewhere that once contextualised have a potential to improve teamwork practices and thus recommended for consideration by UNFPA/IPs.

6. **Future CP – 5th Country Programme:** For the 5th CP, the main recommendations are:

- Ensuring that "causality" and "gap" analyses are undertaken with full participation of partners and prime stakeholders at the formulation phase;
- The goals, outcomes, outputs, and activities are developed at their appropriate level using the "problem-tree" or the "logical framework" formats so that they are realistic, specific, and action-oriented with clear "deliverables" being targeted at each and every levels;
- Greater application of RBM and NEX to be targeted along with full utilisation of approaches and good practices of partnership under the 4th CP once documented in the form of case studies.
- Beneficiaries of the programme at various levels are specified and their needs-assessed as required and through qualitative approaches (i.e. Focused Group Discussions and Rapid Appraisals); and
- Follow-ups on the "deliverables" (e.g. 40 up to now) produced under the 4th CP and jointly assess the impact on the beneficiaries.
List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ARH</td>
<td>ADOLESCENT REPRODUCTIVE HEALTH</td>
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<td>AWPs</td>
<td>ANNUAL WORK PLANS</td>
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<tr>
<td>CBOs</td>
<td>COMMUNITY-BASED ORGANISATIONS</td>
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<tr>
<td>CCA</td>
<td>COUNTRY COOPERATION ASSESSMENT</td>
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<tr>
<td>CDC</td>
<td>CENTRE FOR DISEASE CONTROL</td>
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<tr>
<td>CGS</td>
<td>CENTRE FOR GENDER STUDIES OF THE UNIVERSITY OF WELFARE SCIENCES</td>
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<tr>
<td>COAR</td>
<td>COUNTRY OFFICE ANNUAL REPORT</td>
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<td>CP</td>
<td>COUNTRY PROGRAMME</td>
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<tr>
<td>CPAP</td>
<td>COUNTRY PROGRAMME ACTION PLAN</td>
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<tr>
<td>CRO</td>
<td>CIVIL REGISTRATION ORGANISATION</td>
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<td>CSOs</td>
<td>CIVIL SOCIETY ORGANISATIONS</td>
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<tr>
<td>CST</td>
<td>COUNTRY SUPPORT TEAM</td>
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<tr>
<td>CWFA (CWP)</td>
<td>CENTRE FOR WOMEN AND FAMILY AFFAIRS/PREVIOUSLY CALLED CENTRE FOR WOMEN’S PARTICIPATION (CWP)</td>
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<tr>
<td>DEX</td>
<td>DIRECT EXECUTION (BY UNFPA)</td>
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<tr>
<td>ECO</td>
<td>ECONOMIC COOPERATION ORGANIZATION</td>
</tr>
<tr>
<td>FPAI</td>
<td>FAMILY PLANNING ASSOCIATION OF IRAN</td>
</tr>
<tr>
<td>FYDP</td>
<td>FIVE-YEAR ECONOMIC, SOCIAL AND CULTURAL DEVELOPMENT PLAN</td>
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<tr>
<td>GBV</td>
<td>GENDER-BASED VIOLENCE</td>
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<tr>
<td>HIV/AIDS</td>
<td>HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNODEFICIENCY SYNDROME</td>
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<tr>
<td>ICPD</td>
<td>INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT</td>
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<tr>
<td>IPs</td>
<td>IMPLEMENTING PARTNERS</td>
</tr>
<tr>
<td>IRCS</td>
<td>IRANIAN RED CRESCENT SOCIETY</td>
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<tr>
<td>IRI</td>
<td>ISLAMIC REPUBLIC OF IRAN BROADCASTING</td>
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<tr>
<td>IMES</td>
<td>INTEGRATED MONITORING AND EVALUATION SYSTEM</td>
</tr>
<tr>
<td>IWSR</td>
<td>INSTITUTE FOR WOMEN'S STUDIES AND RESEARCH</td>
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<tr>
<td>LMO</td>
<td>LITERACY MOVEMENT ORGANISATION</td>
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<td>MWPs</td>
<td>MASTER WORK PLANS</td>
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<tr>
<td>M&amp;E</td>
<td>MONITORING AND EVALUATION</td>
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<td>MFA</td>
<td>MINISTRY OF FOREIGN AFFAIRS</td>
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<td>MOE</td>
<td>MINISTRY OF EDUCATION</td>
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<tr>
<td>MOHME</td>
<td>MINISTRY OF HEALTH AND MEDICAL EDUCATION</td>
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<td>MST</td>
<td>MINISTRY OF SCIENCE &amp; TECHNOLOGY</td>
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<td>MWPs</td>
<td>MASTER WORK PLANS</td>
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<tr>
<td>MYFF</td>
<td>MULTI-YEAR PLANNING, MANAGEMENT AND FUNDING FRAMEWORK</td>
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<tr>
<td>NEX</td>
<td>NATIONAL EXECUTION</td>
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<tr>
<td>NPAs</td>
<td>NATIONAL PROGRAMME ASSISTANTS</td>
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<td>NPD</td>
<td>NATIONAL PROJECT DIRECTOR</td>
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<td>NPP</td>
<td>NATIONAL PROJECT PERSONNEL</td>
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<td>NYO</td>
<td>NATIONAL YOUTH ORGANISATION</td>
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<td>ODVV</td>
<td>ORGANISATION FOR DEFENDING VICTIMS OF VIOLENCE</td>
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<tr>
<td>PAD</td>
<td>PERFORMANCE APPRAISAL &amp; DEVELOPMENT</td>
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<td>PCM</td>
<td>PROGRAMME COMPONENT MANAGER</td>
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<tr>
<td>PDS</td>
<td>POPULATION AND DEVELOPMENT STRATEGY</td>
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<tr>
<td>QMT</td>
<td>QUARTERLY MONITORING TOOLS</td>
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<tr>
<td>QQT</td>
<td>QUANTITY, QUALITY AND TIME</td>
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<tr>
<td>RBM</td>
<td>RESULT BASED MANAGEMENT</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>RH</td>
<td>Reproductive Health</td>
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<td>RR</td>
<td>Reproductive Rights</td>
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<tr>
<td>SCI</td>
<td>Statistical Centre of Iran</td>
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<tr>
<td>SU</td>
<td>Shiraz University</td>
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<tr>
<td>SMART</td>
<td>Specific, Measurable, Action-Oriented (Achievable), Realistic, and Time-Bound</td>
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<tr>
<td>SPICED</td>
<td>Subjective; Participatory; Interpreted and Communicable; Cross-Checked and Compared; Empowering; Diverse and Disaggregated</td>
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<tr>
<td>SPRs</td>
<td>Standard Progress Reports</td>
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<tr>
<td>TA</td>
<td>Technical Assistance</td>
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<tr>
<td>TOKTEN</td>
<td>Transfer of Knowledge Through Expatriate Nationals</td>
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<tr>
<td>TCPR</td>
<td>Triennial Comprehensive Policy Review</td>
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<tr>
<td>TOT/F</td>
<td>Training of Trainers and Facilitators</td>
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<tr>
<td>SCI</td>
<td>Statistical Centre of Iran</td>
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<td>TORs</td>
<td>Terms of References</td>
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<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UT</td>
<td>University of Tehran</td>
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<td>UWS</td>
<td>University of Welfare Sciences</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Glossary

Criteria for Quality Assessment of Operational Evaluation of UNFPA 4th CP:

Relevance: An assessment of programme relevance examines the degree to which the outputs, outcomes or goals remain pertinent as originally planned or subsequently modified. It covers:

• Whether the programme/project design is in line with national needs, policies and priorities of programme/project target groups;
• Whether the programme/project is in line with UNFPA’s policies and priorities;
• Synergy between UNFPA’s intervention and that of other development partners; and
• Whether programme/project results are relevant to stakeholders.

Effectiveness: Is a measure of the extent to which a programme achieves its planned results (outputs, outcomes and goals). The evaluation should cover:

• Causality analysis to explain how inputs and activities led to outputs, outcomes and impact;
• Assessment of coverage (e.g. was the planned areas and target group successfully covered); and
• Assessment of constraining and facilitating factors and the influence of context on the achievement of results.

Cost-Efficiency: Is a measure of how economically or optimally inputs (financial, human, technical and material resources) are used to produce outputs. This will cover:

• Assessment of the quality of outputs produced in relation to the expenditures incurred, and resources used;
• Assessment of timeliness of inputs including personnel, consultants, travel, training, equipment and misc. costs and the timeliness of outputs; and
• Whether there was adequate justification for the expenditures incurred and whether the resources were spent as economically as possible, taking into account possible alternatives.

Impact: Is the positive and negative long-term effects on identifiable population groups produced by a development intervention, directly or indirectly, intended or unintended. These effects can be economic, socio-cultural, institutional, environmental, technological or other types; and

Sustainability: It is defined as the durability of programme results after the termination of the technical cooperation channelled through the programme (i.e. after UNFPA exit). Static sustainability – The continuous flow of the same benefits, set in motion by the completed programme, to the same target groups; Dynamic Sustainability – The use or adaptation of programme results to a different context or changing environment by the original target groups and/or other groups.³⁴

• Assessment of the extent to which the programme/project results have had or are likely to have lasting results after programme/project termination and the withdrawal of external resources;
• Assessment of the factors affecting sustainability on the basis of the priority assigned to the programme/project by stakeholders (e.g., their readiness to continue supporting or carrying out specific activities; replicate the activities in other regions or sectors of the country); or adapting programme/project results in other contexts; and
• Assessment of the availability of local management, financial and human resources needed to maintain the programme/project results over the long term.

Other Key Terms Used in This Evaluation

³⁴ UNFPA Programme Manager's Planning Monitoring & Evaluation Toolkit, 2004
ACCOUNTABILITY: Responsibility and answerability for the use of resources, decisions and/or the results of the discharge of authority and official duties, including duties delegated to a subordinate unit or individual. In regard to programme managers, the responsibility to provide evidence to stakeholders that a programme is effective and in conformity with planned results, legal and fiscal requirements. In organizations that promote learning, accountability may also be measured by the extent to which managers use monitoring and evaluation findings.

AUDITING: An independent, objective, and systematic process that assesses the adequacy of the internal controls of an organization, the effectiveness of its risk management, and governance processes in order to improve its efficiency and overall performance. It verifies compliance with established rules, regulations, policies and procedures and validates the accuracy of financial reports.

CAPACITY DEVELOPMENT\textsuperscript{35}: A process that encompasses the building of technical abilities, behaviours, relationships and values that enable individuals, groups, organizations and societies to enhance their performance and to achieve their development objectives over time. It progresses through several different stages of development so that the types of interventions required to develop capacity at different stages vary. It includes strengthening the processes, systems and rules that shape collective and individual behaviours and performance in all development endeavours as well as people's ability and willingness to play new developmental roles and to adapt to new demands and situations. Capacity development is also referred to as capacity building or strengthening. To assess the extent to which the intervention applied the following capacity development strategies:

- Drew upon local cultural characteristics and systems ("the local way of doing business") in designing and implementing the intervention;
- Provided relevant training;
- Developed a knowledge base and promoted its use;
- Developed systems, including planning, monitoring and evaluation systems, to improve performance;
- Strengthened and promoted partnerships and networking;
- Developed a common vision of internationally approved objectives in Reproductive Health, and population and development through advocacy and policy dialogue.

CAUSALITY ANALYSIS: A type of analysis used in programme formulation to identify the root causes of development challenges. Development problems often derive from the same root causes. The analysis organizes the main data, trends and findings into relationships of cause and effect. It identifies root causes and their linkages as well as the differentiated impact of the selected development challenges. Generally, for reproductive health and population problems, a range of causes can be identified that are interrelated. A "causality framework or causality tree analysis” (sometimes referred to as “problem tree”) can be used as a tool to cluster contributing causes and examine the linkages among them and their various determinants.

LOGICAL FRAMEWORK (LOG-FRAME): A dynamic planning and management tool that summarizes the results of the logical framework approach process and communicates the key features of a programme design in a single matrix. It can provide the basis for monitoring progress achieved and evaluating programme results. The matrix should be revisited and refined regularly as new information becomes available.

RESULTS FRAMEWORK: The logic that explains how results are to be achieved, including causal relationships and underlying assumptions. The results framework is the application of the logical framework approach at a strategic level, across an entire organization, for a country programme, a programme component within a country programme, or even a project.

NATIONAL OWNERSHIP: Ownership can be defined in many ways. The following is a good definition by Van de Walle, N. and T. Johnston, eds. (1996).Improving Aid to Africa. Baltimore: John Hopkins: “Recipient governments and beneficiaries can be said to “own” an aid activity when

they believe that it empowers them and serves their interests... From a sense of ownership flows a willingness to commit real resources to ensure the activity’s success, to solve problems that emerge during implementation and to sustain the activity after the withdrawal of aid. Country Programmes should, to the extent feasible, build on existing national, non-governmental and civil society systems and processes in order to enhance long-term capacity development. Government leadership is a prerequisite for the success of UNFPA supported programmes. National Ownership is assessed to the extent to which the interventions facilitated are:

- is consistent with partners’ priorities and effective demand;
- is supported by local institutions and well integrated with local social and cultural conditions;
- involved national stakeholder participation in planning, implementation and M&E; and
- involve government or community co-financing or development of a system to ensure future local flow of funds to the intervention.

**RESULTS BASED MANAGEMENT (RBM):** A management strategy by which an organization ensures that its processes, products and services contribute to the achievement of desired results (outputs, outcomes & impacts). RBM rests on stakeholders' participation and on clearly defined accountability for results. It also requires monitoring of progress towards results and reporting on performance/feedback which is carefully reviewed and used to further improve the design or implementation of the programme the following are the importance dimensions of RBM:

- Existence of a well defined and results-oriented programme/project planning, monitoring and evaluation system (people, tools and processes);
- Availability of indicators that the programme/project had planned to use to monitor programme/project performance;
- Indicators that programme/project implementers and decision-makers actually used;
- How programme/project stakeholders (beneficiaries, implementers, managers and other decision-makers) tracked the indicators and used them as well as other monitoring and evaluation mechanisms to assess programme/project performance and results and to adjust the programme/project objectives and strategies accordingly.

**PERFORMANCE:** The degree to which a development intervention or an implementing partner operate according to specific criteria/standards/guidelines or achieves results in accordance with stated plans.

**THEMATIC EVALUATION:** Evaluation of selected aspects or cross-cutting issues in different types of interventions.

**Sources:**

- UNFPA TSD Intranet Site on SWAps
- UNFPA Programme & Policy Manual

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36 Source: UNFPA TSD Intranet Site on SWAps.
Annex I

Terms of Reference (TORs) for Operational Evaluation of the
UNFPA 4th Country Programme for I.R. Iran

A. INTRODUCTION
UNFPA has been providing assistance to Iran over the past 30 years or so in the areas of reproductive health, population and development strategies (PDS) as well as gender. UNFPA’s current assistance is in the context of a 5-year Country Programme (CP) falls within the United Nations Development Assistance Framework (UNDAF). The current CP covers the period (2005-2009). It has specific deliverables (goals, outcomes and outputs) and activities.

B. PARTNERS
A number of Government and civil society institutions are responsible for implementing the CP according to the Country Programme Action Plan (CPAP) and annual workplans/projects (AWPs). The CP is implemented by the Ministry of Health and Medical Education (5 AWPs), Institute of Women’s Studies and Research (1 AWP), IRCS (1 AWP), Statistical Centre of Iran (1 AWP), Civil Registration Organization (CRO), Tehran Univ. & Shiraz Univ. (1 AWP) and ODVV (1 AWP). List of national CPAP partners designated as Programme Component Manager (PCM) for the AWPs attached as Annex I.

C. COORDINATING AGENCY
The Ministry of Foreign Affairs is the overall coordinating agency with UNFPA and the entire UN system in Iran. Each programme component (RH, PDS, and Gender) has a Programme Component Manager (PCM). MOHME is the PCM of the RH component; SCI is the PCM for PDS, while still there is no PCM for gender. The role of PCM is to coordinate the implementation of AWPs for each component, ensure coordination and complementarities between the respective components, to oversee monitoring of AWPs within the component and address problems and bottlenecks.

The year 2008 is a critical year because it is the fourth year of the Programme, when CCA/UNDAF and the new UNFPA Country Programme will be developed. As there are a number of operational issues (both positive and negative) encountered during the course of implementation of the 4th CP, especially during the last two years, some of which have particularly impeded the delivery of programme outputs, the UNFPA CO management team in Iran in full consultation with the PCMs

D. OBJECTIVES OF THE OPERATIONAL EVALUATION
The objective of the operational evaluation is to review past experiences and identify the strengths and constraints encountered in order to further enhance the strengths as best practices to sustain the achievements in programme implementation highlighting particularly on operational aspects (i.e. what has worked) under the 4th UNFPA CP from 2005 until present while concurrently addressing constraints as lessons learnt finding practical solutions to minimise hindrances. The evaluation would provide tailor-made approaches and strategies along with doable recommendations for the implementation of the forthcoming 5th UNFPA CP as well. In addition, modalities to enhance capacity development for sustained partnership will be also targeted.

E. DURATION AND TIMING
Based on the previous experience and due to the nature and methodology used (i.e. participatory impact-oriented operational evaluation), the duration will be three months and the evaluation is to be conducted from 1st of May to end July 2008.
F. AREAS OF THE OPERATIONAL EVALUATION

1. Technical assistance arrangements

- Qualitative and quantitative assessment of the overall technical assistance and backstopping provided by local, regional and international sources to achieve the programme outputs in terms of relevance, adequacy, timeliness, resources, and quality;
- Identification of facilitating and constraining factors;
- Jointly reviewing best practices and lessons learned in the area of technical assistance; and
- Providing tailor-made approaches/strategies along with useful recommendations for the future course.

2. Implementation and Execution modalities

- Review of efficiency and effectiveness of implementation/execution modalities and institutional arrangements.
- Review and assess the role of PCM in discharging their duties as reflected in UNFPA’s programming guidelines and CPAP.
- Overall assessment of the organizational capacities of the IPs designated with the primary responsibility for implementing projects (Govt - NGOs, and other civil society institutions) in terms of human resource capabilities, financial resources, infrastructure as well as modalities/approaches used in the implementation of AWPs with particular attention paid to the "whys" Govt. components are assigned for NEX/UNFPA execution highlighting on commonalities, differences, best practices and challenges in approaches undertaken;
- Review implications of Govt. strategies on delivering programme outputs;
- Identification of facilitating and constraining factors and best practices as well as lessons learned in the area of CPAP execution/implementation of CPAP; and
- Provide practical solutions jointly arrived at through consensus building mechanisms.

4. Financial Aspects

- Assessment of effects of availability of UNFPA resources for the programme implementation, including indicators identified for appropriateness and timeliness of funds allocated addressing the following questions:
  ↔ Are the amounts under- or overestimated?
  ↔ Are the funds allocated in areas they are needed/used the most?
  ↔ Were the funds released in a timely manner?
  ↔ How were the issue of accountability and reporting addressed?
- Review NEX audit reports particularly covering the following questions:
  ↔ Were the recommendations made in the audits' report adhered to and why?
  ↔ What were the common issues (while identifying CPAP particular cases as well)? and
  ↔ What are the ways to improve financial management and audit follow-up?

It is worth noting that for the Review of Financial Management Modalities of UNFPA’s supported programme which is planned to be conducted by the auditors would be an excellent opportunity to jointly address financial aspects/concerns to complement the operational evaluation exercise;

- Identify facilitating and constraining factors, best practices as well as lessons learned in financial management aspects of the programme; and
- Proposing feasible strategies and mechanisms to enhance programme delivery while maintaining quality performance and cost-efficiency.
4. Monitoring, Evaluation and Reporting

In assessing the adequacy, timeliness and effectiveness of monitoring, evaluation and reporting of the programme, the operation evaluation will also address the following monitoring and evaluation (M & E) concerns:

- Review and analyze modalities of programme M & E on the part of UNFPA and programme implementing partners (joint field visits, Programme Component Review meetings, annual review meetings/assessments, programme/project evaluation, programme component evaluation, etc.);
- Assessment of the extent to which monitoring was in accordance with UNFPA guidelines;
- Review the adequacy and timeliness of planning and implementing monitoring, evaluation and reporting activities (i.e. was monitoring and evaluation based on a jointly agreed and written monitoring work plan; were base line data made available on time? were progress/monitoring reports and forms completed and submitted on time; and were progress reports based on UNFPA’s format reviewing the main reasons for any delays or lack of adherence while jointly finding attainable targets to enable partners/counterparts for effectively undertake M & E taking note of the usual "fault-finding" approaches)
- Review capacity development processes in M & E;
- Analyze the extent to which recommendations made in the course of M & E were implemented finding modalities to make the M & E processes more user-friendly;
- Identify facilitating and constraining factors while highlighting on best practices and lessons learned in M & E schemes used; and
- Jointly formulate more achievable approaches to improve M&E practices.

5. Coordination, Synergy and Partnership

- Review the effectiveness of inter and intra-sectoral coordination among stakeholders (Government, CSOs including NGOs and UN agencies) during the course of programme implementation;
- Review operational capacity of the field office in effective and efficient utilisation of resources through adoption of results-based management (RBM) participatory approach / In identifying who does what the gaps and strengths of the team will be identified.
- Review the working and team-building modalities both within the UNFPA country team, as well as with partners (prime and potential external stakeholders) targeting enhanced programme delivery, achieving anticipated results, outcomes with approaches needed in producing expected impact;
- Assess modalities adopted for greater synergy while reviewing constraints;
- Assess modalities of working with NGOs as partners in implementing the CP;
- Assess nature and scope of partnership between UNFPA and implementing partners -- commitment, sense of ownership, inclusiveness, linkage with influential and important external stakeholders, cooperation modalities – identifying commonalities in programme operation and analysing the strengths, weaknesses, opportunities and threats (SWOT) listing ways/approaches for greater and sustained partnering;
- Solicit feedback on the views of partners of UNFPA’s assistance and views of UNFPA’s staff of partnership with IPs providing realistic feedback by implementing partners of the proportion/percentage of UNFPA capacities as a trusted partner;
- Identify facilitating and constraining factors and lessons learnt and provide recommendations to improve coordination, synergy and partnership; and
- Develop a road map for strategies and activities to strengthen partnerships to achieve programme outputs in a quality and timely manner.
G. PHASES AND METHODOLOGY/TOOLS FOR EVALUATION

There will be three phases in the course of the evaluation exercise with triangulation as the methodology used and with the following tools:

Phase I: Preparatory Works

- **Desk review** -- of the Country Programme Document, reports/documentation available and prepared on each of the CPAPs/AWPs as well as UNFPA guidelines as required;
- **Questionnaires** -- for the quantitative and qualitative gathering of the data;
- **Semi-structured interviews** -- with UNFPA management team (which can be identified throughout the evaluation) key external stakeholders inclusive of national staff as well as potential important and influencing external stakeholders;
- **Focused group discussion (FGDs)** -- with internal stakeholders (UNFPA management team) and key external stakeholders (management and staff) together with a sample group of beneficiaries to the extend possible and as required; and
- **Evaluation Workshops** to enhance partnership in operation by using consensus-building mechanisms for sustainability of results of the operational evaluation exercise targeting greater ownership and internalisation of evaluation results while building greater teamwork. During the course of these workshops the following four main broad questions on operational aspects of the CP with particular emphasis on capacity development for greater and sustained partnering will be addressed:
  - **Where are we?**
  - **Where should we be?**
  - **How to get there?**
  - **How to sustain being there?**

Phase II. Analytical, Tabulation/Processing of Data & Assessment of Findings Tasks

- Data processing/tabulation of questionnaires and results of the workshops as well as FGDs;
- Analysis of results highlighting on operational status of the implementation of the CP and CPAPs;
- Formulating/analysing stakeholder matrix along with bi-polar stakeholder matrix (i.e. importance and influence) and SWOT;
- Compile selected best practices; and summarise lessons learnt with particular attention to capacity development requirements in further development and sustaining partnership.

Phase III. Reporting, Glimpse towards Future & Presentation of Findings & Recommendations

- Reporting and power-point presentation of the operational evaluation exercise;
- Review and comment on draft report by UNFPA and IPs
- Review and revision of draft evaluation report by the evaluation consultant to address UNFPA and IPs’ comments
- Joint formulation of road map for the tasks to be undertaken in the future;
- Feasible/practical action plans proposed using application of consensus building mechanisms; and
- Recommending strategies/approached for greater partnership and teamwork also targeted under the evaluation exercise as well as the forthcoming 5th CP.

For each of these three phases and in using the above methodologies/tools, the evaluator will furnish UNFPA with an advanced plan including details of who are involved with specific timing to avoid last minutes changes and rescheduling as required and at least two weeks prior each of the phases in line with the tentative schedule provided under section "K" below as appropriate.
H. REPORTING & PRESENTATION OF EVALUATION FINDINGS & RECOMMENDATIONS

The evaluator will draft a succinct report in English containing the following sections:

- Table of contents
- Executive Summary
- Overview: Introduction to the participatory Operational Evaluation Exercise
- The Process: Presentation of Analyses and tabulations
- Findings and Conclusions
- Practical Recommendations for the future course
- Annexes

The total length of the report will depend on the results of the evaluation exercise and the number of tables/charts, etc. ranging between 35-45 pages inclusive of the executive summary (i.e. 5-7 pages in length) and excluding the annexes. Highlights of the executive summary, analyses/charts, findings and recommendations will be also reflected as appropriate in the power-point presentation in English to be used in the review session of the draft evaluation report with those who have been proactively involved in the exercise.

I. UNFPA STAFF DESIGNATED AS FOCAL POINT FOR FULL DURATION OF THE EXERCISE

Considering the participatory approach and nature of the exercise and based on lessons learnt in previous evaluations, to ensure and maximise proactive involvement of all partners (both internal and external stakeholders) as well as enhancing coordination and synergy, a UNFPA senior programme management to oversee the progress will be a plus and thus designated by UNFPA Representative accordingly. The designated focal person will provide support and consultation at policy and coordination level as necessary.

J. PROFILE OF EVALUATOR

- The evaluation consultant will have expertise in monitoring and evaluation of UN programmes;
- S/he will have an advanced university degree in social sciences or related field, with at least 5 years of work experience in fields related to the work of the UN;
- The consultant will need to speak, read and write fluently in both Farsi and English;
- The consultant will be thoroughly familiar with the work of the UN in general and UNFPA in particular;
- The consultant will have to be thoroughly familiar with UNFPA’s Government and Non-Governmental counterparts and therefore be familiar with the vocabulary and processes to be used in interacting with these counterparts; and
- The consultant will require excellent communications skills in order to engage a range of stakeholders in the process of the evaluation as well as presentation of the findings of the evaluation to those involved in the exercise.

K. BACKGROUND DOCUMENTS AND BRIEFINGS

The evaluator will be briefed by UNFPA management team on the following:

- The present operational status of the 4th country programme (2005 – 2009);
- Overall context/framework, objectives and scope of the 4th country programme (2005-2009);
  and
- Concerns/challenges to be addressed under the forthcoming 5th country programme.
In addition, the following background documents/reports will be furnished to the evaluator at the commencement of the exercise:

- 4th UNFPA CP document;
- Briefing note on projects under the 4th CP;
- UNFPA 2005 Internal Audit Report;
- NEX audit reports of the 4th CP projects (2005 – 2007);
- Operational Evaluation report of the 3rd CP;
- Plans for the upcoming UNDAF and UNFPA’s programming cycle;
- Review of the previous UNDAF report;
- UNFPA Guidelines (M & E, Financial Management, Operations, etc.) as appropriate;
- Report on Triennial Comprehensive Policy Review of Iran (2007); and
- Any other available documentation referred to by those involved in the evaluation exercise as and when required.
Main Questions Used at Semi-Structured Interviews

At the start of the interviews a brief introductory comment was made by the evaluation consultant introducing the objective and the participatory methodology to be used in the process of conducting the operational evaluation. Each respondent provided their views on the do's and don'ts of the approach to be taken. They also briefly provided some background information regarding the output, their responsibilities and relationship with UNFPA.

The following questions were then presented in writing to UNFPA/IPs being interviewed and then responses to each question were provided:

1. What would you say "Is in it for you" so that you would proactively participate in this evaluation exercise?

2. How should we suit this process to maximise your wanting to be included?

3. How should we ensure confidentiality and build greater trust amongst ourselves and with our partners?

4. Based on your experience what are the ways to optimise/motivate the participation and in sharing/exchanging of views?

5. How can we minimise interference with ongoing activities making as few demands as possible so not to interrupt the implementation flow of ongoing activities to the extent possible?

6. What in your views are "sensitive"/critical areas that the evaluation should avoid/not address?

7. In addition to those IPs who are involved, do you think the participation and consultation with any other stakeholder(s) (e.g. various national consultants recruited or senior officials, etc.) would effectively improve the outcome of the exercise (i.e. in terms of importance [i.e. relevance] or being influential and or both)? If so, for each of the stakeholders identified, what do you propose as practical and effective ways for us to involve and consult them?

8. What other question would you propose that should be included in this interview?

On a case-by-case basis and depending on the responses received additional questions were also formulated spontaneously in the course of discussions.
### Annex II Cont'd/2

**Operational Evaluation of the UNFPA 4th CP**

**Questionnaire for GTG Members**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>1. What are the strategies followed by UNFPA to enhance partnership and synergise activities in the GTG?</td>
<td></td>
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<td>2. Does the GTG have common vision and or objective? If so could you possibly highlight on its main features:</td>
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<tr>
<td>3. What are the existing challenges &amp; issues that GTG needs to tackle?</td>
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<tr>
<td>4. How would you describe UNFPA role in coordination of GTG activities? In your remarks please address UNFPA's role both as the Chair of the theme group and as a member of GTG.</td>
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<tr>
<td>5. Are responsibilities/contributions of each UN Agency clearly specified? In your response please indicate your responsibilities/contributions to the group.</td>
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<tr>
<td>6. Please list some of the best practices of joint work where you would say the GTG worked well as a team. In your example, please specify results achieved.</td>
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<tr>
<td>7. How could UNFPA improve its partnership with your organisation/GTG to enhance synergy and impact of joint activities/initiatives?</td>
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</tbody>
</table>
Question for the Wrap-Up Consultation Session

1. How to verify whether what is considered as achieved is in fact being used (e.g. protocols, guidelines, etc.)?
2. In the course of the planning/programming was a causality analysis undertaken? (Please briefly explain)
3. Who would we say are the actual beneficiaries of the present 4th CP?
4. What were the management practices/structures used particularly on deciding who should be doing what (e.g. how much to be covered by Government as NEX and how much by UNFPA as DEX)?
5. What are the potentials for new approaches/successful interventions that have possibilities for national scale implementation?
6. How would you rate the Planning, Monitoring and Evaluation of the 4th CP?
7. Would you consider the following as the "Good Practices" for each of the Outputs being handled by you?
   a. Output 1: Orumieh NSC Centre
   b. Output 2: Youth Strategy
   c. Output 3: Inter-agency Cooperation
   d. Output 4: RH/RR Network
   e. Output 5: Rapid Response Teams
   f. Output 6: Engendered Census/Surveys
   g. Output 7: Prioritisation of Research on RH/PDS and Gender
   h. Output 8: Family Court Counsellors

N.B.: due to the logistical constraints encountered during the two-day workshops, it was agreed to have a wrap-up consultation session shortly afterwards. However, even with splitting it to couple of shorter sessions of (1-2 hours), UNFPA was unable to make such arrangements with the IPs due to their prior engagements. Thus, these questions were only presented to UNFPA Programme Team who welcomed the idea and willingly provided the valuable responses and reached consensuses on the results. Of course, in the course of semi-structured interviews, some of these questions were also presented on the basis of responses received from the IPs on a case-by-case basis.
Annex III

List of Participants

Ministry of Foreign Affairs (MFA)
Dr. Peiman Seadat, Deputy, Division for International Specialised Agencies
Mr. Ali Shafagh, Expert, Division for International Specialised Agencies

United Nations Population Fund (UNFPA)
Mr. Mohammad Abdel-Ahad, Representative
Ms. Soudabeh Ahmadzadeh, Assistant Representative

Levels of Participation

(****) Completed Questionnaires/forms; Participated in the Introductory Meeting; Semi-Structured Interview/Meetings; Forum & Workshops and Wrap-Up Consultation Session

(***) Completed Questionnaires/forms; Participated in the Introductory Meeting; Semi-Structured Interview/Meetings; Forum & Workshops

(*** ) Participated in Semi-Structured Interview/Meetings; Forum & Workshops

( **) Completed Questionnaires/forms, Participated in Introductory Meeting; Semi-Structured Interview & Forum & or Workshops

(*) Participated in Introductory Meetings; Semi-Structured Interview & Forum

Output 1: Ministry of Health & Medical Education (MOHME)
1. Dr. Mohammad Eslami (***)
   Head of Family Planning Unit
2. Dr. Seyed Khalil Pesteyi (***)
   Head of Middle-Age Unit
3. Dr. Mohsen Shatti (**)
   Head of IMES Unit
4. Dr. Nasrin Changizi (***)
   Head of Maternal Health Unit
5. Dr. Majid Rahimmi (**)
   Expert, Family Planning
6. Ms. Nehzat Emami Afshar (**)
   Senior Expert, Maternal Health
7. Ms. Roushanak Ahmadian (***)
   Expert, Family Planning
8. Dr. Azimikhah (*)
   One of MOHME authorities - formulation phase

Output 1: United Nations Population Fund (UNFPA)
1. Dr. Monire Bassir (**)
   Programme Officer
2. Ms. Tatiana Mouhebati (***)
   National Programme Assistant

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38 As the coordinator of the operational evaluation, Ms. Ahmadzadeh was involved throughout the process. In addition to semi-structure interviews with the UNFPA Programme Team and the two-day evaluation workshops inclusive of the Wrap-Up Consultation Session, she also proactively participated in all the five forums together with relevant the Implementing Partners (IPs), UNFPA Programme Officer and National Programme Assistants. She also attended the meeting with the senior authorities of the Ministry of Foreign Affairs (MFA).

39 The proactive involvement and contribution of the NPAs particularly in their coordination in making the arrangements with the IPs for all the structured interviews, forums and workshops deserve to be once again acknowledged. It is worthy to note that due to last minutes arrangement for the Wrap-Up Consultation session, the meeting could not benefit from their participation. Otherwise, they also receive the highest ranking in being proactively involved throughout the evaluation process.
Output 2: Ministry of Health & Medical Education (MOHME)

1. Dr Glayol Ardalan (***)  Head of Adolescent, Youth and School Health Office
2. Dr Safiyeh Shahriyari (**)  Expert of the Adolescent, Youth and School Health Office

Output 2: United Nations Population Fund (UNFPA)

1. Dr. Alireza Vassigh (**)  Programme Officer
2. Ms. Pegah Sohani (***)  National Programme Assistant

Output 3: Ministry of Health & Medical Education (MOHME)

1. Dr. Abbas Sedaghat (**)  Head of AIDS/STI Office
2. Dr Kianush Kamali (***)  Expert of the HIV/AIDS Office


1. Dr. Alireza Vassigh (****)  Programme Officer
2. Ms. Pegah Sohani (***)  National Programme Assistant

Output 4: Ministry of Health & Medical Education (MOHME) & Institute for Women's Studies & Research

1. Ms. Safora Dejpasand (***)  Head of Health Education Unit, MOHME
2. Dr. Safiyeh Shahriyari (*)  Previous NPD of Output 4, MOHME
3. Ms. Monir Amadi (***)  Head of the Board of IWSR NGO, Chair of the Secretariat of the RH/RR Network
4. Ms. Tala Tavakoli (*)  Workshops  RH/RR Network Assistant

Output 4: United Nations Population Fund (UNFPA)

1. Dr. Monire Bassir (****)  Programme Officer
2. Ms. Ghazal Chegini (***)  National Programme Assistant

Output 5: Iranian Red Crescent Society (IRSC)

1. Dr. Hassan Saffarieh  NPD - Deputy for Health. Bureau for Medicine & Equipment IRCS

Output 5: United Nations Population Fund (UNFPA)

1. Dr. Ali Shirazi (****)  Programme Officer
2. Ms. Tatiana Mouhebati (***)  National Programme Assistant

Output 6: Statistical Research Centre (SRC) & Civil Registration Organisation (CRO)

1. Dr. Taghi Torabi (***)  Head of Statistical Research Centre
2. Mr. Shahab Jolani (*)  Expert Statistical Research Centre
3. Mr. Seyed Majid Nabavi (***)  NPD, Deputy for Bureau for Population & data statistics CRO


1. Dr. Ali Shirazi (****)  Programme Officer
2. Ms. Hoda Jabarian (***)  National Programme Assistant

Output 7: University of Tehran (UT) & Shiraz University (SU)

1. Dr. Hossein Mahmoudian (***)  Professor, Faculty Member of Department of Demography & NPD, TU
2. Dr. Aliasghar Moghadas (***)  Professor, Faculty Member of Department of Demography & NPD, SU
3. Dr. Kouroush Mehrtash (**)  Professor, Faculty Member of Department of Social Sciences, University of Alammeh Tabatabaei
### Output 7: United Nations Population Fund (UNFPA)

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>1</td>
<td>Dr. Ali Shirazi (***)</td>
<td>Programme Officer</td>
</tr>
<tr>
<td>2</td>
<td>Ms. Hoda Jaberian (***</td>
<td>National Programme Assistant</td>
</tr>
</tbody>
</table>

### Output 8: Organisation for Defending Victims of Violence (ODVV)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Mr. Alireza Taheri (***)</td>
<td>Chairman of the Board &amp; Managing Director; NPD</td>
</tr>
<tr>
<td>2</td>
<td>Ms. Fahimeh Okhovat (***</td>
<td>Deputy Managing Director</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Layla Behnam (***)</td>
<td>Director Counselling &amp; Legal Aid Clinic</td>
</tr>
<tr>
<td>4</td>
<td>Ms. Farzaneh Mostoufi (*) – Forum</td>
<td>Director of Public Relations</td>
</tr>
<tr>
<td>5</td>
<td>Ms. Hamideh Abutorabi (*) – Forum</td>
<td>Coordination &amp; Logistics</td>
</tr>
<tr>
<td>6</td>
<td>Ms. Maryam Agha Sheikh Mohammad (**)</td>
<td>National Advisor for GBV</td>
</tr>
<tr>
<td>7</td>
<td>Ms. Layla Enayati (*) – Forum</td>
<td>Associate Programmes &amp; Projects</td>
</tr>
<tr>
<td>8</td>
<td>Dr. Parichehr Shahsavand (***</td>
<td>Senior Academic Advisor</td>
</tr>
<tr>
<td>9</td>
<td>Dr. Setareh Fourouzan (***</td>
<td>Previous senior management for Output 8 and Professor, University of Welfare Sciences</td>
</tr>
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<td>2</td>
<td>Ms. Ghazal Chegini (***</td>
<td>National Programme Assistant</td>
</tr>
</tbody>
</table>

As it is clearly demonstrated in the above list, the proactive participation of the IPs representatives with the exception of the Wrap-up Consultation Session and UNFPA throughout the evaluation process was commendable. Other members of UNFPA including Ms. Narges Mohabbatova, Finance and Ms. Minoo Darvishzadeh, Advocacy, as well as Dr. Farideh Farahani who also participated in some of the semi-structured interviews, workshops and wrap up session as well as the ad-hoc consultation further enriched the participatory process of the operational evaluation.
Annex IV

Main Cluster of Activities Included Under Master Work Plans (MWPs)

RH OUTCOME:

Output 1: Increased availability of high quality reproductive health services and commodities:

1.1. Standardize and implement clinical protocols for safe motherhood;
1.1.1. Strengthen the capacity of the MOHME to develop Mother-Friendly Hospitals (focus on client, quality of care and minimizing unnecessary procedures);
1.2. Develop a cadre of behvarz-midwives;
1.3. Develop national service guidelines for family planning services;
1.4. Support operation research in expanding the choice of contraceptives;
1.5. Strengthen the capacity of the RH logistics management system
1.5.1. Identify the role of various stakeholders (MOHME, UN agencies, donors, etc.) in financing and procurement of RH commodities;
1.6. Review and revise the HMIS related to RH services as required;
1.7. Develop interventions for increasing availability of RH services for men;
1.8. Preparation of piloting integration of GBV into RH service delivery facilities;
1.9. Implement integration of GBV into the health facilities;
1.9.1. Develop interventions for selected morbidities identified from review of studies conducted and planned;
1.10. Monitoring and Evaluation; and
1.11. Programme Management and AOS.

Output 2: Improved youth-friendly reproductive health information and services:

2.1. Formulate comprehensive adolescent and youth RH strategy (youth in schools & colleges as well as out of school/college adolescents & youth);
2.2. Undertake training of Master Trainers for reproductive health and life skills education;
2.3. Develop a group of school counsellors from present or to be recruited to cover 5 schools;
2.4. Create a cadre of counsellors to meet the RH needs of university students
2.5. Conduct regular workshops to sensitize parents to the needs of adolescents and youth;
2.6. Provide assistance to LMO for RH and life skills education to out of school/college adolescents and youth;
2.7. Develop a group of peer educators and counsellors selected from NGOs specially youth NGOs and organisations to educate and counsel adolescents/youth out of school/college;
2.8. Develop pilot projects to provide information to adolescents & youth through hotline or internet;
2.9. Advocate with policy planners, health systems managers, local leaders for provision of RH services thru primary health care (PHC) systems;
2.10. Pilot test provision of RH services for adolescents and youth in the PHC facilities in selected districts;
2.11. Monitoring and Evaluation; and
2.12. Programme Management and AOS.

Output 3: Improved information and services for STIs and HIV/AIDS

3.1.1. Promote advocacy and policy dialogue on STIs and HIV/AIDS with key decision makers, policy makers, community and religious leaders;
3.2. Support behavioural surveillance systems with focus on young people and women;
3.3. Support socio-cultural studies to access hard-to-reach high-risk behaviour groups in order to guide the development of interventions on HIV prevention;
3.4. Availability of condom by ensuring the forecasting for condom requirements to include condoms for prevention of STI/HIV;
3.5. Support the MOHME's pilot integration of HIV VCT within PHC services;
3.6. Train private sector providers in diagnosis and management of STIs;
3.7. Provision of Women-Friendly Services (HIV VCT, STI management, and provision of condoms) through Ministry of Welfare crisis intervention and rehabilitation centres;
3.8. Monitoring and evaluation framework; and
3.9. Programme management: Includes expenditure related to staffing and running costs.

Output 4: Increased awareness and capacity in reproductive health, adolescent sexual and reproductive rights and gender:

4.1. Develop a network of institutions active in advocacy for RH, ARH, RR and gender;
4.2. Conduct advocacy activities on RH, ARH, RR and gender among policy makers;
4.3. parliamentarians, decision makers, and media;
4.4. Conduct advocacy activities on RH, ARH, RR and gender among religious leaders in selected remote districts;
4.5. Conduct public awareness campaigns utilising interpersonal and mass media communication on themes identified;
4.6. Sensitise men on RH, Gender and RR;
4.7. Monitor and evaluate the effectiveness of the approaches undertaken;
4.8. Monitoring & Evaluation; and
4.9. Programme Management and AOS.

Output 5: Strengthened national capacity in disaster preparedness for reproductive health concerns in emergency and post-conflict situations.

5.1. Prepare National RH in Emergencies Plan of Action (NRHEPA) and ensure acceptance by all partners;
5.2. Relevant aspect of RH response are covered by protocols and guidelines;
5.3. Train Rapid-Response Teams (RRT) as RH specialist;
5.4. Equip Rapid Response Teams (RRT); 
5.5. Hospital, PHC and all other relevant health-related staff have protocols and training on RH emergencies;
5.6. Strategic stockpiling of RH materials and commodities;
5.7. Monitoring & Evaluation; and
5.8. Programme Management and AOS.

PDS OUTCOMES:

Output 6: Increased capacity to monitor ICPD goals and MDGs

6.1. Recruitment of short-term international consultants on gender statistics for two person/weeks per year to conduct gender training, consultation on preparation of gender sensitive census questionnaires and manuals, and gender analysis;
6.2. Support activities of High Council of Statistics (HCS) for data unification;
6.3. Strengthen capacity of Civil Registration Organisation (CARO) in collection and analysis of Civil and Vital Registration Data [through training and national/international consultancies];
6.4. Monitoring & Evaluation; and
6.5. Programme Management and AOS.
Output 7: Promotion of research and training in population and development:

N.B.: There are no cluster activities for this output. While there are no references to the topic or cluster activities in this Master Plan, they are derived from the strategies proposed to be undertaken which are in fact cluster activities.

7.1. Human resource development thru provision of consultancy services (both national and international); short-term training (e.g. workshops, meetings, etc.); conducting surveys; development of curricula; and conducting certificate courses on Population, Gender and Development for Government Officials and CSO representatives;

7.2. Policy research (enhancing analytical capacity) on various needs-based topics and identifying priority research topics as well as call for proposals and provision of research grants; and strengthen linkages between population, RH, gender and poverty; awarding research grants to MSc students and invitation of foreign guest lecturers; preparing medium and long term sectoral projections for forecasting demands on key areas (housing; labour force; health and education);

7.3. Improve teaching and research facilities through purchase of books/reports/journals/reference materials on population, gender and development topics for Demography Department at Tehran University together with computer hardware and software, etc.;

7.4. Enhancing Professional Capacity of Population Association of Islamic Republic of Iran (PAOI) thru holding a colloquium, preparation of a national report on the theme of State of the World Population Report and support to publishing a population journal as well as strengthen the capacity of the Secretariat of Population Association of Iran in data processing and analysis by provision of hardware/software and printer;

7.5. Networking between local, regional and global research institutions to share experiences and good practices thru roster; webpage; conducting seminars and publications, etc.;

7.6. Monitoring and evaluation; and

7.7. Programme Management including staff for closely monitoring all activities under PDS.

Gender Outcome:

Output 8: Evidence-based advocacy for legislation that protects against gender based violence:

8.1. Develop network of institution – government, civil society, academic/professional institutions to advocate and address issues of GBV;

8.2. Train a core group of trainers on advocacy, technical skills in planning for and delivering services in connection with GBV;

8.3. Bring together the existing information/data on GBV from different sources;

8.4. Strengthen CWP’s role in monitoring and evaluation of GBV;

8.5. Review of religious doctrines /Sharia, laws and regulation to identify any gaps and introduce bill to combat GBV;

8.6. Develop advocacy material;

8.7. Conduct sensitization seminars/workshops for religious figures; parliamentarians & politicians; and media (esp. TV/radio producers);

8.8. Monitoring and Evaluation Framework; and

8.9. Programme Management.