

UNFPA Management Response to Evaluation

MANAGEMENT RESPONSE	
Country, Region or HQ division/unit that commissioned the evaluation	Uzbekistan-EECA
Evaluation Title	UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN (2010-June 2014) EVALUATION REPORT
Year of the evaluation	2014
Type and/or focus area of evaluation	CountryProgEval
MR submission date	November 17, 2014
Approved By	
Evaluation Manager	Ulugbek Zaribbaev,NPO,Uzbekistan
General Management Response	The CO reviewed CPE report and concurs with its recommendations.

RECOMMENDATIONS

<p>Recomendation 1</p>	<p>Recommendation 1.: The CP3 and CP4 M&E indicators should be revised to refer to explicit denominators for estimated total numbers of specific health cadre or clients.</p> <p>In order to meet the greater accountability required by the new MTSP 2014-2017, UNFPA Uzbekistan will need more rigorous denominator-based indicators. The CP3 and CP4 indicators should be revised to re-establish denominator-based indicators based on best available estimates of number of staff eligible for training, such as number of GPs, Mahalla Advisors or clients/target populations, such as PLHIV.</p> <p>Priority: High. Target Level: Country Office. Based on conclusion: 1 (ref. C 10).</p>
<p>Management Response</p>	<p>Accepted</p>
<p>Comments</p>	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
1.1	Annual review process of the CP3: the existing CP3 indicators will be reviewed and improved where it is applicable, also more quality indicator milestones will be developed and applied.	June 30,2015	Representative, AR, M&E Focal Point	November 17,2014	
				February 10,2015	
1.2	Development of CP4 RRF with denominator-based indicators based on best available data.	October 01,2015	Representative, AR, M&E Focal Point	November 17,2014	
				February 10,2015	

<p>Recomendation 2</p>	<p>Recommendation 2.: UNFPA Uzbekistan should revise the CP3 approach and ensure future CP4 priority activities receive sufficient resources to achieve coverage for greater impact.</p> <p>The initial CP3 emphasis on ambitious coverage targets (such as 80% coverage of GPs for SRH clinical skills) should be re-instated and incorporated into the CP4. Through an in-depth collaborative planning process with Government counterparts, UNFPA should design the CP4 to focus on greater coverage for fewer outputs in order to achieve greater impact, as measured by representative regional baseline and end-line surveys. For example, work with the WC to agree strategies to achieve greater coverage for Mahalla Advisors in priority regions and districts, and/or work with MoH for greater coverage for GPs in rural districts in priority regions.</p> <p>Priority: High. Target Level: Country Office and Implementing Partners. Based on conclusion: 2 (ref. C 11).</p>
<p>Management Response</p>	<p>Accepted</p>
<p>Comments</p>	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
2.1	Annual review process of the CP3 which will review approaches and strategies.	June 30,2015	Representative, AR, M&E Focal Point	November 17,2014	
				February 10,2015	
2.2	New CPD and CPAP development (fewer focused outputs with greater impact)	October 01,2015	Representative, AR, M&E Focal Point	November 17,2014	
				February 10,2015	
Recommendation 3			<p>Recommendation 3.: Country Office should revisit implementation modalities to allow Government and NGO implementation. Explore opportunities for establishing focus area implementation agency status for MoH or the Women's Committee.</p> <p>Despite a recent set-back with attempts to work with Oila through a direct transfer of funds, UNFPA Uzbekistan should continue efforts to pursue National Execution, especially for areas that may be perceived as less controversial, such as working with the National Perinatal Centre on MNCH programs or working with the MoH to facilitate the scale up for cervical cancer screening.</p> <p>Priority: High. Target Level: Country Office and Implementing Partners. Based on conclusion: 3 (ref. C 3).</p>		

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	No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
					Status	Comments
	3.1	Annual review process of the CP3 (revisit implementation modalities, consult with implementing partners NEX implementation modalities)	June 30,2015	Representative, AR	November 17,2014	
					February 10,2015	
	3.2	New CPD and CPAP development (expanding NEX implementation modalities will be considered as part of the new CP partnership strategies)	October 01,2015	Representative, AR	November 17,2014	
					February 10,2015	

Recomendation 4		<p>Recommendation 4.: Program activities should prioritize regions where baseline UNFPA supported studies have been fielded and ensure that planned end-line studies are conducted in these same regions. This will improve the likelihood of generating useful lessons learned and demonstrating a measurable impact.</p> <p>UNFPA has succeeded in supporting useful regional baseline surveys of GBV, Youth SRH, as well as Women’s Access to SRH services. For the remainder of 2014 and the first two quarters of 2015, UNFPA program efforts (including training and peer education) should give priority to the regions with baseline data. The proposed end-line studies for these three areas should be implemented in the same regions during 2015.</p> <p>Priority: High. Target Level: Country Office and Implementing Partners. Based on conclusion: 4, 5 (ref. C 7,8).</p>				
Management Response		Accepted				
Comments						
	No.	Key Action(s)	Deadline	Respo nsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
					Status	Comments
	4.1	Development of CP4 RRF, CPAP Monitoring and Evaluation Plan with quality indicators and defined baselines and targets	October 01,2015	M&E Focal Point	November 17,2014	
					February 10,2015	

<p>Recomendation 5</p>	<p>Recommendation 5.: The UNFPA Communication and Advocacy strategy should be updated to reflect the expectations of the SP 2014-17 with an emphasis on activities in support of Focus Areas designed in conjunction with UNFPA supported surveys to permit rigorous assessment of impact on knowledge attitudes and behaviours.</p> <p>Given UNFPA's new business model as proposed by the SP2014-2017, there will need for increased focus on advocacy and policy dialogue/advice in the CP4. Where feasible, the C&A activities in support of the CP4 components should focus on narrow set of clearly defined issues and implement SBCC programs with sufficient dosage levels that can demonstrate impact as measured by rigorous baseline and follow-up surveys. While all four component areas have been supported, given the relatively low awareness of UNFPA's PD work among the UNCT and other donor agencies (such as ADB), more C&A work on PD activities might help increase its visibility for UNFPA in this important area. In addition, the CO should continue to explore opportunities for joint programming within a C4D initiative that would target UNDAF priority areas in the country.</p> <p>Priority: High. Target Level: Country Office and Implementing Partners. Based on conclusion: 6 (ref. C 12)..</p>
<p>Management Response</p>	<p>Accepted</p>
<p>Comments</p>	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
5.1	Development/Update of the UNFPA Communication and Advocacy strategy which reflects the expectations of the SP2014-17 and takes into account UNFPA classification of Uzbekistan as a pink country.	September 01,2015	Adv/Comm Associate	November 17,2014	
				February 10,2015	

<p>Recomendation 6</p>	<p>Recommendation 6: Focus General Practitioner trainings to achieve greater coverage in rural Public Health Centers with more capacity building concerning Reproductive Health and contraception, as well as better skills for Antenatal Care and referral of high risk pregnancies. Use a similar approach for RHR and GE training for Mahalla Advisors in rural Mahallas.</p> <p>For the remainder of the CP3 and for the CP4, the RHR Focus area team should increase efforts to train GPs and Mahalla Advisors in rural districts on SRH and RR. Support regional perinatal care and MCH training centres to expand EMOC training to increase training coverage for PHC specialists in PHCs, especially to reach GPs, Ob/Gyns and anaesthesiologists in more remote areas and improve process for referrals and improve anaesthesia practices. In order to ensure greater effectiveness in achieving coverage, need to focus on documenting significant coverage for GPs, as well as OB/Gyns, in rural districts. To expedite improved documentation of training coverage, provide TA to MoH counterparts, such as Tashkent Institute for Advanced Medical Education (TIAME), for database development and use of database for effective monitoring of GP trainings (both number of trainers and the number of persons trained by specific trainers, controlling for region and district). As part of 2015 annual work-plan and new CP development, collaborate with the WC to revise the training objectives for Mahalla Advisors with an expectation of achievement of 80% coverage by the middle of the CP4.</p> <p>Priority: High. Target Level: Country Office and Implementing Partners. Based on conclusion: 7 (ref. C 2).</p>
<p>Management Response</p>	<p>Accepted</p>
<p>Comments</p>	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
6.1	Development and implementation of AWP's for 2015 with focus on greater coverage of rural areas and target groups defined in the CP3	December 31,2015	RH NPO, RH Programme Associate	November 17,2014	
				February 10,2015	
6.2	New CPD and CPAP development (more focus given to coverage of rural areas)	October 01,2015	Representative, AR	November 17,2014	
				February 10,2015	

<p>Recomendation 7</p>	<p>Recommendation 7: Continued responsibility for UNFPA staff to a) collaborate with KfW and MoH to monitor and support contraceptive procurement b) support technical assistance to reduce stock-outs and c) re-position FP by introducing the Total Marketing Approach.</p> <p>This continued UNFPA responsibility might include: a) Quarterly meetings (or telephone conferences), or more frequent, between KfW, UNFPA, MoH and Republican RH Centre to review contraceptive supply situation. b) follow-up on-the-job technical assistance by international contraceptive commodity supply expert for RRH Centre on contraceptive supply monitoring via excel spreadsheets and channel software. In collaboration with RRH Centre, UNFPA RHR Focus area team should hire an external consultant to review the current RRH Centre system for monitoring stock-outs toward rigorous reporting for all regions with greater attention to condoms. This continued UNFPA responsibility for coordination should be institutionalized to involve all key actors concerned with GPRHCS. In view of the CO training under the Regional UNFPA team on Policy Advocacy techniques for the re-positioning of FP by introducing the Total Marketing Approach in Uzbekistan, the implementation of Policy Advocacy strategy and the TMA National Action plan is relevant to this recommendation.</p> <p>Priority: High. Target Level: Country Office and Implementing Partners. Based on conclusion: 8 (ref. C 1).</p>
<p>Management Response</p>	<p>Accepted</p>
<p>Comments</p>	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
7.1	Development of the strategy paper for introduction of the Total Marketing Approach in Uzbekistan	June 30,2015	RH NPO, RH Programme Associate, Director of Republican RH Centre, Head of MCH department of MoH	November 17,2014 February 10,2015	

7.2	Revision the current RRH Centre system for monitoring stock-outs toward rigorous reporting for all regions	June 30,2015	RH NPO, RH Programme Associate, Director of Republican RH Centre, Head of MCH department of MoH	November 17,2014	
				February 10,2015	
7.3	Establishment regular quarterly telephone conferences between KfW, UNFPA, MoH and Republican RH Centre to review contraceptive supply situation.	June 30,2015	RH NPO, RH Programme Associate, Director of Republican RH Centre, Head of MCH department of MoH	November 17,2014	
				February 10,2015	

<p>Recomendation 8</p>	<p>Recommendation 8: Build on existing institutional collaborations to increase UNFPA support for school-based curricula development and implementation, including advocacy and support for systematic evaluation to permit continuous improvement.</p> <p>In view of the high potential for sustainability, UNFPA should provide additional resources for the development, implementation and assessment of the school-based curricula, including extra resources to ensure that expansion to all regions proceeds systematically while maintaining highest possible standards for impact.</p> <p>Priority: High. Target Level: Country Office and Implementing Partners. Based on conclusion: 9 (ref. C 5).</p>
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<p>Comments</p>	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
8.1	Development and implementation of Young People related AWP's for 2015 with greater focus on supporting formal education sector to promote Healthy Lifestyle Education in schools, colleges and lyceums.	December 31,2015	NPO on Youth and Gender , Youth Programme Assistant	November 17,2014	
				February 10,2015	
8.2	New CPD and CPAP development (more focus given to support health education in formal education sector)	October 01,2015	Representative, AR, NPO on Youth and Gender	November 17,2014	
				February 10,2015	

Recomendation 9	<p>Recommendation 9: Maintain peer education program momentum through adequate staffing; improve the peer education program results through better use of the peer educator database.</p> <p>In order to sustain the peer education program, UNFPA must make a commitment to support at least one full time staff person to maintain peer education operations for the next country program. This should include responsibility for obtaining appropriate technical support for improving the overall M&E system for outreach activities, including the peer education database with an explicit effort to develop valid estimates of coverage of eligible youth populations by region that permits tracking not only the count of number of persons reached, but track the productivity of peer educators by monitoring the number of sessions conducted by individual trainers. As needed, this support could be provided to UARH or other youth NGOs.</p> <p>Priority: High. Target Level: Country Office and Implementing Partners. Based on conclusion: 10 (ref. C 4).</p>
Management Response	Accepted
Comments	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
9.1	Update/Improve Peer Education Database to improve monitoring of outreach activities	June 30,2015	NPO on Youth and Gender , Youth Programme Assistant	November 17,2014	
				February 10,2015	
9.2	Support to establishment of national partner's database for monitoring of Peer Education outreach activities	June 30,2015	W'sC, NPO on Youth and Gender , Youth Programme Assistant	November 17,2014	
				February 10,2015	

<p>Recomendation 10</p>	<p>Recommendation 10: UNFPA CO should reinforce its well-deserved reputation among the UNCT and the donor community by maintaining its organizational commitment to implement all four CP3 program focus areas, but with greater attention to the visibility and impact of the PD Focus Area.</p> <p>The UNFPA CO should invest greater resources in PD activities in CP3 and CP4 to increase the visibility and impact of capacity building for PD, especially in applied public health contexts. This investment could include a focus on communication about PD issues and inter-agency collaboration on PD capacity building activities.</p> <p>Priority: High. Target Level: Country Office and Implementing Partners. Based on conclusion: 11 (ref. C 9).</p>
<p>Management Response</p>	<p>Accepted</p>
<p>Comments</p>	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
10.1	Development and implementation of Population and Development related AWP for 2015 with greater focus on visibility, sharing of population data with partners and promoting inter-agency collaboration.	December 31,2015	NPO on PD, Adv/Comm. Associate	November 17,2014	
				February 10,2015	
10.2	New CPD and CPAP development (more focus for visibility in the area of PD and communication of PD activities)	October 01,2015	NPO on PD, Adv/Comm. Associate	November 17,2014	
				February 10,2015	
Recommendation 11			<p>Recommendation 11: Consistently maintain the policy of linking capacity building trainings for data collection agency staff prior to planned surveys.</p> <p>The UNFPA PD Focus area has contributed to improved survey data collection quality and should collaborate with the RHR, Youth and Gender Focus areas to ensure that no data collection is done by an agency without prior capacity building from highly competent external experts, including ISR prior to the planned SRH end-line survey.</p> <p>Priority: High. Target Level: Country Office and Implementing Partners. Based on conclusion: 12 (ref. C 6).</p>		

Management Response				Accepted		
Comments						
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					Status	Comments
	11.1	Development of technical backstopping plan to ensure capacity building of partner research institutions	June 30,2015	NPO on PD	November 17,2014	
					November 17,2014	
					February 10,2015	