



COUNTRY PROGRAM EVALUATIONS

2018-2022

Synthesis of lessons learned and recommendations for designing and implementing a new cycle of country programs in latin america and the caribbean.

**Ending preventable maternal deaths,
the unmet need for family planning,
gender-based violence and all
harmful practices**

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Synthesis of the evaluations of Country
Programs in Latin America and
the Caribbean the Caribbean,
between 2018 and 2022

COORDINATION - REGIONAL OFFICE FOR LATIN AMERICA AND THE CARIBBEAN, UNFPA

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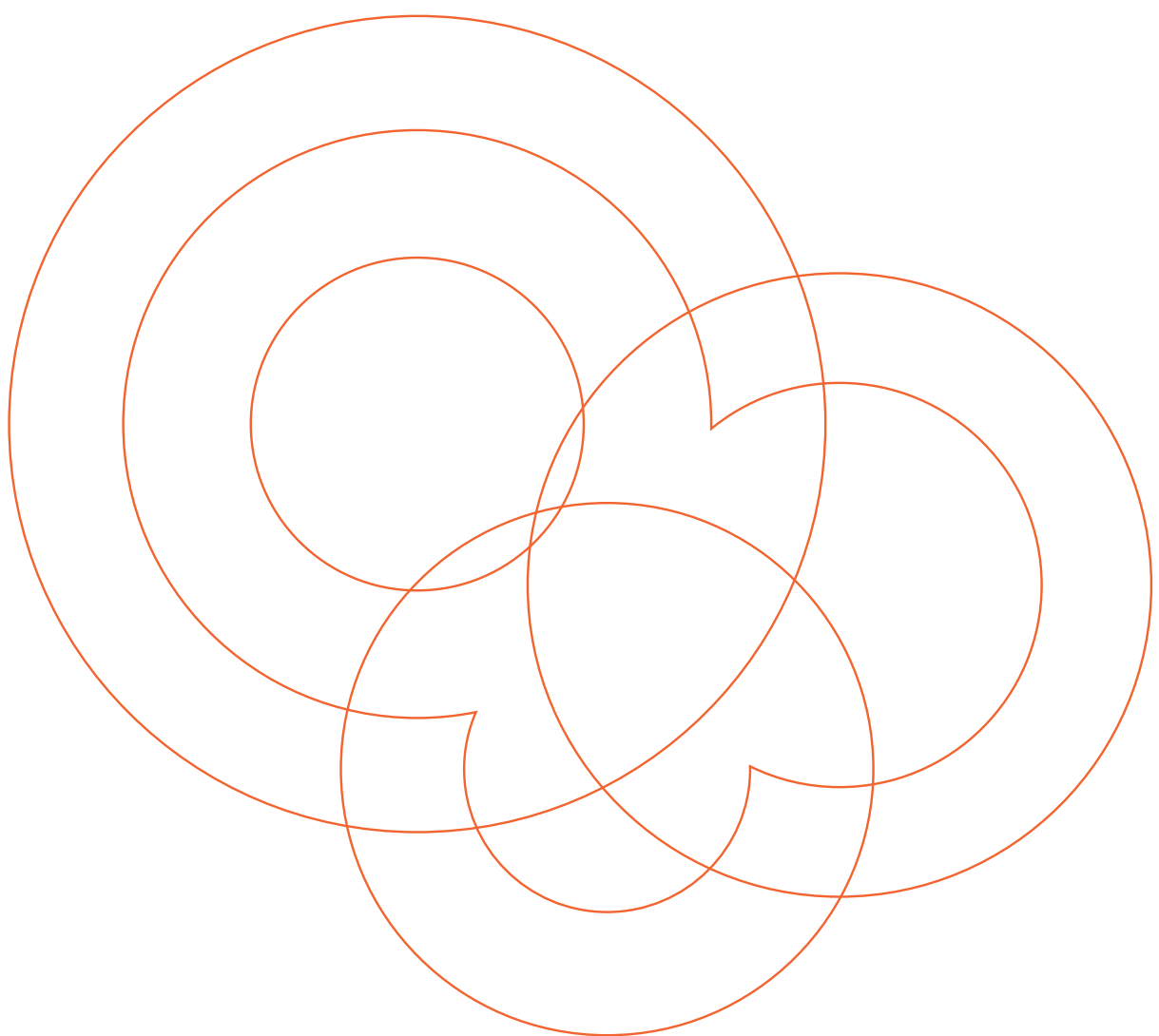


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ACRONYMS

CARICOM	Comunidad (de Estados) del Caribe
ICPD	International Conference on Population and Development
CPD	Country Programme Document
CPE	Country Programme Evaluation
SSC	South-South cooperation
IUD	Intrauterine Devices
CSE	Comprehensive Sexuality Education
ENIPENA	Estrategia Nacional Intersectorial de Prevención de Embarazo en Niñas y Adolescentes
UPR	Universal Periodic Review
EQA	Evaluation Quality Assessment
RBM	Results-based management
GPJ	Grupo Parlamentario de Jóvenes
LACRO	Regional Office for Latin America and the Caribbean
LEIV	Ley Especial Integral para una vida Libre de Violencia para las Mujeres
LGBTQI+	Población Lesbiana, Gay, Bisexual, Trans, Queer and Intersex plus
LNOB	Leaving No One Behind
FGM/C	Female Genital Mutilation/Cutting
MINSA	Ministerio de Salud de la República de Panamá
MISP	Minimum Initial Service Package
MSPS	Ministerio de Salud y Protección Social de Colombia
SDG	Sustainable Development Goals
OSC	Organizaciones de Sociedad Civil
RHCS	Reproductive Health Commodity Security

SALMI Sistema de Información para la Administración Logística de Medicamentos e Insumos

SRHR Sexual and Reproductive Health and Rights

SNA Sistema Nacional de Atención para Mujeres que enfrentan la Violencia

UNS United Nations Sistem

SRO Sub-Regional Office

SRH Sexual and Reproductive Health

ToC Theory of Change

UCSF Unidad Comunitaria de Salud Familiar

UIAM Unidad Integral de Atención de la Mujer

UNCT United Nations Country Teams

UNFPA United Nations Population Fund

UNICEF United Nations Children's Fund

GBV Gender-Based Violence

HIV Human Immunodeficiency Virus





INTRODUCTION

This report synthesizes 20 lessons learned and 10 recommendations derived from the results of 13 Country Program Evaluations (CPE) of UNFPA, United Nations Population Fund in the period of the Strategic Plan 2018-2021. A total of 1048 texts were extracted and analyzed according to 3 guiding questions:

- What were the key results of the Country Programs in the region?
- What strategic decisions on key intervention models accelerated the achievement of results?
- What were the main recommendations from the evaluations to advance effective Country Programs and contribute to transformative results?

Access to evidence from independent evaluations is essential in achieving transformational organizational results. Evidence-based programmatic decision-making helps sustain an organizational context that benefits from continuous learning to solve complex, dynamic, and structural problems.

In particular, the results of the CPEs facilitate strategic decision-making by managers and programmatic units of the Regional and Country Offices in Latin America and the Caribbean. Moreover, they provide evidence-based information about what has worked in previous cycles. This evidence-based understanding of the enabling mechanisms that accelerate transformational results maximizes the effective use of resources as UNFPA's value-added and enables the most significant impact and sustainability of its actions.

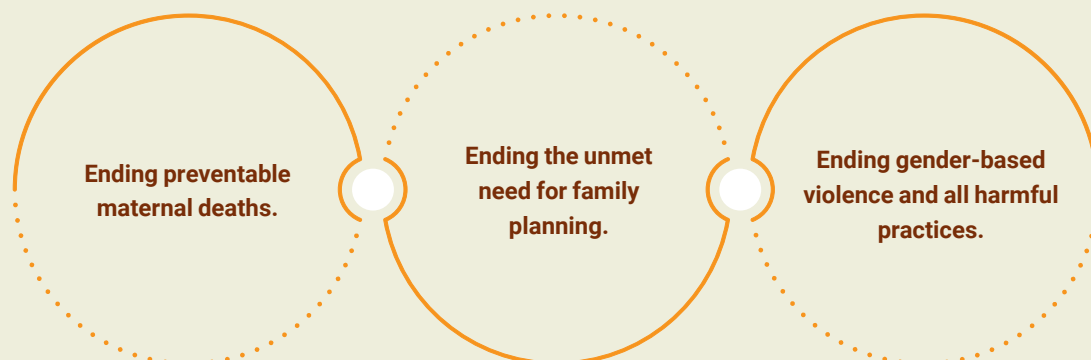
To rescue the learning potential of the recently evaluated program cycles, the Regional Office for Latin America and the Caribbean (LACRO) carried out a synthesis of the results, lessons learned and recommendations of the CPEs made during the period of the Strategic Plan 2018- 2021.

OBJETIVES OF THE SYNTHESIS



This synthesis provides feedback on organizational learning at the regional level between the 2018-2021 and 2022-2025 strategic cycles. As it is produced at the close of the 2018-2021 UNFPA Strategic Plan cycle, it provides Country Offices and the Regional Office with lessons and recommendations drawn from recent evaluations. They also guide a critical reflection that helps define regional strategies in LACRO and the design and implementation of new PCD cycles in the region. Finally, they provide elements to speed up the achievement of the three transformative results in the timeframe of the new Strategic Plan 2022-2025:

TRASNFORMATIVE RESULTS



The compilation of evidence and good practices identified in the CPEs are part of this synthesis, which adds to the growing efforts of the Regional Office to provide its workers with more outstanding quality and relevance in:

- Designing and implementing programs at regional and country levels.
- Advance the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) and the Nairobi commitments.
- Contextualize and facilitate the implementation of the Strategic Plan 2022-2025.

In addition to an organizational learning input, the results and main messages of this synthesis will be available to governments and UNFPA partner organizations in the region. It adds to the advocacy work for the definition of public policies that advance in the areas of Sexual and Reproductive Health and Rights (SRHR), family planning, and the elimination of violence against women and girls in the countries, particularly in attention to the problems of the most vulnerable populations.





1. METODOLOGY

1.1. DATA

The SPCs whose Country Programs (CPD) covered at least some part of the 2018-2021 corresponding to the last UNFPA Strategic Plan were considered for this synthesis. (Table 1) ¹

Tabla 1 | Fechas de las CPE y ciclo estratégico cubierto por los CPD

Country	Date of CPE	Cicle of CPD evaluated	Strategic Plan 2018-2021
Cuba	Nov. 2018	2014 - 2018	Yes / 1 año
Guatemala	Dec. 2018	2015 - 2019	Yes / 2 años
Colombia	Jan. 2019	2015 - 2019	Yes / 2 años
Venezuela	Jan. 2019	2015 - 2019	Yes / 2 años
Paraguay	Jan. 2019	2015 - 2019	Yes / 2 años
El Salvador	Mar. 2020	2016 - 2020	Yes / 3 años
Panamá	Oct. 2020	2016 - 2020	Yes / 3 años
Brasil	Ago. 2021	2017 - 2021	Yes / 4 años
Honduras	April 2021	2017 - 2021	Yes / 4 años
Caribe SRO	Oct. 2021	2017 - 2021	Yes / 4 años
Haití	Dec. 2021	2017 - 2021	Yes / 4 años
Bolivia	Jan. 2022	2018 - 2022	Yes / 4 años
Ecuador	May. 2022	2019 - 2022	Yes / 3 años

To ensure the consistency of the analysis, this synthesis took into account the UNFPA Corporate Quality Assessment System for Evaluation Reports (EQA rate) ². According to the data in Table 2, 100% of the available final evaluation reports of the DPCs, and whose execution period coincides in part or in its entirety with the 2018-2021 Strategic Plan, integrates the information from the 13 CPEs. Of the 10 FPCs, 62% are of Very Good quality³ and 38% of Good quality⁴. For more information about the evaluation models and their respective quality assessments, see the example in Annex 2.

¹ CPE: During that time, UNFPA completed 13 country program evaluations (CPEs) with the exception of Bolivia and Ecuador, whose reports were completed in 2022 but had started to be developed in 2021

² EQA rate: Corporate, regional, and Country Program evaluation reports are subject to a quality assessment managed by the UNFPA Evaluation Office and conducted by an external consultancy, which oversees the evaluation reports using a quality guide and template, which can be accessed here: <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>

³ Very good: Defined in the quality assessment guide as "strong, above average."

⁴ Good: Defined as "satisfactory".

Tabla 2 | Evaluaciones de Programas de País (CPE) y calificación de calidad, 2018 a inicios de 2022

Year of completion of the CPE	EQA rate - Excellent	EQA rate - Good
2018	Guatemala, Cuba	
2019	Colombia	Venezuela, Paraguay
2020	El Salvador	Panamá
2021	Honduras, Brasil, Caribe-SRO	Haití
2022	Bolivia	Ecuador
Total (y %)	8 (62%)	5 (38%)

Figure 1 shows the geographic coverage of the SPCs analyzed.⁵



5 The Subregional Office (SRO) for the Caribbean covers the following countries: Anguilla; Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Curaçao, Dominica, Grenada, Guyana, Jamaica, Montserrat; Saint Kitts and Nevis, Saint Lucia, Sint Maarten, Saint Vincent, and the Grenadines, Suriname, Trinidad, and Tobago, and Turks and Caicos Islands.

1.2. METHOD AND STAGES

This synthesis supported a systematic review and analysis of existing evidence in the SPCs. The qualitative documentary review method was guided by thematic coding, as well as by the labeling and aggregation for each of the codes of findings, conclusions, recommendations, lessons learned, and good practices related to the questions that guided the synthesis.

The evidence mapping was organized according to the following structure:

EVIDENCE MAPPING

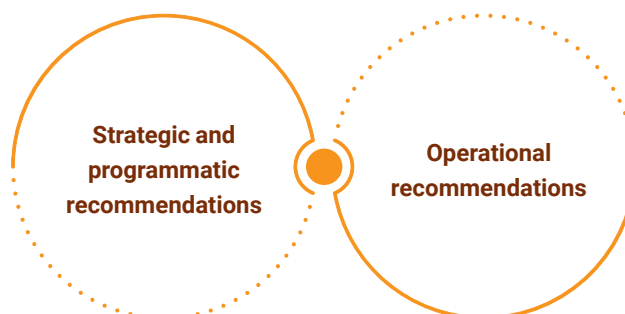
1. Key results of the Country Programs in the region



2. Major intervention models and strategic decisions that speed up results



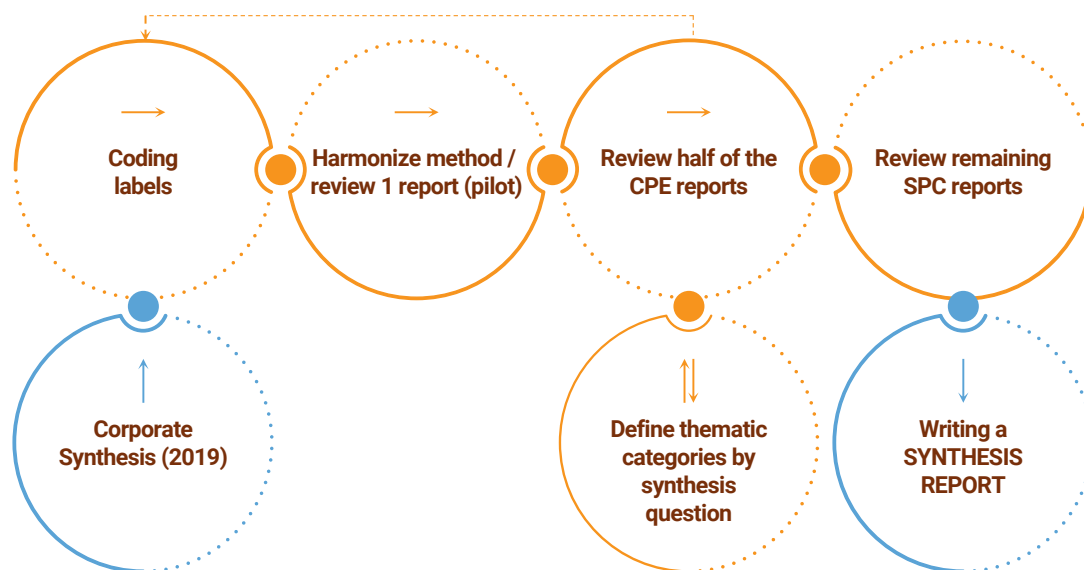
3. Evaluation recommendations to advance effective Country Programs and contribute to transformative results



This report reflects the organization of evidence. It contains independent sections that answer each of the three questions on which the synthesis was based.

The above classification makes it possible to identify relationship patterns that defined general categories. The purpose is to have a thematic synthesis allusive to each transformational objectives, and to identify examples to highlight a particular good practice (see Illustration 2).

Illustration 2 Work method



The coding took as initial reference the one used in the Global Synthesis carried out based on 57 evaluation reports (UNFPA 2019) ⁶. However, since the “critical mass” (number of CPEs) was lower for the UNFPA-LACRO case, the relevance of some categories of analysis was revised from a pilot test and again when half of the reports were processed.

As background, this synthesis also reviewed the first analysis of good practices conducted at the regional level based on the results of the CPE reports completed in 2018 and 2019.

For the total number of CPEs reviewed, 1048 texts ⁷ were extracted and entered a database as evidence mapping and placed in their corresponding analytical categories (Annex 3). Then, the set of evidence for each category was analyzed following the inductive procedure ⁸ and information saturation ⁹ typical of qualitative analysis.

⁶ Codification: This was informed by the mandate derived from the Plan of Action of the International Conference on Population and Development (ICPD; Cairo, 1994), the Nairobi Summit ICPD 25: Accelerating the Promise (2019), and the Montevideo Consensus on Population and Development (2013).

⁷ **Texts:** Of which, 724 correspond to the Findings, Conclusions, and Lessons Learned sections of the SPCs, and 324 to the Recommendations section.

⁸ **Inductive analysis:** It uses particular premises to reach a general conclusion.

⁹ Theoretical saturation: It is reached when the information collected does not provide relevant data about the properties and dimensions of the analysis categories.

The extraction and analysis of the information considered the aspects linked to the program design and execution that influenced the achievement of the results. The reference was the UNFPA Strategic Plan 2018-2021, in force in most of the DPCs evaluated.

The analytical categories considered elements of the problems addressed by UNFPA in Latin America and the Caribbean region. The synthesis detected contextual or institutional factors that limit or favor results. The socio-political context of each country and the differential institutional capacities of governments and implementing partners with which the organization works in alliance as well as their evolution over time, were taken as a reference. Both factors influenced the definition of UNFPA's programmatic priorities and the achievement of its objectives.

The nature of the findings and recommendations of the CPEs were marked by the cycles of assistance (by the number of approved Country Programs). This indicated the seniority of UNFPA in the country; however, one of the most relevant factors was the category/color¹⁰ assigned to each country or sub-region. In some cases, this led to related evidence and potentially replicable recommendations between countries, such as the same color code (Table 3). Therefore, these factors were considered when interpreting the scope of the results and the aggregation of evidence and recommendations.

10 Category/Colour: According to Decision 2013/31, the determination of the color code by country is the result of the relationship between the needs that a country faces and its ability to finance its own interventions. From less to greater proportionality between both realities, they are: red, orange, yellow and pink. For example, countries with a red code represent very high or high needs and low or medium-low capacities to finance their national programs; while countries with code pink represent high capacities to nationally finance any level of existing needs, from very high to low. This color code has been a fundamental pillar of UNFPA's way of working (business model's core), since it has guided UNFPA's partnership and action models in the country: advocacy and political dialogue; knowledge management, capacity development, and/or provision of services. (Sources: UNPF Strategic Plan 2014-2017, Annex 3 Business model, pp. 6-8; and UNFPA Strategic Plan 2018-2021, Annex 4 Business model, pp. 6-9).

Table 3 Country program cycles, by category

Country	Category ¹¹	Cycle of attendance
Haití	Red	Sixth
Bolivia	Orange	Sixth
Guatemala	Orange	Seventh
Honduras	Orange	Eighth
Venezuela	C ¹²	Third
Colombia	Pink	Sixth
Brasil	Pink	Sixth
Caribe SRO	Pink	Sixth
Ecuador	Pink	Seventh
Cuba	Pink	Eighth
Panamá	Yellow	Third
Paraguay	Yellow	Seventh
El Salvador	Yellow	Eighth

The **work plan** is summarized in Table 4 below.

Table 4 Stages of the work plan

□ Initial meeting with the UNFPA-LACRO Monitoring and Evaluation Unit
□ Documentary dossier review: Country Program Evaluation Reports (13 CPEs)
□ Determination of initial analysis and coding categories (tags) with UNFPA-LACRO
□ Piloting a country assessment report to harmonize analysis and coding perspectives
□ Processing of findings and recommendations from 4 country reports
□ Report structure, scope and limits of the synthesis, and approval by UNFPA-LACRO
□ Processing of findings and recommendations of the remaining 8 country reports
□ UNFPA-LACRO country assessment synthesis report draft 2018-2022
□ Incorporation of comments made by UNFPA-LACRO
□ Final version of UNFPA-LACRO Country Program Evaluation Synthesis Report 2018-2022.

11 Per UNFPA Executive Board decision 2103/31.

12 According to the categories established in the UNFPA Strategic Plan 2014-2017. It is equivalent to code Pink.

1.3 CHALLENGES AND LIMITATIONS

This synthesis exercise and the structured qualitative analysis methodology implied some challenges and limitations described below. Where possible, mitigation measures were introduced.

- It covered final evaluations of CPD executed under the 2018-2021 Strategic Plan, which established a results framework different from the 2022-2025 Strategic Plan, which guided the evidence mapping. As a result, the transition of the evidence identified in the CPEs between one strategic cycle and another was not always directly established, as they were organized under different result areas and themes.
- The synthesis took secondary data present in the CPEs. This means that it is bounded by each report's evaluative approach and methodological quality parameters. Among other consequences, it means that:
 - The evaluation was based on predefined criteria (effectiveness, efficiency, relevance, Etc.). The findings were presented in terms of results and, to a lesser extent, in terms of critical factors - catalytic or limiting processes - that explain the results.¹³ This means that the CPE reports overexpose the scope of achievements obtained and limit the identification of good practices by not delving into the successful factors or processes that could be likely to be replicable or scalable
- Although the level of contribution in terms of outputs is well documented in the CPEs, evaluation reports usually do not provide detailed findings on the level of contribution to immediate effects. The coding carried out had difficulties in establishing explicit links in the CPEs, between the actions carried out or supported by UNFPA, and their contribution to transformative results. When information in this sense is presented in this synthesis, it should be taken under the idea of UNFPA's contribution to such outcomes, never attribution or causality.
- The synthesis considered the categorization of the findings, conclusions, and recommendations made in the CPE reports as a fact. It did not question their quality, as this was an exercise already covered by the organization. For example, it did not discuss whether a finding under the family planning theme was correct.

¹³ By definition, criteria-based evaluation takes the results in at least one of the interpretation references of each criterion as a reference for judgment. Thus, relevance is the evaluative analysis of the planned results concerning the context (needs of the target population or institutions) and coherence (expected results versus policies). In general terms, effectiveness refers to the results achieved versus those planned; efficiency, the resources and processes put in place versus the results achieved; impact, the contribution of the results achieved to higher-order objectives; and sustainability, the extent to which the results achieved will last and what factors (institutional, political, technical, sociocultural, Etc.) emphasize this condition.

However, it took that information directly and categorized it into the theme defined for the synthesis exercise.

- It compared country programs implemented in varied cultural frameworks and socio-political realities, even within the same region. One of the multiple context categories was the Central American and Andean subregions, with Brazil as the only Portuguese-speaking, Spanish-speaking Caribbean, English-speaking Caribbean, and Dutch-speaking country. Haiti, for its part, has a different reality from the rest of the countries and subregions of the continent.¹⁴ This diversity was a challenge for the generalization of the findings and conclusions. Consequently, the focus of the analysis was on standard practices and trends grouped by specific programmatic areas and based on identifiable examples in most of the reports.
- Another limitation that must be considered when interpreting this synthesis was the unequal coverage of transformative results and how they were put into operation in each country program. The intention to structure a set of evaluative evidence equally for the three transformative outcomes, led to less geographically diverse examples. Some CPEs went into more detail than others.

The most recent CPEs carried out during the COVID-19 period, had serious difficulties in reporting on the contribution to transformative results. In addition to the lack of secondary data in this regard, this was a consequence of obstacles to interviewing target groups who accessed and used Sexual and Reproductive Health (SRH) services during the evaluation process, as evidenced in the “Limits of the Evaluation” sections.

Finally, there was a tendency in the CPE reports identifying recommendations and good practices far removed from the availability and access to resources that both multilateral organizations and UNFPA have had for some years. Although the synthesis did not question their relevance or pertinence, the situation conditions the time and efforts required to implement these systematized recommendations and good practices.

¹⁴ In some cases, the differential factors of the Haitian context lead to a differential reading of the findings of its CPE. Therefore, clarifications or footnotes are introduced throughout the report to draw attention to the need to adapt the reading of the good practices and systematized recommendations of the 13 CPEs to the Haitian context.





2. LESSONS LEARNED THAT CONTRIBUTE TO RESULTS ¹⁵

Evidence of the three transformative outcomes aggregated for each area is presented below. Additionally, the regional priority of Leaving No One Behind (LNOB) and references to the six outputs that contribute to its progress are included. Given its transformative and cross-cutting nature, the regional priority of Leave No One Behind (LNOB) has been highlighted with a special section.

Transformational results

- Ending preventable maternal deaths
- Ending the unmet need for family planning
- Ending gender-based violence and all harmful practices

Results (outputs)

- *Output 1. Policy and accountability*
- *Output 2. Quality of care and services*
- *Output 3. Gender and social norms*
- *Output 4. Demographic changes and data*
- *Output 5. Humanitarian action*
- *Output 6. Adolescents and youth*

Regional cross-cutting priority

- Leave No One Behind (LNOB)

By analyzing good practices, the synthesis describes how a particular programmatic approach contributed to achieving the transformational outcome and its intermediate results. To illustrate this, it presents examples drawn from some of the FPCs analyzed.

¹⁵ In response to the first question of the synthesis: What were the key results of the country programs in the region?

BEST PRACTICES THAT CONTRIBUTE TO TRANSFORMATIVE RESULTS

Evidence 1: Progress has been made to make teenage pregnancy visible and prevent it as a problem of integral health and Sexual and Reproductive Rights (SRR). In a politico-religious and conservative context and a biologist vision, institutions have been urged to strengthen the social protection system to act decisively in the face of underlying sexual violence and to reinforce the SRR approach

In a highly conservative cultural, political, and religious context, stigmatization and legal and institutional violence burden young women and girls' personal and educational development. Therefore, UNFPA accompanies the prevention of adolescent pregnancy in an active institutional and social dialogue, making it visible as an integral health problem and as a failure of the social protection system.

The technical levels of the public institutions of reference are integrating this discourse and introducing changes in the protection system. However, the prevention of teenage pregnancy is not systematically incorporating sexual violence, incest, and coercion, determinants of motherhood among young women and girls between 10 and 14 years of age.

Legal changes and parliamentary initiatives have been deactivated by the conservative political current and a reactionary sociocultural and religious reality. In addition to persevering in the political dialogue with the Executive and diversifying its alliances (legislative arc, media, CSO champions), actions at the level of communities and grassroots religious organizations are a bottom-up alternative for UNFPA to advance in this paradigm shift regarding the criminalizing consideration of teenage pregnancy.

- In Salvador, UNFPA supported the visibility of pregnancy among girls and adolescents as a comprehensive health problem linked to gender-based violence (GBV) and a social protection system failure, not merely a health issue.
- Sexual and domestic violence against girls and adolescents is understood as a violation of SRR. In addition, precocious and early pregnancy has costs in terms of systemic development: low returns on public investment in girls, failure to take advantage of the female demographic bonus, and links to intergenerational mechanisms of poverty reproduction, according to UNFPA studies.
- According to a government's source: "One of the greatest advances as a country in the issue of adolescent pregnancy was to move from a biologist approach to seeing it as a social problem in which all State institutions are called upon to eradicate according to our powers."

- “In Panama, the implementation of Comprehensive Sexuality Education (CSE), is an important challenge, within the framework of compliance with the priority measures of the Montevideo Consensus and the Sustainable Development Goals (SDGs), as well as in the exercise effectiveness of the SRR of adolescents and youth. This requires greater proactivity in partnership with other agencies of the United Nations System (UNS).
- The public sector has promoted actions for the prevention of unintended and consecutive pregnancies among adolescents; however, forced early unions and the permanence of pregnant adolescents within the regular school system must be addressed institutionally and urgently.
- In the Caribbean subregion, UNFPA is constantly working to reduce the prevalence of adolescent pregnancy through the Caribbean Community Integrated Strategic Framework (CARICOM) to address adolescent pregnancy. However, adolescents are disproportionately affected by barriers to contraceptive access. For example, Guyanese adolescents aged 15-19 years represent 61.9% of the population with an unmet need for family planning (MICS, 2014).
- A review of the policy and legislative environment demonstrates how restrictive laws and policies exacerbate the problem of adolescent pregnancy. For example, nine countries in the Organization of Eastern Caribbean States (OEC) set the minimum age of consent lower than the age for accessing SRH services without parental consent. In addition, UNFPA interventions have contributed to improved access to reproductive health information and services. However, geographic, social and cultural norms and ideological opposition to family planning, among other issues, often impede access to services.
- In Honduras, women’s physical integrity and lives are affected by weak state institutions, the naturalization of violence in socio-educational communities, the absolute prohibition of all forms of abortion, and the use of the emergency contraceptive pill for victims of sexual violence.
- In line with the 2018-2021 Strategic Plan, which establishes less emphasis on “delivering things” and prioritizes “delivering thinking,” the Country Office provided new interpretations of social problems, establishing the idea of early pregnancy as a failure of the social protection system that distorts national poverty reduction and development efforts.
- Investment in sexual and reproductive rights for the prevention of early fertility was positioned as a necessary condition to take advantage of the window of opportunity of the country’s demographic bonus.

- In Bolivia, adolescent pregnancy is highly prevalent, with a fertility rate for the 15-19 age group of 71 births per 1,000 adolescents. This is higher than the average for Latin America and the Caribbean (62 births). Of adolescents between 15 and 19 years of age, 14.8% have been pregnant at some time in their lives, and this percentage is higher for those living in rural areas or the plains regions of the country (Beni, Santa Cruz, and Pando). These adolescents have studied up to the primary school level and have a native language as their mother tongue.
- Experiences with Comprehensive Sexuality Education (CSE) in the Cabinets of Comprehensive Attention to Students (GAIE) indicate an effective reduction in these rates. However, the measurement of the effective contribution of GAIE in the reduction of pregnancies in the academic units with which it works, as well as the reduction of violence in dating relationships between adolescents, and other problems to whose prevention this service contributes, has yet to be developed.
- The GAIEs are tools for awareness-raising and training. Trained teachers and students form a force for social control and enforceability. It is worth mentioning that GAIEs have been promoted by UNFPA and are included in national, departmental, and municipal regulations. These specific experiences -in 2019, GAIEs were reported in 16 municipalities, 5 in Chuquisaca, 3 in Cochabamba, and 8 in Viña del Mar.
- In Cochabamba and 8 in Viacha and La Paz - it should be demonstrative for larger-scale work, including urgent attention to the population under 15 years of age. They should also establish a link between prevention and attention to sexual violence.



Evidence 2. The reduction of preventable maternal mortality and harmful GBV practices has been significant by articulating comprehensive actions that prioritize

- accessibility to care services in dispersed and rural areas,
 - application of protocols and obstetric emergencies,
 - A comprehensive and sustained approach with a generational perspective¹⁶ sensitive to gender and the different ethnic and cultural realities.
-

UNFPA has contributed to the reduction of maternal morbidity and mortality, as well as to raising awareness of harmful GBV practices -including genital mutilation-particularly among indigenous and Afro-descendant women and adolescents. In addition, support and advice to governments on comprehensive actions have been strategies to address deficiencies in access to care in rural areas. An intercultural and gender-sensitive approach has also been promoted, as well as the implementation of clinical protocols for emergency obstetric care.

In several countries, progress has been made in applying technical guidelines for the care of women in the preconception, prenatal, delivery, puerperium, and newborn periods. A focus on the promotion, prevention, and care of complications was adopted, and the concept of obstetric violence was introduced. Several success stories were sub-national in scope or prioritized areas with more severe rates. Scaling up these successful practices to influence national programs and policies remains a priority. It is also necessary to learn from unsuccessful experiences when they show the way to consistent and comprehensive work that challenges changing habits and behaviors rooted in society.



¹⁶ The generational perspective prioritizes the need to improve SRH services for youth and adolescents, considering them as subjects of rights in decision-making and ensuring their best interests.

- In Paraguay, the government's Health Committee for the Analysis of Maternal Deaths determined that 80% of maternal deaths are caused by failures related to the third delay. Therefore, it has been necessary to strengthen health services and develop human resource competencies to respond to obstetric emergencies.

The country has an updated National Maternal Morbidity and Mortality Surveillance System with maternal death search and fetal and neonatal morbidity and mortality surveillance components. It is jointly supported by UNFPA, PAHO/WHO, and UNICEF. In addition, UNFPA has supported the production of 14 regulations, guides, and manuals for the organization of services, directing attention to the SRH of the population in general and adolescent maternal health in particular. Providing a regulatory framework and protocols for action has made it possible to unify criteria, standardize care and make it possible to monitor it.

- In Colombia, UNFPA has promoted actions to bring about a cultural change with the support of the Ministry of Health and Protection (MSPS). The objective is to encourage the eradication of female genital mutilation (FGM) by raising awareness among regional organizations and representatives of 26 shelters in Risaralda, Valle, and Chocó. Short meetings were held (2 days of exchanging experiences and training in SRH with an intercultural approach). As a result, progress was made in understanding the harm caused by FGM and the importance of the work of leaders, community leaders, and regional organizations in its elimination. However, the desired result, the elimination of FGM, has not been achieved, which should be taken collectively as an exercise in reflection.

Among the most relevant causes for the delay in results are the extension of coverage to 26 shelters, the short duration of the actions, their discontinuity, the absence of follow-up, and the lack of intervention at the community level. It should be taken into account that FGM implies a cultural transformation that takes years, according to successful experiences in other countries. It is unrealistic to expect substantive progress from short-term meetings that do not have continuity or effects at the community level.

- In Cuba, the adoption and use by the Maternal and Child Care Program - Ministry of Public Health of Cuba (PAMI-MINSAP) of the Code Red Strategy of the World Health Organization (WHO) for the care of obstetric emergencies due to hemorrhagic causes at the time of delivery, has made possible "access to a novel training method" with 250 trained specialists. This materialized in a reduction of maternal deaths: 5 fewer deaths in 2017 than the previous year (at a rate of 41 to 38.3 per 1000 live births).

- In Panama, the reduction of maternal mortality in the Ngäbe Buglé indigenous region has been a contribution of UNFPA to strengthen access to quality maternal health services with intercultural and gender approaches. With the development of actions, obstetric emergencies have been attended to, support has been provided in maternity homes, and the articulation of community multipliers has been facilitated.

In SRH, UNFPA has incorporated a community vision of health and strengthened links between the community and the health sector in the Comarca Ngäbe Buglé. The organization has been working there for more than 15 years. However, despite the work done, these actions may be insufficient if the unsatisfied demand of indigenous women continues due to a weakened contraceptive security system.

- In Haiti, UNFPA's support of Emergency Obstetric and Neonatal Care (SONU) has prevented the deterioration of maternal and neonatal health, despite the multiple crises unleashed during the period. In addition, it has worked to minimize situations of shortages due to power outages by maintaining free access.

Despite these efforts, little progress has been made in the compliance of health care services through the protocols set by the Ministry of Public Health and Population (MSPP). Some essential functions have not been available, limiting the number of functional SONU centers. These are recurring barriers that should have been foreseen at the time the objectives of the sixth program were set. Patients complain about the level of service at SONUs, even those supported by UNFPA.

On this same issue, the strategy to increase the presence of midwives in the SONU centers has yielded results where it has been implemented. However, notwithstanding the work done, the number of midwives is low, and it is difficult to maintain their positions in SONU centers, even those supported by UNFPA. For example, the number of midwives leaving the National Institute for Midwifery Training (ISFSF) each year is far below the needs of the country's health system. There is a shortage of midwives and midwife-trainers at all levels, including in private centers or those managed by international NGOs. It is difficult to attract them to public structures that need better equipped, far from Port-au-Prince, and with salaries set by the public administration. Moreover, when they understand that the treasury pays their salaries late, in precarious working conditions and accommodation, and with long working hours, few and far between are those

who decide to join.

- In Bolivia, this is a crucial moment for valuable, innovative initiatives that contribute to the mission of UNFPA, which has promoted and supported actions on maternal mortality. The Maternal and Neonatal Mortality Observatory contributes to the generation of knowledge, capacity building, and positioning of the issue on the agenda. It is currently at a decisive moment concerning its sustainability. On the other hand, UNFPA should advocate with the Ministry to achieve recognition for the insertion of nurse-midwives in the National Health System, demonstrating their contribution to community health policies and the production of health services related to SRH.



Evidence 3. The reduction of unmet need for family planning -an even more acute challenge among adolescents and the most vulnerable population- shows positive results when actionable policies are designed; family planning and reproductive health programs are coordinated among the different levels of central and local government, and a reliable system for the procurement and supply of quality contraceptives is ensured.

UNFPA leads the updating and expansion of national family planning programs, ensuring the frameworks for action. The objective is to ensure that institutions and local communities are empowered to provide quality healthcare services. To this end, it has been necessary to support governments in implementing more robust programs with demonstrated technical leadership in the design of commodity procurement systems. Support has also been provided in procedures to ensure a reliable and continuous supply of contraceptives, mainly in the primary health care network and underserved areas.

It is necessary to guarantee quality services with priority attention to the needs of young women and adolescents and the most vulnerable groups (indigenous, Afro-descendants, LGTBQ+, and people with disabilities). This implies persevering in political dialogue and strengthening the capacities of Civil Society Organizations (CSOs) for rights and implementation. Additionally, social communication to reduce cultural and ideological barriers to family planning based on SRHR, sexual education in the educational space, and empowering young and adolescent women in making decisions that affect their lives and development is a high priority.

- In El Salvador, pregnancy among girls and adolescents is considered a form of violence that significantly impacts the personal aspirations and health of this population group. Under this premise, UNFPA promoted the prohibition of child marriage. In coordination with LACRO and as part of an interagency initiative with UNICEF and UN Women, in 2017, the Family Code was reformed without abstentions or votes against Legislative Decree 754/2017. On the other hand, the increased availability of contraceptives favored the reduction of teenage pregnancy. In 2015, 30% of total pregnancies were girls, and 28% were adolescents. This meant a reduction of 656 pregnancies in the 10-14 age group and 5,098 in the 15-19 age group. The decrease is mainly observed among 15 to 19-year-olds. The reduction among girls aged 10 to 14 did not occur with the same intensity, which represents a remaining challenge since these cases result from sexual violence.
- In Cuba, the 2014-2018 Country Program demonstrated progress in Family Planning (FP) for youth and adolescents, strengthened skilled birth attendance, and promoted SRH and FP from the SRHR approach. In this context, UNFPA advocated and used policy dialogue, knowledge management, capacity building, and service delivery. As a result of this process, the first level of health care has better-adjusted instruments for SRH care and quality standards for adolescent and youth care, a more diversified contraceptive supply, and frontier methodologies for reducing maternal death.

The improvement of the capacities of community services also had a wide-ranging impact. According to PAMI-MINSAP, with the cooperation of UNFPA, more than 8,000 essential SRH teams acquired skills to implement these protocols in 80% of the country, and 182 municipal FP services were provided with long-acting and highly effective contraceptives. Also, qualified personnel in preconception risk management and updated information on contraceptive methods and their eligibility criteria.

UNFPA influenced gender and SRD awareness. For example, the PAMI-MINSAP teams raised the need to work on respectful childbirth and obstetric violence due to the Code Red Strategy.

- In Barbados and the Anglo-Dutch Caribbean Region, UNFPA has worked to reduce the prevalence of teenage pregnancy, in line with the CARICOM Integrated Strategic Framework to Reduce Teenage Pregnancy. However, evidence shows that access to contraceptive methods unequally and disproportionately affects adolescent girls. Sixty-two percent of them between the ages of 15 and 19 living in Guyana have unmet family planning needs.
- UNFPA's actions have contributed to improving access to reproductive health information and services; however, legal norms and social patterns - geographically and culturally variable - and ideological opposition to sexual health education and intentional family planning for adolescents often prevent access to services or certain groups are marginalized, or their needs are less well met. Therefore, it is imperative to work proactively to ensure sustained access to these programs by the most vulnerable groups - people with disabilities, I), LGBTIQ+), among others - and to provide adequate coverage of their needs.

The number of new users in Haiti increased at the rate expected in the sixth program. The mobile clinics and community initiatives proved effective in maintaining the dynamics of the health centers. All the institutions visited unanimously recognized UNFPA as the partner par excellence in family planning.

The organization's leadership plays a preponderant role in the family planning policy, implementation, and quality control. It not only provides resources but also supports the training of providers, carries out awareness campaigns, including mobile clinics, and assists in the application of protocols.

- Haiti is the only country in the region with a complete and free supply of contraceptive methods, 75% of which are provided by UNFPA. Moreover, these methods are available at service points that offer them. In any case, more resources are needed to solve the problems of distrust on the part of healthcare providers and patients.

Evidence 4. UNFPA has made significant progress in strengthening national legal and programmatic frameworks to prevent and reduce GBV against women and girls. However, they are most effective in their implementation when they combine the strengthening of protection systems, the legal abolition of child marriage, and addressing GBV and SRHR in the formal education curriculum.

In all countries of the region, the physical integrity and lives of women are affected by weak state institutions, the naturalization of violence in socio-educational communities, the absolute prohibition of all forms of abortion, and the use of the emergency contraceptive pill for victims of sexual violence.

In response to the situation, UNFPA has developed strategies such as:

- Adaptation or formulation of legal reforms.
- Development of technical capacities and systematic application of protocols by the institutions that manage the social protection system for victims of gender-based violence.
- Expansion of care centers or shelters and their corresponding prevention and treatment services, or concentration of efforts in the highest priority areas.
- Establishment of alliances with the judiciary in favor of greater ownership. Applying the gender and rights approach is still a gap in many countries.
- Resolution of cases and application of convictions that mitigate the sense of criminal impunity and lack of protection for women. Also, that they place greater trust not only in the social protection system but also in the legal protection system.
- Working against social stigma and GBV against particularly vulnerable groups (e.g., LGTBQ+) continues to be challenging and requires innovative and customized responses..
- In the Caribbean subregion, UNFPA has made progress in strengthening legal and protection systems for implementing laws, policies, and programs to prevent GBV against women and girls. Belize, for example, supported the development of a roadmap for eliminating child marriage. This was an essential first step in influencing policy formulation and change about early marriage.

Progress toward improving the well-being of youth and adolescents has included the abolition of child marriage in Trinidad and Tobago in 2017, the development of Comprehensive Sexuality Education HSE action plans by 10 ministries of education in 2019, and access for adolescents to SRH services provided for in the Guyana Policy.

- In El Salvador, the effectiveness of the support offered by UNFPA has been observed in the expansion of the National System of Specialized Attention on Violence (SNA). This public policy tool defines management procedures and coordinates responses from the State for the care of GBV victims.

With UNFPA interventions, there has been an expansion of the institutional framework for attention to GBV. For example, in June 2018, the SNA articulated Shelter Houses and 101 Comprehensive Care Units (UIAEM), covering 15 departments. As a result, 80% of the institutions supervised by the Specialized Technical Commission (CTE) had at least two tools to combat violence. With these institutional services, between 2014 and 2018, 24,105 women affected by violence attended 13,459 counseling services and through the telephone service.

- Venezuela is a country that has an advanced legal and institutional framework on GBV but presents high levels of re-victimization and impunity. UNFPA has contributed to developing national capacities for implementing the Organic Law for the Right of Women to a Life Free of Violence (LODMVLV).

The organization established an alliance with the Ombudsman's Office to sensitize and train officials of the bodies receiving complaints and those responsible for the administration of justice, such as the Ministry of Popular Power for the Interior and Justice, the Public Prosecutor's Office, the Supreme Court of Justice (TSJ) and the Public Defender's Office.

According to data from the Ombudsman's Office, 361 officials were trained in aspects of the LODMVLLV, such as denunciation, flagrancy, institutional violence, secondary victimization, and victim blaming. In addition, UNFPA developed "violence meters" distributed nationwide to accompany the training process.

- In Haiti, progress associated with gender equality and the fight against gender-based violence has been limited by the lack of leadership in implementing its policies. The actions implemented within the framework of the fight against gender-based violence in the humanitarian field, medical care, the development of norms, the revitalization of the national dialogue on violence against women and girls, and the strengthening of departmental structures have suffered from the lack of proactivity of the Ministry for the Status of Women and Women's Rights (MCFDF). This entity did not make it possible to prioritize the actions to be implemented, orient them, question them, or evaluate them based on the results obtained in the framework of gender policies. The activity of the MCFDF, as far as its data management is concerned, remains an indispensable condition for achieving the planned objectives.



BEST PRACTICES IN RESULTS (OUTPUTS) FOR THE REGION

Evidence 5. Any contribution by UNFPA to expand and improve access to public SRH services implies a constant effort to update legislative frameworks, regulations, and national protocols based on international standards and the agreements of the International Conference on Population and Development (ICPD).

The organization's long history in most countries, and its relationship with governments, places it in a unique position to sustain a political and technical dialogue that ensures a normative anchor for internationally agreed-upon SRH, family planning, and GBV prevention policies.

In many of the region's countries, UNFPA is highly valued as a development partner. It contributes to country processes, such as legislative reforms to advance rights, design of public development policies, and promoting cultural change in SRHR. Moreover, its experience in the field, its willingness to engage in political dialogue, its capacity to mobilize resources, and its promotion of spaces for rapprochement between different actors and sectors place it in an unbeatable position that is materialized in significant results within the framework of its Country Program Document (CPD).

Advocacy and lobbying for the adoption of legislative measures and SRH protocols in line with ICPD agreements is a necessary strategy to generate national changes in terms of:

- The very approaches adopted in public policies and regulatory frameworks.
- The modernization and introduction of new regulations, protocols, and management tools that are mandatory for state personnel.
- The development of more empirically based public policies with a human rights, gender, and generational framework.
- Inter-institutional and multi-stakeholder coordination.

- In the 2017-2021 period, the governments of the Caribbean subregion (SRO) made progress in expanding SRHR with UNFPA support. The governments of Guyana, Trinidad, and Tobago, and Suriname approved and adopted their national SRH policies, making significant gains in advancing access to SRHR. UNFPA's ability to raise its voice and visibility in policy processes contributed to good progress on SRHR policies.
- In El Salvador, UNFPA has accompanied the health reform, whose comprehensive care perspective with a family and community approach defined SRH as a general state of well-being. With the organization's support, MINSAL adopted a human rights, gender, and generational perspective in its plans and management tools. In its mission to the United Nations, the Government of El Salvador states that the human rights approach contributed by the organization strengthens health care and integrates the promotion, prevention, and protection of SRH.
- In Panama, UNFPA LACRO supports the Country Office (CO) in developing Quality Standards for Adolescent-Friendly Health Services (ASHA) based on international recommendations and national regulations piloted and agreed upon by the health sectors and adolescent and youth groups. The standards have been adopted in MINSA's policies and programs and are contained in Panama's Master Plan for Early Childhood, Childhood, and Adolescent Health 2018-2025.
- In Haiti, improvements in policy, results, and the budget of the Ministry of Public Health and Population have been lower than expected. Departmental directorates were affected by the central administration's inability to improve sexual and reproductive health in SONU centers. The shortage of personnel has continued, and the low salary level has been aggravated by the delay in the payment of salaries, which demotivates health personnel, favors practices contrary to free care, and affects the fulfillment of the UNFPA objective of leaving no one out of the system..

Evidence 6. Successful results in integrating SRHR, and prevention and response to harmful GBV practices into institutional frameworks, were based on consistent political-technical leadership and on adapting medium-term partnership, advocacy, and communication strategies to largely conservative ideological contexts.

In Pink and Yellow countries, policy dialogue favored inter-agency and inter-sectoral coordination, and proactive advocacy shifted how UNFPA addressed national SRHR needs around the three transformative outcomes.

This meant a shift in how governments led and owned the ICPD commitments, and the transformative agenda promoted by UNFPA. As a result, political cycles and changes in governments and their priorities deepened in some cases; however, differences in approach to reproductive and sexual rights and GBV paralyzed or delayed measures and program implementation.

In conservative ideological-religious contexts, this leads UNFPA to take a broader look at possible alliances beyond central governments (women parliamentarians, judiciary, more supportive sub-national institutions, academia, and organized civil society). At the same time, it demands the renewal of advocacy efforts and the design of a communication strategy based on evidence and updated data that prioritizes the most sensitive issues on the political agenda. This is due to their negative impact on reducing or restricting the access of women, adolescents, and especially vulnerable populations to quality sexual and reproductive health services and the free exercise of their rights in this area..



- In El Salvador, UNFPA has contributed to health reform and prioritized comprehensive care with a family and community approach to SRH. Success factors include high-level advocacy based on knowledge management, multi-actor articulation, and MINSAL's commitment to adopting a human rights, gender, and generational perspective in its plans and management tools.

The National Intersectoral Strategy for the Prevention of Pregnancy in Girls and Adolescents, ENI-PENA, is one of the most emblematic results. The government considered this policy the recent achievement for gender equality in the Country Report for the XIV Regional Conference on Women. This policy approved by the Cabinet of Social Management and Inclusion is inter-institutional. It offers "integral protection" with three axes of intervention: prevention and special protection, access to justice and restitution of rights, and knowledge management. The role of UNFPA in the ENIPENA Strategy is recognized by the people interviewed.

- In Colombia, UNFPA collaborates with national entities that play relevant roles in the production of statistics and in formulating and implementing victim reparation policies. For example, as part of the support for the design of the Integrated Information System on Gender Violence (SIVIGE), initiated with the collaboration of 21 state entities that carry out administrative records of GBV cases, an inter-institutional roundtable and a Technical Coordinating Group were created.

Colombia currently has a guide for diagnosing the administrative records used by the entities that must report to the Integrated System of Information on Gender Violence (SIVIGE...). It also has an agreed document to develop a "Normative, conceptual and operational framework for the SIVIGE." This has been a fundamental step towards standardization and harmonization of records. However, despite these advances, due to the complexities of coordination between different State entities, SIVIGE still needs to be operational.

- In Honduras, women's physical integrity and lives have been affected by weak state institutions, the naturalization of violence in socio-educational communities, the absolute prohibition of all forms of abortion, and the use of the emergency contraceptive pill for victims of sexual violence.

The Country Program, harmonized with the UNFPA Business Model, privileges advocacy and policy dialogue, capacity building, partnerships, and coordination. It also adds value to the delivery of services by mobilizing extraordinary resources. It favors the delivery of sequential intervention services:

- o renewal and adjustments in regulatory frameworks.
- o the introduction of operational protocols and specific tools
- o training for the proper use of innovations

With the mobilization of resources, large-scale training was developed at the territorial level. Training, capacity-building, and awareness-raising processes were supported by health, education, justice, and police providers. Despite these efforts, there still needs to be an individual training management strategy to guarantee attention from a human rights perspective.

- In Ecuador, the gender issue has particular relevance in the inter-agency context, with UNFPA playing a vital role in creating the Gender and Trafficking Group. This group promoted and strengthened effective compliance with the legal framework and contributed to the design of public policy instruments and programmatic mechanisms both in areas of the central government and in the northern and southern borders through the Autonomous Departmental Governments.



Evidence 7. The fragility of public policies at the local level has made evident the leadership of UNFPA technical assistance, in coordination with Primary and Specialized Care Centers, to strengthen SRH services in the prevention of unwanted pregnancies, reduction of preventable maternal deaths, and GBV practices.

UNFPA cooperation has contributed to the development of the national capacities of the socio health and women's protection network of the Ministries of Health. Through the interventions carried out, the following have been achieved:

- Strengthen gender, human rights, and non-discrimination approaches.
- Implement timely SRH and SRD measures.
- Introduce family planning management tools.
- Ensure and diversify the contraceptive supply.
- Innovate SRH services for youth and adolescents in informal educational settings.

The combination of central and local decentralized levels of intervention broadened UNFPA's involvement and contributed to effective and sustainable results. The organization's response adapted to changing contexts and enabled the development of territorial interventions. For example, the intervention model for adolescent pregnancy prevention at the municipal level made visible the relationship between adolescent pregnancy and poverty; however, UNFPA did not sufficiently optimize the comprehensiveness of interventions at these levels. This reduced the impact and scope in the short and medium term.

The overall design of local actions and the operational mode of work of implementing partners should have taken advantage of the full potential and value of UNFPA as a partner at these levels.

- In Honduras, UNFPA advocated for the interaction of the institutional actors that make up the social protection system. Support for this strategy was possible thanks to an adequate identification of municipal partners and the work in articulation with national actors.
- In Brazil, the fragility of public policies to prevent, mitigate, and respond to GBV and SRH needs in emergencies has led the organization to strengthen national and local systems, with actions in the State of Roraima. This territory has the highest rate of violence against women and femicide in Brazil, which significantly affects protection and health services, including mental health and psychosocial support responses.
- Among other prevention actions, access to IUDs and other contraceptive methods was increased. Some projects overcame barriers to access to services, such as 'Saúde das Manas.' Promotional actions and technical training were also developed as partnerships with the Social Service of Commerce (SESC), the Government of the Bahia, and Itaipu Binacional. Moreover, the close relationship with the Ministry of Health and multiple publications and events generated evidence on the topic of Sexual and Reproductive Health. It demonstrated that the UN-FPA increased the availability and use of integrated SRH services, such as family planning, health, and HIV, addressing inequalities in access..



Evidence 8. Improving the national supply chain in partnership with governments, and removing barriers to access to modern contraceptives according to personal preferences, is one of the most impactful measures because of its critical role in addressing the reduction of unmet need for family planning.

The CPEs provide numerous examples of UNFPA's role in strengthening the national supply chain and accessing IUDs and other contraceptive methods. Their availability in all territories and contexts is essential to reducing the unmet need for family planning.

UNFPA's international experience and LACRO's technical assistance in some countries position Country Offices as recognized interlocutors in reviewing and adapting supply chain management systems. This is one of the pillars for comprehensive attention to the SRR of women and families in emergency contexts, rural and remote areas that are difficult to access or culturally diverse. This has sometimes involved mobilizing resources to cover the state gap through third-party actors.

These decisions must be accompanied by control and monitoring measures. If necessary, an institutional strengthening channel should be created for the appropriate transition to a model managed by the authorities. The increased number of health services in the local network added to the national supply chain represents a significant change, with comparable data and trends over time.

- In Barbados ORS, UNFPA support included a Supply and Logistics Management Information System (SALMI). It enables ministries of health to monitor supply stocks, generate data for decision-making, and improve supply chain management.
- The Government of Trinidad and Tobago is currently benefiting from UNFPA's investment and support. The organization strengthens the state's capacity to coordinate contraceptive distribution and to dispense with the SALMI Health Center Module (SALMI-HFM), integrated with family planning programs and operations in seven health centers.
- In El Salvador, UNFPA has contributed to the AISRR Strategy's goal of Universal Access to quality SRH commodities on time and according to personal preferences. In addition, it has expanded coverage and reduced stock-outs. As a result, the supply of contraceptives increased from 5 to 7 modern methods. In 2018, the assurance of medicines and health supplies for SRH (the AISRR) was implemented by 28 maternity hospitals and 36 micro health networks (including 449 Community Family Health Units, UCSF), equivalent to 51.4% of the micro-networks in the five health regions. As a result, the contraceptive method supply reached 67% in 2018. The percentage of health facilities in the Integrated and Comprehensive Health Services Networks (RIISS) with modern contraceptive methods increased from 31.4% in 2016 to 60% in 2018.
- According to reports and interviews with the Ministry of Public Health and Social Welfare (MSPBS), Paraguay increased investment in the purchase of contraceptive supplies by 5.9% in 2015 compared to 2014. Additionally, integrated purchases of condoms for family planning and HIV prevention were made. Likewise, the number of couple years of protection generated increased from 42% in 2014 to 43% in 2015. A total of 232,690 couples were protected against pregnancy, reaching 258,224 in 2017. Effectiveness was also observed in strengthening the SRH Supplies Logistics System with the inclusion of family planning methods in the system's medicines, accompanied by a plan and technical sheets for the purchase of supplies. In addition, the range of methods was expanded to include contraceptive implants through a pilot project in friendly services. Adherence to the method and the prevention of second pregnancies were studied.

Despite UNFPA's excellent responsiveness and flexibility in adjusting its stockpiling and distribution system, it was not possible in Haiti to avoid an increase in the number of stock-outs during the sixth program. Successive crises caused disruptions in the national logistics chain that overwhelmed the capacity of the PR office to pre-allocate supplies. Throughout the period, UNFPA

solved the supply problems generated by the insolvency of the Ministry of Public Health and Population (MSPP) and organized distribution through the network of public pharmacies.

- In Ecuador, the organization contributed to the assurance of supplies and family planning through political dialogue and evidence generated by research. The prevention of unwanted and teenage pregnancy was on the country's agenda.
- Through an agreement between the Ministry of Health and UNFPA in 2020, progress was made in changing the contraceptive procurement mechanism to a co-financing mechanism. This action included technical assistance to strengthen competencies in comprehensive SRH and improve the quality of services. Expressly, support was provided to the country in analyzing the fundamental needs for estimating contraceptive methods (MAC) for adolescents, young people, and the population in human mobility.
- In Bolivia, UNFPA is the only cooperation agency that provides contraceptives. Therefore, its responsibility in guaranteeing and exercising SRHR is very high. The Revolving Fund is an essential strategy for contraceptive sustainability; however, the Center for Health Supplies and Supplies (CEASS) is a decentralized entity of the Ministry that is highly politicized, with high staff turnover and weak managerial capacity. Shortages, stock-outs in the municipalities, and the need for immediate technical assistance evidenced weakness in contraceptive management issues.



Evidence 9. Large-scale training of government staff on how to translate SRHR concepts into their behavior as service providers, as well as awareness-raising campaigns for women subjects of rights, helps to make progress in changing the social norms and prejudices behind discrimination that limit the exercise of SRHR.

Strengthening strategies and institutional mechanisms to eliminate the social norms behind intersectoral and gender discrimination, which hinder the exercise of SRHR, is a challenge in the region. Although training and technical training introduce new concepts and sensitivities, habits and behaviors during the provision of services demonstrate prejudices.

Currently, progress is being made in changing the behavior of professionals from local institutions, social rights organizations, and comprehensive community-based actions that include religious communities. The discourse of social protection system failure and health costs favor an enabling working context at the state level and the renewal of a legal framework for the recognition of SRDs. The local and national levels need to meet in strategies that scale up and expand successful experiences and generate evidence to design more effective communication and social mobilization strategies.

In cultural and ideological contexts refractory to SRR, UNFPA supports the consolidation of a national network of social rights organizations and mitigates the weak performance of the States with comprehensive programs to raise awareness and empower women's rights. As a result, they are expected to have a critical mass for more significant social changes in the medium term.

- In the Barbados subregion (SRO), legal and cultural contexts have been shown to play a fundamental role in implementing SRH and GBV measures. Such measures have been incorporated through national initiatives that influence the attitudes of government agents and other local stakeholders. National authorities are selective about the UNFPA mandate, which they are more readily willing to accept. This needs to be more evident concerning SRH. Long-term strategies better formulated and sensitive to the local context are needed to progress in these areas.
- UNFPA has consolidated itself in Honduras as an agent of cultural change and has contributed to eliminating prejudices and stereotypes about the sexual and reproductive behavior of young women and girls, urging transformations among policymakers and the social imaginary. However, notwithstanding this scope, the proper use of the meaning of sexual and reproductive rights, gender-based violence, and teenage pregnancy prevention is not always respected in its practical application.

The Country Office needs to define a critical path for monitoring the appropriate use of the concepts by trained state providers. This could prevent them from reinscribing their prejudices against young people and violating their rights, especially those of women and girls.

- In Brazil, capacity building in the public sector, through training, coaching, and advocacy, has been complemented by strengthening civil society organizations and rights holders, especially in vulnerable populations. This strategy develops the skills of these organizations and groups with greater capacity for advocacy and political participation. In this way, it contributes to creating a favorable environment for defending their rights.

On the other hand, UNFPA has fostered local capacities through meetings and encounters with the local community, health services, CSOs, and UNS agencies. In addition, training has been conducted on the Minimum Initial Service Package (MISP) ¹⁷ calculator and maternal health, GBV, HIV prevention and treatment, and other sexually transmitted diseases. For example, about 80 service providers were trained in Roraima and 70 in Manaus; 75 managers and shelter workers in Roraima were trained to refer GBV cases. In addition, UNFPA developed information materials on obstetric violence and breastfeeding and participated in meetings with representatives of the governments of Roraima and the municipalities of Boa Vista, Paca Raima, and Manaus.

17 Translated from English as the Minimum Initial Package of Services for Sexual and Reproductive Health in Crisis Situations, the MISP is a set of minimal SRH interventions that are often overlooked with life-threatening consequences. Its implementation is not optional or negotiable; it is an international standard of care that should be implemented at the onset of every emergency. It is one of the Sphere standards and is aligned with the life-saving criteria of the United Nations Central Emergency Response Fund (CERF). The MISP calculator was developed by the Inter-Agency Working Group for Reproductive Health in Crisis (IAWG). Key implementation goals are no unmet need for family planning, preventable maternal deaths, GBV, or harmful practices, including during humanitarian crises.

Evidence 10. Joint and innovative SRH awareness and information programs for youth and adolescents have shown tangible and timely changes. They should be translated into legal frameworks and national intersectoral programs (health, education, youth) that ensure access to information on SRH, especially challenging in the formal educational sphere and the creation of youth leadership in exercising these rights.

Action on comprehensive sex education was particularly complex or rejected in formal educational settings. Despite this, UNFPA implemented models of action in community-based territorial settings, working on gender equality, women's empowerment, GBV, SRHR, and youth. Incorporating national institutions in a direct dialogue with rights holders meant collaborative work with the Ministries of Health, Education, and Youth.

On the other hand, awareness-raising actions and communication campaigns were part of a critical strategy for disseminating evidence and providing relevant information on rights, SRH, and life skills to young people. In some countries, participation processes were consolidated, and territorial youth leaderships were strengthened, involving more than 25 youth organizations and networks, in line with axis B of the Montevideo Consensus. The aim was to create decision-making tools to enable them to become protagonists of their development.

In rural and indigenous contexts, and after years of continuous presence, local and national health authorities recognized the figure of the multiplier. However, to date, it has yet to be integrated into the health system, which weakens its sustainability.



- Despite the unfavorable context, UNFPA in El Salvador had relevant interventions in Comprehensive Sexuality Education (CSE). It addressed the needs raised in formal and informal settings by institutional actors such as the Ministry of Education (MINED), the National Youth Institute (INJUVE), and the Ciudad Mujer Joven Program. This also made it possible to work with territorial youth leadership, a central aspect of the UNFPA Strategic Plan and the country's Youth Policy.

By supporting a comprehensive model of action in community settings through the "Canada Project," priority was given to the protection of the rights of women between 10 and 14 years of age (considered rights holders), the promotion of violence-free schools with knowledge of CSE, and the provision of friendly SRH services for adolescents and young people. In addition, institutional strengthening was based on the articulation of local actors through the work of the Municipal Committee for the Prevention of Violence (CMPV), educational and health centers, and sensitization of households.

- In the Caribbean subregion, and in response to the needs of adolescents and young people, UNFPA-supported interventions reinforced Comprehensive Sexuality Education. For example, work was done on capacity building to provide CSE through 'Health and Family Life Education' in line with international standards. Work was also done to promote SRHR policies to place adolescents and young people as a priority group. In this regard, for example, evidence-based advocacy was carried out, and the capacities of youth advocates were strengthened. This sought to facilitate access to services for adolescent girls affected by sexual and gender-based violence, including in emergencies. In addition, the organization used technology to reach young people and respond to their needs. One example is supporting the development and launch of the Youth Connect app in Trinidad and Tobago.
- In Paraguay, the influence of certain conservative groups is an obstacle to interventions in sexual and reproductive health and rights, especially concerning comprehensive sexuality education at the programmatic level and the execution of resources earmarked for these actions.

Considering this strategic issue for UNFPA's mandate, other strategies are being developed to avoid setbacks in progress. For example, the Ministry of Education and Ministry of Health technicians received training. In addition, educational materials were developed to strengthen girls' self-esteem, and training was provided to adolescents and young people with a focus on CSE and strengthening the advocacy capacities of youth networks.

Given the successive change of MEC authorities and the harmful effects of conservative movements, which achieved the annulment of all CSE content through Ministerial Resolution 29664/2017 prohibiting the dissemination and use of materials referring to gender theory and ideology in educational institutions, UNFPA's most significant effort has been focused on advocacy strategies, political dialogue, and argumentative communication.

- In Guatemala, SIA was incorporated into the Country Program. This was a relevant measure to respond to the needs of the most vulnerable girls and adolescents in indigenous communities and rural or urban populations living in poverty.
 - Guatemala is a country with a significant historical development of CSE from 2000 onwards and broad legislation that supports it in the school system; however, due to changes in ministerial management and the adverse context against sexual and reproductive rights, the progress achieved can be truncated.
- In this situation, UNFPA developed a multi-stakeholder strategy to review other routes and diversify the work on SIA. San Carlos University, Radio IGER, the National Roundtable for SIA, academia, and civil society participated. The strategy became the means for SIA to be activated in different areas of the education sector at the subnational level and non-governmental organizations. UNFPA also contributed to mainstreaming CSE in other regulatory frameworks, demonstrating that this is not only an issue of education, youth policies, protection of children and adolescents, prevention of adolescent pregnancy, prevention and elimination of all forms of sexual violence, and exploitation and trafficking in persons.
- In Haiti, UNFPA's advocacy and technical support to the Ministry of Youth, Sports and Civic Action (MJSAC), Ministry of National Education and Vocational Training (MENFP), and Ministry of Public Health and Population (MSPP) have not resulted in a renewal of policies aimed at youth and adolescents. None of the three ministries involved in the public management of this population has shown any interest in renewing their approaches. The issue of youth and adolescents in Haiti is culturally and politically sensitive. It is challenging to open spaces for political dialogue on sex education, sexual and reproductive health, and family planning for adolescents, even though the existence of early pregnancies, gender violence, Etc., is not denied. The government still does not link these problems to UNFPA's mandate.

In Ecuador, UNFPA's strategic alliance with MINEDUC led to a qualitative leap in applying CSE in schools. It was included in the primary education and high school curricula through the Curricular Opportunities methodology, i.e., it has a theoretical framework and specific material for the different levels of education and areas. Training for teachers was initiated through a self-administered course.

- Being immersed in the curricula and syllabus of each area, the topics of comprehensive sexuality education are officialized and are not an appendix in education but are part of the performance criteria expected in Ecuadorian education. For its part, the involvement of the youth and adolescent population in the different interventions - a hallmark of UNFPA's identity over the years - is very focused on small groups associated with the implementation of projects, which makes it less effective and less sustainable. UNFPA has worked to overcome this challenge with a proposal for a youth school that seeks to innovate the formulas for the participation of this group.

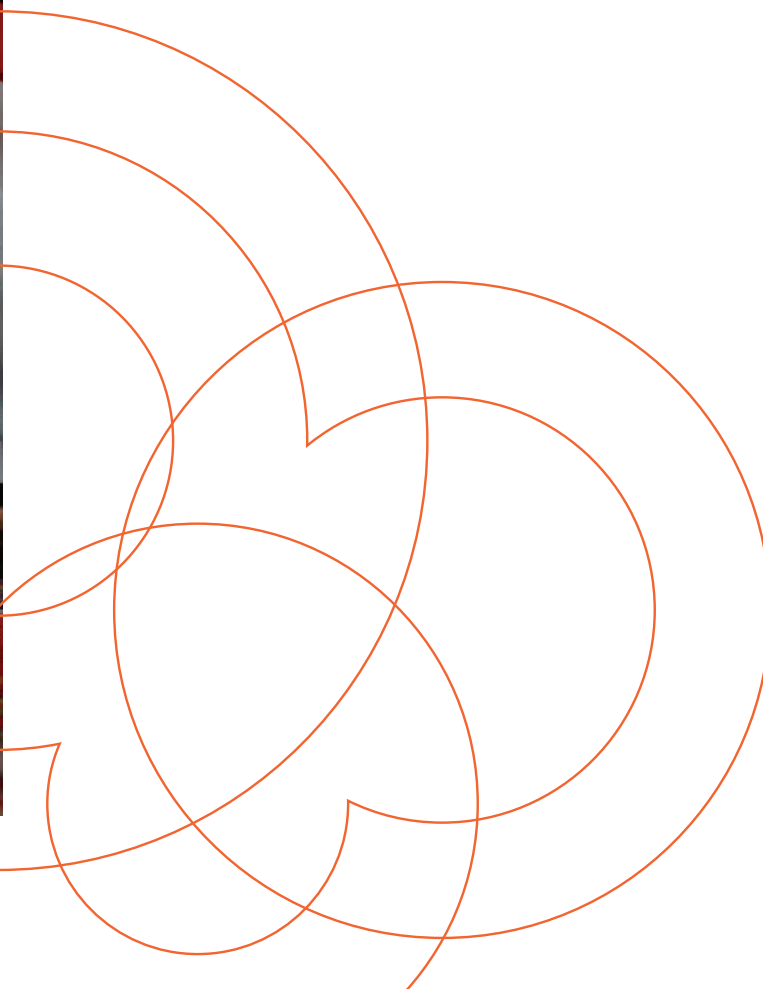


Evidence 11. UNFPA has demonstrated progress in its partnership with key actors in emergency response and during the pandemic. Advises national institutions (e.g., needs assessment) or assists directly or through third parties in SRH and GBV. Need for more effort in strengthening preparedness and early action phases, and deficiencies to be corrected in the articulation between UNS agencies during humanitarian response.

In the 2018-2021 cycle, UNFPA demonstrated in several countries its growing capacity for articulation and direct action in support of national institutions during the response to emergencies, such as hurricanes Iota, Eta, Dorian, and Irma, the migration crisis in Venezuela and the exodus of migrant caravans with impact on several countries in the region, and more recently during the Covid-19 pandemic.

UNFPA support and advice modernized and systematized the process of identifying population needs and ensured processes such as the relevance of information services, SRH awareness, GBV response, and services that would otherwise be blocked during humanitarian crises.

Only some countries have systematically worked on strengthening the capacities of partner institutions and CSOs to ensure emergency preparedness, basic training, standardized criteria for action, and the purchase, storage, and prepositioning of essential supplies in strategic spaces. In addition, the evidence found in the CSPs shows the need to work on normative frameworks, for example, integrating the phases of emergency preparedness and early action in the policies and technical guidelines on SRH and GBV that UNFPA has advised.



- In Brazil, the flow of Venezuelan migrants and refugees on the northern border began in 2016 with the entry of Venezuelan indigenous people of the Warao ethnic group. In early 2017, the flow reached between 500 and 800 people entering Brazil daily. The influx of the Venezuelan population caused riots and the threat of collapse of public services in Roraima, one of the poorest states in Brazil.
- UNFPA has been part of 'Operação Acolhida' from the beginning: it arrived in Roraima in September 2017, before the federalization of the response; it was present in the border town of Paca Raima in June 2018; and it arrived in Manaus, capital of Amazonas, in September 2019. As of August 2020, 297,629 refugees and migrants had entered Brazil. In this context of humanitarian assistance, UNFPA's mandate covered prevention and response to sexual and gender-based violence and ensuring full access to SRH services, including maternal health and reproductive planning.

The evaluation found that UNFPA provided high-quality services to respond to SRH needs, especially for women, girls, and youth sheltered in Roraima and Amazonas; promoted actions to prevent and respond to GBV and harmful practices for the migrant and refugee population; and produced and used specific Population Dynamics data in the planning and implementation of humanitarian assistance activities, including the development of ad hoc tools.

- In the Barbados sub-region (SRO), the 2017-2021 cycle was marked by a humanitarian response to three hurricanes, a migration crisis, and Covid-19. Humanitarian response was a key feature of UNFPA support.

Given the growing knowledge about the region's vulnerability factors to natural disasters, there is a clear need for better articulation and integration of humanitarian issues into UNFPA's framework in the subregion. Several stakeholders recommended that the role of UNFPA in humanitarian emergencies and the type of response should be defined more clearly and in advance. While levels of coordination and collaboration among UNS agencies were high, the exception was in humanitarian response contexts.

Given UNFPA's comparative strengths, more and better levels of coordination within the joint UNS response are needed as a critical success factor in which

the Resident Coordinator's Office has a crucial role. One success factor was establishing agreements with CSOs to reach and respond to the needs of the priority population. This was noticeable during the response to Covid-19. In addition, there is evident agreement in recognizing that the emergency preparedness phase is also a success factor, although with room for improvement in UNFPA's performance, for example, with further strengthening of partners' capacities for preparedness and pre-positioning of supplies.

- As a success story in terms of early action in emergencies, UNFPA in El Salvador contributed to the improvement of standards for the reduction of maternal mortality and obstetric risk through the "Technical guidelines for the care of women in the preconception, prenatal, delivery, puerperium and newborn period" (2011 updated version). These guidelines established guidelines for the management of SRH-related morbidity and mortality, HIV transmission, the planning of comprehensive SRH services in the early phases of a humanitarian emergency, and the use of MISIP.

In direct assistance, UNFPA supported the Salvadoran Institute for the Development of Women (IS-DEMU) in the provision of more than 400 emergency kits in shelters and Specialized Care Units for Women for the caravans of migrants to the United States with Central Emergency Funds (CERF), in partnership with UN Women, MINSAL and the General Directorate of Migration.

- In Cuba, UNFPA provided humanitarian emergency assistance during and after Hurricanes Matthew (2016) and Irma (2017). It is delivered to pregnant and postpartum women in vulnerable conditions associated with the emergency, SRH kits (STI-HIV prevention, childbirth, cesarean sections, contraceptives), and hygiene kits. It also delivered surgical instruments to deal with emergencies.

The organization verified that the kits were used with the support of the Civil Defense in the most affected places. Likewise, it collaborated with the efforts of PAMI-MINSAP to have safer delivery services in humanitarian emergency situations. With this set of actions, it contributed to improving care for the most vulnerable groups affected by the emergency, and to reducing the occurrence of unplanned and unwanted pregnancies.

GOOD PRACTICES IN LNOB AS A CROSS-CUTTING PRIORITY

Evidence 12. Diagnosing and publicizing the demands of the most vulnerable groups left behind, with disaggregated and accessible data, implies not only characterizing their needs (who, what) but also understanding the reasons for their exclusion (why) from national SRH systems.

UNFPA has supported or made significant efforts to identify which population groups are being left behind in national protection and SRH systems or which are especially vulnerable to GBV and the exercise of their SRR. The organization has played a leading role in disseminating this problem and in designing and accompanying relevant actions to solve it.

The CPEs identified two windows of opportunity. On the one hand, to recognize the specific demands of these groups and complement existing gaps in the official data using a more refined characterization and disaggregation. On the other hand, to favor vulnerable groups' visibility and differential needs, promoting broad, user-friendly, and accessible dissemination to institutions and decision-makers. Also, to provide access to data and findings and limitations in the exercise of SRH rights.

With this dual strategy in some countries, UNFPA establishes an inter-institutional dialogue about which population subgroups are being left behind to understand the reasons for their exclusion and how it occurs. The objective is to design and implement specific evidence-based actions and programs to reach the most disadvantaged.

The adequacy of care programs must start from the recognition that the most vulnerable groups vary in their composition, priorities, and typology (indigenous and ethnic minorities; Afro-descendants; migrants and refugees; people with disabilities; LGBTIQ+ population and other groups, such as people living with HIV, sex workers and homeless/street people) not only between sub-regions and countries but also between cultural or ethnic realities within territories.

- In El Salvador, the 2016-2020 Country Program prioritized young people, adolescent women, and girls aged 10 to 14, including those under 18 who are already mothers and require support to stay in school. It also incorporated women victims of sexual violence, women at obstetric risk, puerperal women, women with unmet contraceptive needs, and women in fragile contexts - migrant caravans and pregnant women in Zika-affected areas.

In contrast, the needs of LGBTIQ+ groups, indigenous and Afro-descendant peoples (priority actions H and I of the Montevideo Consensus), people living with HIV, and sex workers were not prioritized in the first program cycle. Instead, their needs were addressed indirectly by working with partners linked to these groups or with some advocacy action.

- In Panama, the Country Program has been relevant for national and international agendas; however, the Progress Reports note that progress still needs to be improved due to institutional weakness to adapt and offer effective services and interventions according to poverty, social risk, and vulnerability contexts.

Universal policies and the lack of adaptation to local and cultural contexts have yet to make it possible to reach everyone equally.

To reach everyone equally. To respond to the strengthening of the identity of Afro-descendant peoples (within the framework of the Decade), UNFPA expanded its responses. It included work to strengthen public policies to make Afro-Panamanian women more visible and empower them. The National Secretariat for the Development of Afro-Panamanians (SENADAP) -led by a young woman former member of UNFPA adolescent programs-, the Office of the Comptroller General of the Republic and the Population Division of the Economic Commission for Latin America and the Caribbean (CELADE/ECLAC) made the diversity of the Afro-Panamanian population visible. It included the criterion of self-recognition in the 2020 National Census.

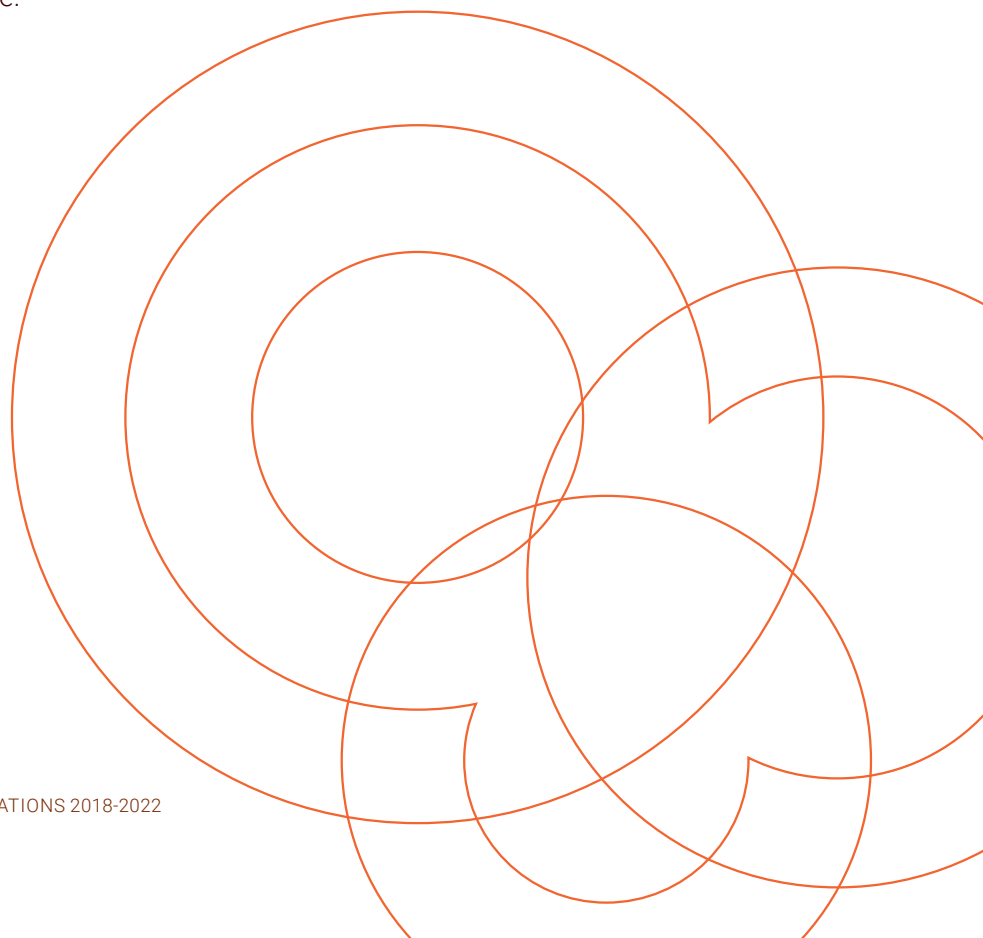
- In Guatemala, all target groups in situations of high social vulnerability - girls, adolescents, and women, indigenous peoples in rural areas, LGBTIQ+ population with HIV, disability, and victims of gender violence - were integrated into the Country Program. However, a group that was not directly visible and represented an exciting potential for the work of UNFPA and the UNS is that of young people from indigenous populations, especially in the western departments of the country. Culturally, they experience a fusion between traditional community values and Western culture, which they access through migrant social or family

networks. These young people from the cultural frontier represent approximately two million people nationwide. However, there is no information, studies, or research on their needs, problems, and opportunities.

- In Haiti, mobile clinics are a way to reach rural women and girls, who make up most of the population. However, the SONUs did not reach as far as before for reasons of insecurity and the restrictions associated with Covid-19. In this context, the number of mobile clinics organized with the help of the UN-FPA was not considered. This implied that the necessary units were unavailable to implement the principle of leaving no one out of the system.

Although the number of initiatives increased during the period, it needed to match the needs of women to access the nearest SONU. Moreover, in these challenging times, health care needed to reach women confined to rural areas, not the other way around.

- In Ecuador, working with people with disabilities is recognized as a good practice. UNFPA's contribution has mobilized institutions and networks of young people and has opened a dialogue for policy formulation in a participatory manner unprecedented in other vulnerable groups. The DECIDIMOS project, which promoted intersectoral and interministerial work and worked with civil society, was particularly noteworthy. This initiative strengthened the voices and participation of adolescents and young people with disabilities in the issues and policies that affect them, especially in the areas of sexual and reproductive health, the eradication of GBV, sexual violence, improved access to information, and SRH care.



Evidence 13. Although they are often adequately integrated into the programmatic design, UNFPA has had to make a three-pronged effort during implementation:

- Characterize and focus on the differential problems of vulnerable groups based on ad hoc studies.
- Strengthen institutional coordination with specific technical proposals.
- Promote the advocacy capacity of organizations representing such groups.

UNFPA works to strengthen the institutional and technical capacities of duty bearers to provide quality services with a sensitive approach to different types of gender, race, and human rights. At the same time, the organization implements actions for the generation and consolidation of advocacy capacities of collectives, networks, and organizations of rights holders. Particularly vulnerable populations left behind by national systems and ad-hoc care programs require better conditions and tools to seek and demand the guarantee of their rights in the medium term. Despite these efforts, the CPEs reveal what other actions need to be implemented to refine the available information to facilitate a sensitive targeting of the response to the different patterns of social prejudice and exclusion, if not invisibility.



- In Brazil, the Country Program has addressed the barriers to the rights and services of the most vulnerable groups of the Brazilian population based on gender, race, age, and regional inequalities. The disaggregation of some indicators for the UNFPA mandate by the variables mentioned above has shown differences in access to services and rights, especially when considering populations suffering from multiple vulnerabilities.

This strategy proved correct and fundamental for UNFPA to comply with the principle that no one should be left behind. To this end, it hired indigenous facilitators who worked to identify SRH needs in their communities and helped women of their ethnicity to access SRH and gender-based violence services.

- Colombia developed an innovative strategy for reducing maternal and neonatal mortality among indigenous peoples. The objective was to improve institutional and community responses from an intercultural approach. Within this framework, an international exchange of good practices in indigenous maternal and neonatal health was promoted with participants from Peru, Ecuador, Guatemala, and Mexico, as well as from 5 departments and 19 indigenous communities in Colombia. In addition, studies were conducted and socialized that demonstrated the higher risk of maternal death among indigenous women, giving visibility to this population group. In addition, health professionals and traditional midwives were trained in maternal and perinatal care with an intercultural approach in Cesar and La Guajira departments.
- In Paraguay, UNFPA contributed to the production of information on the situation of indigenous peoples and incorporated its approach in the Program; however, the lack of a more solid and articulated approach with the institutions related to the subject and with the representations of indigenous peoples is a factor that does not allow the organization to position itself as an agency with expertise on this subject in the country.
- Despite the strengths and notable achievements in promoting the rights of vulnerable and marginalized populations in the Caribbean subregion, there were challenges in fulfilling UNFPA's mandate. Although the needs of vulnerable groups are considered in the design, this does not always translate into implementation. For example, there are gaps in targeting people with disabilities, the older population (e.g., older women), the indigenous population, and LGBTIQ+.
- In Bolivia, UNFPA's presence in the territories is a comparative advantage to effectively reach the priority groups of its mandate, especially those in the most vulnerable situations, such as women, indigenous people, Afro-Bolivians, people with disabilities, adolescents, and youth. Despite this, the evaluation and selection

criteria for the municipalities needed to demonstrate, with data, to be sufficient to validate the selection based on population vulnerability criteria.

- UNFPA developed affirmative actions and empowerment of diverse populations and their organizations, strengthened the State's response capacities in providing services, and applied cross-cutting approaches. However, it needed to demonstrate a clear, systematic, and evidence-based approach to ensure the application of cross-cutting areas, particularly the Leave No One Behind (LNOB) approach, as a quality criterion in all its actions. In this context, the lack of disaggregated data on the indicators did not make it possible to demonstrate that the achievements and results reach priority populations promptly and contribute to closing the gaps, except in the case of adolescents and young people, as this is a specific area of work.





3. LESSONS LEARNED THAT ACCELERATE RESULTS¹⁸

The following section presents aggregated evidence as lessons learned on the 5 regional accelerators for results, and the 5 models of UNFPA action and engagement, depending on the contextual needs and country category.

UNFPA Results Accelerators

- Partnership, UN coordination, and funding
- Communication and advocacy
- Innovation and adaptation
- Data generation, analysis, and use of evidence-based interventions and knowledge management
- Efficient leadership and agile operational processes

UNFPA Role Models

- Advocacy, policy dialogue, and support
- Knowledge management
- Capacity building
- Service provision
- Coordination, partnership, South-South, and Triangular cooperation

Special Topic

- Covid-19 Pandemic

As in the previous section, the synthesis describes how a particular performance approach and the various options in deploying the program have contributed to achieving the results. In addition, from the most recent country evaluations, it was possible to draw lessons learned related to the adaptation of the UNPFA to the Covid-19 context. To illustrate such evidence, the synthesis presents examples drawn from some of the country program evaluations reviewed.

¹⁸ In response to the second question of the synthesis: What were the main intervention models and strategic decisions on the mode of implementation that accelerated the results?

Evidence 14. In the face of multidimensional problems, coordination and strategic alliances have positively impacted political incidence and advocacy. They have had a favorable impact on regulatory and national agenda changes in favor of SRHR. They have also positively impacted a mandate for coordination among UNS agencies with visible, practical results but with room for improvement in contexts of recurrent crises and emergencies.

Collaboration accelerates implementation, closing gaps in available resources and ensuring that prioritized groups and national institutions receive the expected support. The formation of networks and multisectoral alliances has demonstrated UNFPA's convening power and has become an added value in countries with a well-known track record. However, the participation and/or management of the governance structures of the coordination spaces must be up to the expectations of organized civil society. It is, therefore, necessary to define clear and long-term objectives and the investment of human and technical resources in line with the renewal agenda of the DSRs.

Coordination between UNS agencies in the last five years has been positively relevant. For example, it has played a critical role in learning the United Nations Country Team (UNCT) and UNFPA during the emergency response to natural disasters in the Caribbean, the migration crises in Central America and the Venezuelan border, and, in general, during the Covid-19 pandemic. In any case, some challenges are difficult to solve by delegating implementation to CSOs.

- In Brazil, interagency efforts materialized in submitting 5 joint proposals for funding projects to respond to the Covid-19 pandemic. In addition, the articulation of agencies in the UNCT allowed the formulation of the Framework for Socioeconomic Response and Recovery of the UN System in Brazil, published in July 2020. With this milestone, the UN System aims to ensure that the UNCT responds to the Covid-19 pandemic in an integrated manner and line with the country's priorities.

The document proposes actions to address the effects of the pandemic, reduce the social and economic impacts and stimulate recovery. In addition to emergency response, the Framework brings proposals for revising the pre-pandemic development model in Brazil, putting people at the center of planning, and emphasizing environmental sustainability, social inclusion, gender equality, and respect for human rights.

- In Colombia, UNFPA collaborated with UN Women to consolidate the GBV Subgroup and its articulation with the Protection Cluster of the Humanitarian Country Team. As a result, diagnostic tools and care guides were developed, and professionals from the Local Coordination Teams working in humanitarian

situations were trained. Additionally, humanitarian aid was provided in communities affected by flooding in municipalities in Chocó, and lessons learned in managing the humanitarian response in the face of the 2017 Mocoa tragedy were systematized.

In general terms, humanitarian and training activities were of short duration, and several were aimed at inter-agency capacity building, corresponding to this sub-group's objective. This contributed to a more consolidated framework and a clearer mainstreaming of attention to GBV in humanitarian situations.

- Generally, in Haiti, UNFPA's NGO partners in sexual and reproductive health and family planning receive support from various programs and carry out their activities without the UNFPA requiring significant changes in trends. The results are reported according to the corresponding objectives. In this process, the country office had difficulties renewing its partnerships in gender equality, gender violence, adolescents, and obstetric fistulas. For these areas, the VI Program marked a strategic evolution or established a significant increase in its expectations; however, the number of NGOs capable of meeting UNFPA's selection prerequisites is minimal. In addition, some territories or fields are natural "private hunting grounds." Implementing a new partnership is a slow process that consumes country office resources. En Ecuador, el UNFPA es un actor comprometido con la reforma del Sistema de Naciones Unidas (SNU) y lo evidencia en el rol activo para promover el trabajo interagencial, apoyando la movilización de recursos como el caso del Proyecto Spotlight y SART.

In these new areas, the VI Program will mark a transition period before implementing appropriate support networks and modalities.

- In Ecuador, UNFPA is an actor committed to the reform of the United Nations System (UNS). This is evidenced by its active role in promoting inter-agency work and supporting resource mobilization, as in the Spotlight Project and SART case.
- It has led to the assistance of INEC in the adjustment of SDG indicators, as well as in the planning of the Population and Housing Census, aspects of particular relevance for the UNS. The rest of the UNS actors recognize UNFPA's strategic performance in positioning the ICPD agenda issues through the inter-agency groups, and concretizing them in projects with the participation of several agencies that have operated effectively in the field of development as well as in humanitarian and emergency response. Several ongoing inter-agency projects stand out for their breadth of results and coverage, such as the Spotlight project, which has expanded its reach into several territories beyond the Northern Border.

- In Bolivia, there is a generalized and highly valued perception of UNFPA as a promoter of horizontal dialogues, facilitator, and consensus builder at different levels, including inter-agency coordination and implementation at the local level. Therefore, the organization should take advantage of the positive external perceptions to recover a stronger position in the eyes of the new authorities, highlighting its achievements and contributions and greater coordination with government agencies.
- In a highly polarized and conflictive country context, UNFPA could enhance and profile this role of facilitator of dialogues and connections in favor of the issues of its mandate, contributing to generating a culture of peace.

Evidence 15. Bringing together political and social advocacy, aligned with international agreements and protocols, and technical advice aimed at creating and developing institutional capacities contributes to accelerating transformative changes in national health policies and services. This comprehensive approach requires the decentralization of means and resources that, if implemented, uphold its impact.

UNFPA demonstrated an adequate and rapid response to partners' demands and medium- and long-term requirements. The national capacity development strategy underpins the result.

In the vast majority of countries, it has ample capacity to convene stakeholders around the visibility and need to propose changes on key SRD issues (e.g., advocacy initiatives), as well as to support the participation of actors and partners in specialized dialogues (e.g., technical groups and committees). Through its actions, it contributes to developing and implementing programs related to access to SRH services and advocacy by organized civil society organizations.

Its technical leadership is indisputable in translating international standards and protocols into effective policies and programs. In addition, the organization makes essential contributions to countries' development challenges by advocating for the interaction of the institutional actors that make up the social protection system.

Policy support is possible thanks to an adequate identification of municipal allies and coordination with national actors. In adverse contexts, and through risk mitigation, advocacy and dialogue based on evidence can initiate an approach to actors resistant to the ICPD Program of Action to remove some resistance in sexual and reproductive health and comprehensive sexuality education.

- In Brazil, UNFPA combined strategies focused on an upstream approach through the linkage of policy and advocacy programs, as well as interventions through pilot

projects or seed funds to be scaled up. The objective is to achieve institutional and behavioral changes in society to achieve better development results.

- South-South and Triangular Cooperation were also instrumental in promoting and establishing partnerships for a common agenda of technical cooperation for development among different countries. In addition, the Country Office acted as a bridge between the demand and supply of advisory services between countries and institutions.
- In Cuba, the successful adoption of the Code Red Strategy responds to the articulation with LA-CRO and the quality of the PAMI-MINSAP medical team, highlighted by actors inside and outside the country. UNFPA combined political dialogue based on needs expressed by PAMI-MINSAP, and provided training for South-South Cooperation professionals, managed with LA-CRO. In addition, it facilitated the purchase of technology for training in the country (simulators). In turn, PAMI-MINSAP installed three training rooms for professionals and replicated the training in gynecological-obstetric services throughout the country after training 20 facilitators -one per province-.
- In Panama, UNFPA demonstrated its capacity to “position itself as a strategic partner in the execution of vital SRH programs and Adolescent and Youth Friendly Health Services (AHFS), which are part of the country’s national health strategy.”

Key to the achievements are:

- Capacity building, e.g., training.
 - Knowledge management, such as diagnostics, studies, and dissemination of evidence-based strategies.
 - Policy dialogue, technical assistance for strengthening public mechanisms, and updating their policy and regulatory frameworks and implementation mechanisms.)
 - Strengthening of alliances and synergies that allow for intersectoral and interagency approaches.
 - Mobilization of financial resources from public funds to strengthen the Adolescent-Friendly Health Services (AHFS) strategy.
- In Colombia, the significant contribution of the PASE Strategy to Equity in Health is in the elaboration of the health diagnosis, which is comprehensive. It contributes to understanding the population dynamics and identifying the territorial determinants of health. On the other hand, the low score in the response or formulation of actions within the Territorial Health Plan (PTS) shows the difficulty in a territory’s comprehensive and intersectoral approach and its articulation with the Territorial Health Plan.

- The adoption of the PASE Model by the MSPS for the design of the PTS through Resolution 1536 is an excellent achievement of UNFPA and a step in the long road to incorporate the population, territorial and comprehensive approach in the formulation of public policies and local development planning in Colombia. This is accompanied by a participatory methodology that promotes dialogue and exchange among different actors with a rights-based perspective. This project has had a national scope with the participation of all the country's departments and municipalities.
- In Haiti, the integrated approach to SRH, family planning, GBV, HIV, and youth with the provincial directorates and the SONU centers does not allow for the development of acceptable policies or the promotion of the provision of one of these services. For example, by entrusting them with family planning for adolescents, SONU centers are stigmatized. The same applies to gender-based violence and Minimum Emergency Devices (DMUs) in emergencies. SONUs have neither the means nor the aspiration to become multifunctional structures combining health care, education, and social work. Their action is complex due to the scarce human and financial resources they have to guarantee their primary mission. The low motivation of the staff compounds this due to their irregularly paid minimum wage and difficult working conditions with long working hours.
- Moreover, UNFPA's institutional roots need to be more personalized with a limited number of partners. The sustainability of what has been achieved is thus undermined.
- In Ecuador, the strategies in UNFPA's business model, such as policy dialogue, capacity building, production of studies, information and knowledge management, and support to service delivery in emergency and humanitarian contexts, have fit adequately to favor the achievements of the Country Program.

The national capacity-building strategy, both at the national and local level, aimed at government, civil society, and communities, has evidence of its general effectiveness, with South-South cooperation as one of the modalities that have had the most significant impact.

The quality of the training processes provided with UNFPA support -content, methodology, teachers- has been reiterated by all actors. More than 10,000 people have been trained in the classroom and online modalities. However, the "Course on prenatal care and obstetric emergencies," promoted by UNFPA LACRO and the University of Antioquia and aimed at medical personnel, paramedics, and midwives of the Public Health System, and the "Course on Gender-Based Violence against Women and Child Protection in Emergency Contexts,"

aimed at personnel of health care services and survivors of GBV, stand out.

At the local level, technical support to the Ministry of Public Health (MSP) and MINEDUC strengthened capacities for the practical application of regulations on comprehensive SRH care, adolescent care, GBV survivors, and CSE actions, with a particular focus on the most excluded groups.

- Beyond efforts to move towards more excellent articulation and integration among the areas, the structure and day-to-day operations in Bolivia remain divided. This does not favor a more coherent, consistent, and comprehensive response to the different problems, which has led to duplication and lack of coordination of efforts. Added to this are the challenges of the decentralized model, which, although it allows for a valuable presence in the field with more excellent proximity to vulnerable populations, reflects strong weaknesses in its strategic contribution on a larger scale, its programmatic linkage, and a high level of dependence and invisibility vis-à-vis the Implementing Partners. Weaknesses in communication and coordination, both vertical and horizontal, evidenced in efficiency and other parts of the report, limit the potential for replication and scaling up of good practices and models validated in the municipalities.





Evidence 16. In advocacy and communication, UNFPA has engaged with stakeholders such as parliamentary groups and women, the judiciary, the media, the private sector, grassroots, and feminist CSOs, and trade unions. It has engaged them in increasing the visibility of specific transformative results to achieve more significant support at the national level.

Several CPEs have noted opportunities for UNFPA to engage actors and stakeholders as new partners in addition to traditional ones to increase benefits, social awareness options, mobilization, and advocacy around transformative results.

The organization has worked with a variety of approaches in strategies to strengthen and expand partnerships. However, the degree of success of interactions with some stakeholders suggests that some countries need to improve visibility. One success factor has been to design partnerships and networks around specific issues (GBV, SRD, Etc.) with a strong emphasis on knowledge management, combining life stories, data generation, and benchmarking against international standards.

Effective public advocacy raises awareness among the leading institutions involved in each issue and the public. It also increases social and institutional support for UNFPA's mandate. In some contexts, dialogue and advice to faith-based CSOs become an alternative to mitigate the adverse effects of conservative ideological hierarchies regarding broad normative recognition of SRHR.

- In Brazil, the strengthening of conservative sectors and the election of candidates aligned with them resulted in the separation of UNFPA from some traditional partners, especially within the Federal Government, and in the rejection of some issues of the Fund's mandate.

Since 2017, areas of the Federal Government that are strategic to advance the ICPD Program of Action, such as human rights and environmental bodies, have gradually distanced themselves and, on some occasions, expressed their opposition to mentions of the UN-FPA mandate, especially in the areas of gender and Sexual and Reproductive Health.

In addition to the scenario mentioned above, there is humanitarian assistance and the Covid-19 pandemic. These contexts have generated possible setbacks in the areas of work. Since the beginning of the political crisis in Brazil and with greater intensity since the humanitarian assistance, UNFPA has sought a broader relationship with state and municipal governments and a more significant presence in the territory, with the assignment of local teams in 4 states.

Engaging strategic partners, including the private sector, government, and civil society, can accelerate results but simultaneously involves building alliances and trusting relationships, which requires adequate time and resources. There is a challenge for expanding cooperation actions to other axes and partners, such as the cooperation of civil society organizations among themselves or with government agencies.

- To fulfill this purpose in 2020, UNFPA mapped civil society organizations to support the area's planning. The process covered 512 organizations and their areas of action. As a result, a total of 128 existing and 250 potential South-South Cooperation actions were identified.
- In Cuba, the organization carried out activities to disseminate and promote SRD to specialized audiences and the general public. It accompanied scientific and professional events and collaborated with informative publications for social communicators and journalists, didactic materials, guides, and magazines. These knowledge and communication products produced relevant results by raising awareness among high-level institutional actors and providing inputs to support policy measures. In addition, these contents became instruments for replicating the training of health and education professionals. For example, UNFPA collaborated with disseminating SRD and sexual diversity approaches as necessary dimensions of the health system, according to MINSAP, and contributed to training graduate and undergraduate professionals with updated scientific and informative inputs.

- In Bolivia, progress has been made towards a more systemic approach to external communication with a focus on advocacy; however, there is still potential for a more strategic approach that influences norms and behaviors and contributes to generating changes in living conditions, particularly for the most disadvantaged groups.

Incorporating communication for development in the new Strategic Plan generates an opportunity and a challenge for the new Country Program.

- UNFPA's decentralized model in Bolivia and local action are essential to achieve demonstrative, replicable, and scalable change effects. However, political advocacy at the highest levels is fundamental and is a pending challenge to achieve sustainable changes through favorable public policies. In this sense, UNFPA must implement the Advocacy Plan at the highest levels. So far, it has been well received in the municipalities, regular in the prefectures, and weak in the Ministries. This includes evidence and valorization of the strategies promoted by the organization.



Evidence 17. In consolidated normative contexts, UNFPA works in partnership with government institutions and CSOs towards monitoring and generating evidence regarding practical application deficiencies to keep all groups in sight, particularly in targeting SRH and GBV services versus disaggregated access.

In most countries, the reorientation of resources towards the generation of evidence and working groups for the effective implementation of legislative measures and long-standing programs are becoming a priority. Results-based management and monitoring of outcomes in disaggregated population terms is a basic standard that allows for the reorientation and adjustment of actions, particularly sensitive when they hide exclusions in access to SRH services that marginalize especially vulnerable populations.

When UNFPA technical assistance is also delivered through implementing partner CSOs, the lack of effective monitoring of how services and activities reach the most vulnerable groups poses additional management and monitoring challenges. Gaps in targeting also include deficits in the disaggregation of population data due not only to technical issues but also to the same acceptance and understanding of unconfirmed gender categories excluded from programmatic censuses.



- In the Caribbean sub-region, institutional constraints were observed that impact the resolution of identified problems. For example, national legislative frameworks need to provide adequate protection for GBV survivors, and there is a need to track the effectiveness of legislation that could guide investments for institutional improvements along the justice chain.

Gaps in targeting include the lack of a flexible understanding of gender identity. Non-gender confirming categories are excluded from disaggregated data in monitoring and evaluation processes. Improved data will help understand how sexual orientation and/or gender identity impact a person's vulnerability to violence and discrimination and access to and use of quality integrated sexual and reproductive health services. Lack of data and inefficiencies in capturing reports of family violence also makes it impossible to estimate the incidence of GBV in the region.

- In El Salvador, dynamic relevance is evidenced in response to women criminalized for obstetric emergencies and abortion through the presence of UNFPA in judicial instances. This ensures the application of due process in a country internationally observed for judicial weaknesses.
- In Colombia, the development of the ASP, a diagnostic tool promoted by UNFPA in all countries, is an achievement in the production and dissemination of data. It is beneficial for decision-making. The first milestone was the creation of an inter-institutional roundtable made up of delegates from DANE, the MSPS, the Ministry of Foreign Affairs, and the DNP, which favored a high level of institutional ownership. With the ASP, the population dynamics study was placed on the public agenda, providing a space for analysis and discussion of population issues the country did not have before. A second milestone was the production of a document that brought together previously scattered information and contributed to making visible vital issues such as taking advantage of the demographic dividend, aging, urbanization, the new rurality, and the territorial approach.
- According to the DNP, the chapters of the Population Situation Analysis (PSA) have been valuable inputs for the preparation of social diagnoses in the formulation of the National Development Plan 2018-2022, in addition to being a dynamic instrument that is constantly being updated.

Evidence 18. Knowledge management based on a rigorous generation of evidence, accompanied by a versatile communication strategy, has a clear added value, especially in yellow countries, both in high-level advocacy before decision-making bodies and in pointing out structural failures in SRD to various social and political audiences.

Actions are developed based on knowledge products that pinpoint development problems and gap areas for programmatic action. These are inputs to enhance advocacy strategies and evidence-based informed policy dialogue for regulatory framework change and public policy development in partnership with stakeholders. Having specific diagnostics and adequate demographic data exponentially increases the capacity of countries to track and monitor the SDGs and prepare national policies and plans for SRD development.

The need for more capacity in this area is high in most regional countries, with notable one-off advances. There is a persistent lack of data disaggregated by sex, age, disability, race, ethnicity, and other criteria to assess the impact and effectiveness of policies and programs. This includes the absence of disaggregated data on domestic, sexual, trafficking, and other forms of GBV. The need for population data also hampers the ability to manage interventions, identify needs and target them efficiently appropriately. Success stories in the region indicate that ad hoc studies on priority or invisible issues, or efforts to improve census tools, continue to have positive multiplier effects in defining more effective legal and programmatic frameworks.

- In El Salvador, UNFPA provided argumentative inputs to the Legislative Assembly, based on the study *“Maternity and union in girls and adolescents: Consequences of the violation of their rights”* and the *“Map of pregnancies in girls and adolescents in El Salvador 2015”*. By linking pregnancy in girls under 18 years of age with sexual violence, it began to denaturalize procreation and household formation at an early age and to eliminate the stigmas attached to female sexual behavior. As a result, the PO contributed to the elimination of harmful practices in compliance with UNFPA’s transformative outcomes and contributed to SDG 5, which calls for the elimination of child, early, and forced marriage.
- In the Caribbean sub-region, using evidence to “make the case” for policy change, and to inform program design, was a crucial strategy in UNFPA’s support for increasing access to SRH services. For example, the study *“Expanding Contraceptive Choice in Trinidad and Tobago: Introducing Contraceptive Implants”* demonstrated how the contraceptive method mix could be expanded. For its part, the assessment commissioned by UNFPA in 2020 highlighted that not all modern contraceptive options are available to women in the Caribbean. Since then, the government has committed to expanding the method mix.

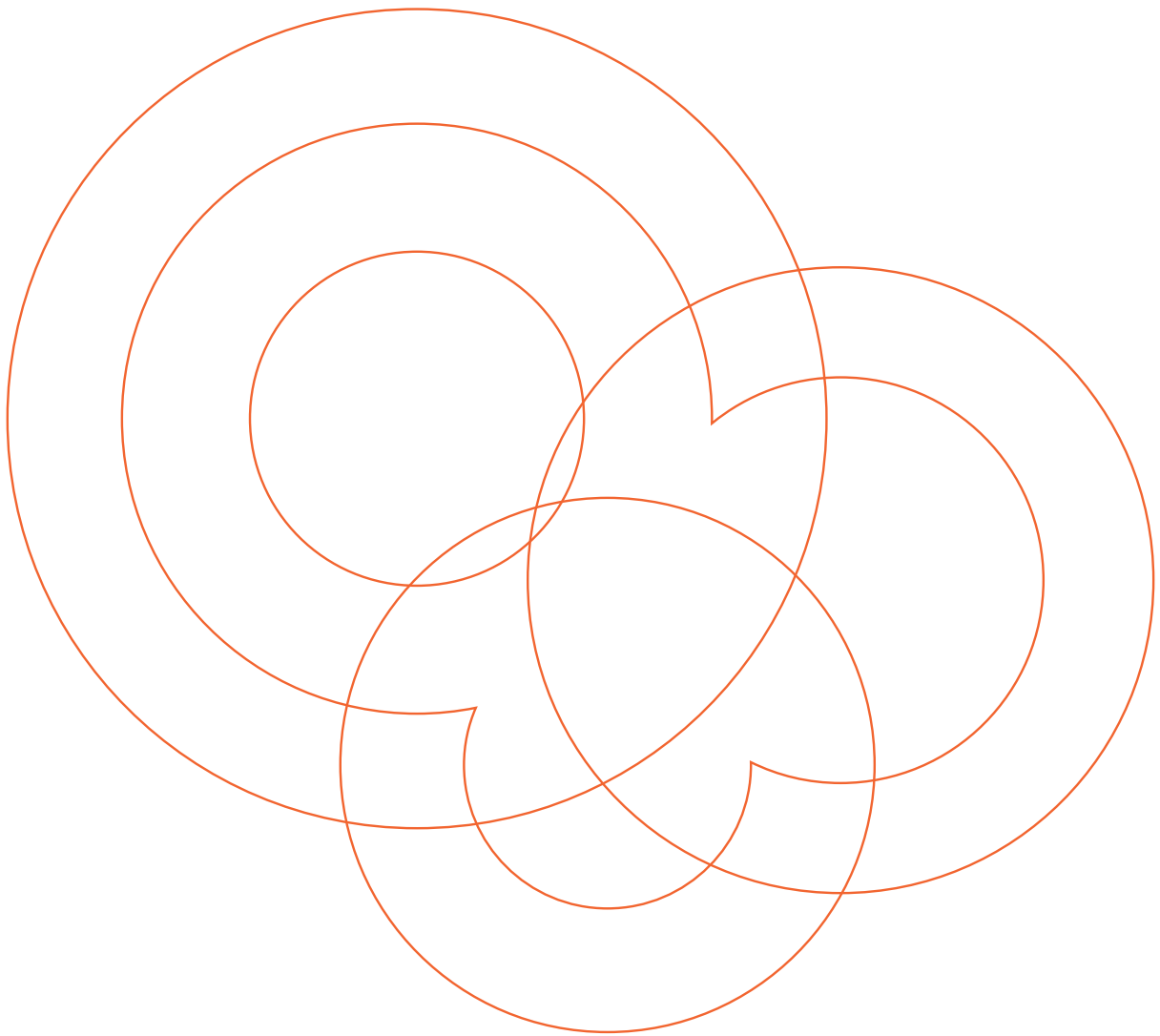
More broadly, UNFPA contributed to gathering the evidence to promote the expansion of the method mix as in the case of Trinidad and Tobago and to developing a strategy to introduce implants as occurred in Suriname. These results must change attitudes toward long-acting reversible contraceptives (LARCS). In addition, the results of various assessments and analyses-needs/gap assessments studies-that were supported by UNFPA to strengthen national capacity and advocate for the implementation of adolescent-friendly public policies were fundamental inputs in the review and development of youth-friendly SRHR policies and program design. Guyana's Accelerated Action for Adolescent Health (AA-HA), for example, was a key input to developing a national policy on the reintegration of adolescent mothers into the education system.

- In Cuba, UNFPA's technical and resource cooperation was vital in generating primary data for the country's transformations. This translated into support for three national surveys:
 - Gender Equality Survey:
 - National Survey on Aging: provides inputs for health care planning and is also central to the current discussion of a care system on the country's agenda.
 - Migration Survey: contributes updated information to various agencies and institutions in the country, including the Ministry of Foreign Affairs (MINREX), and the development of policies, plans, and programs.
- In general, UNFPA's cooperation, through research and publications, strengthened national capacities in line with the need to produce data for public policy debates.
- In Haiti, UNFPA has a recognized leadership role in sexual and reproductive health. This circumstance provides it with opportunities to advance its inclusive strategy at the provincial directorate level; however, there are limiting structural factors at the central administration level. In addition, the conditions during the VI Cooperation Program have been so complex that this leadership would not have been able to achieve decisive results had it not been for other externally funded projects.

UNFPA resources alone are insufficient to implement the VI Program strategy. For example, the organization's contributions to the Haitian government have yet to be sufficient to set up an integrated data system to guide the implementation cycles of national population and development policies. In addition, UNFPA has only initiated a series of preliminary actions to strengthen the National Statistical System through actions focused on governance, resource development, improving the quantity and quality of statistics, and promoting the culture and

use of statistical data.

- In Bolivia, the organization stands out for its support of the development of strategic plans to improve administrative records; the generation of rapid assessments of affected populations -including pregnant women- during humanitarian crises; assistance in the generation of the Census project; and support and contributions to the strengthening of academic bodies, including observatories. The National Statistics Institute (INE,) with support from UNFPA and CELADE, updated population projections with subnational disaggregation and specific population groups; however, given the limited overall statistical development in the country in statistics based on administrative records, it is essential to continue promoting the generation of data on vulnerable populations (Afro-descendants, indigenous people, people with disabilities, LGTBIQ+ populations).



Evidence 19. In sensitive ICPD agenda items, the principle of national ownership is reinforced through regular accountability with partners. This provides transparency, knowledge of the context, ongoing support, and builds relationships of trust, a functional requirement for minimum agreements to drive cultural and policy changes. However, such minimum essential conditions are absent in some countries.

Given the need to advance national ownership of the fundamental principles of the SRRs and ICPD agreements and frameworks, UNFPA-supported actions that were critical accelerators in multiplying the chances of success of country programs were:

- Consistent and committed, respectful and non-imposing support for actions that build trust.
- Creation of formal and informal communication mechanisms with counterparts and coordination bodies of the Ministries at the central and regional levels and those responsible for UNFPA to follow up on actions or generate alerts.
- Knowledge of the national context and priorities, as well as international commitments and agendas. This makes it possible to outline strategies to respond to the country's needs and contribute to national and UNFPA objectives.
- Inclusion of a community vision in all products, making sure to know the reality and support proposals focused on community needs.
- Support from UNFPA LACRO in updating and specialized advice on SRH, adolescent, and youth issues. The objective is to provide timely and evidence-based responses and facilitate processes, including those with a sophisticated technical component, such as the Medicines and Supplies Logistics System.

- In Honduras, the government has placed its trust in UNFPA by commissioning it to implement public policies. It has given it a central role in aggregating interests and constructing the minimum agreements necessary to sustain inter-institutional and intersectoral policies.

In the country, women's physical integrity is affected by a weak institutional framework, the naturalization of violence in socio-educational communities, the absolute prohibition of all forms of abortion, and the use of the emergency contraception pill for victims of sexual violence. Despite this context, UNFPA has accompanied the complex advances in preventing adolescent pregnancy, understanding it as a process of macro-social transformation of the country.

In harmony with the 2018-2021 Strategic Plan, which establishes less emphasis on "delivering things" and prioritizes "delivering thinking," the Country Office contributed new interpretations of social problems, establishing the idea of early pregnancy as a failure of the social protection system that distorts national poverty reduction and development efforts. Investment in sexual and reproductive rights for the prevention of early fertility was positioned as a necessary condition to take advantage of the window of opportunity of the country's demographic bonus.

- In Venezuela, the ICPD Program generates open opposition in both civil society and government sectors; however, it is not perceived as an imminent risk and becomes an opportunity for UNFPA to collaborate in the advancement of SRR of adolescents and young people without facing political crises or attacks that delegitimize its actions. In turn, as an added value of UNFPA, the evaluation has underlined that it is a creative agency, less bureaucratic than others, and innovative in a complex economic and social context. Furthermore, the parties consulted attribute to it a "friendly," horizontal, and committed way of working with partners, execution capacity, and predisposition to coordination as part of its organizational culture.
- In Haiti, most of the actions for promotion and technical support to the various ministries have yet to achieve the objectives of the sixth program set in agreement with the government. This means there has yet to be much progress concerning policies and strategies applicable to UNFPA's areas of mandate. However, specific normative achievements (protocols) have allowed further progress in women's and girls' situations. The implementation period of the VI Cooperation Program has been disrupted by major social movements that have paralyzed the country, with a resurgence of insecurity.

- Political instability has disrupted the decision-making circuits, already fragile due to the mobilization against the Covid-19 pandemic, and movement restrictions have ended. These events diverted the ministries' priorities to sexual and reproductive health, family planning, gender-based violence, HIV, and population and development. The blocking by the Directorate of Family Health (DSF) and the adoption of the one-stop-shop system of care for victims of gender-based violence is an examples of how the ministries have functioned during the period.



Evidence 20. The Covid-19 pandemic tested the flexibility and adaptability of programmatic frameworks to refocus priorities, expand partnerships, and advance implementation. Support to numerous CSO partners was generally chosen to reach the hardest-to-reach populations, in line with the principle of Leaving No One Behind.

UNFPA's support for strengthening service delivery enabled national institutions to serve their users better, increasing access to sexual and reproductive health and gender-based violence services. The value of UNFPA's support in this area was observed in response to Covid-19 with its support in the provision of mobile/earthquake services; for example, communication devices, emergency telephone lines, or telemedicine. Accompaniment in establishing safe spaces for women and girls was also evidenced.

UNFPA mobilized its technical and financial resources and established key partnerships to respond to the humanitarian situation resulting from the Covid-19 pandemic. CSO collaboration reached out to vulnerable and underserved populations and digitally based non-face-to-face and mobile care formats for service delivery. This was an agile response to the needs of people facing life-threatening situations, such as GBV survivors. In that sense, the pandemic has facilitated understanding and familiarity with non-face-to-face or socially distant options.

There is clear evidence of how capacity-building support provided by UNFPA to ensure remote or mobile SRH services during Covid-19 enabled public institutions and CSOs to reach the hardest-to-reach communities. It also encouraged some partners to offer new services and reach target groups in new locations, making it possible to address previously unmet needs. However, further integration of digitization should ensure that all vulnerable target groups have access and that no one is left behind.

- In the Caribbean subregion, UNFPA support to strengthen legal and protection systems in emergency settings such as Covid-19 was significant. In addition, stakeholders highlighted that UNFPA grant support from the organization facilitated the operational functioning of centers, as in the case of the safe spaces in Belize. There, women and girls accessed information on SRH and GBV services.
- Similar support to establish centers in Guyana enabled service providers to better respond to the needs of sexually abused girls and adolescents. At the centers, they were able to report abuse in the presence of the police, child protection, and a guardian. The statements were then used to support prosecution.

Victims of sexual violence and their families also accessed counseling services at the centers. Progress reports suggest that the quality of the humanitarian response varied, with some improvement in coordination and collaboration for the Covid-19 response compared to the response to the migration crisis and hurricanes. One difference was that UNFPA engaged a more significant number of stakeholders/partners for the pandemic response to advance the humanitarian response. The data suggest that these partnerships were essential to ensure that the response reached the target populations.

- The organization in Brazil demonstrated flexibility and adaptation to significant changes in the context: economic crisis, strengthening of conservative groups; a mixed flow of migrants and refugees from Venezuela; changes in the government and the configuration of high-level positions at the federal level; and health crisis resulting from the Covid-19 pandemic. In terms of management, it was strategic to opt for a flexible program with few indicators and sophisticated analysis based on evidence of the problems and needs to be addressed by the programs.

In terms of response, due to the Covid-19 pandemic, in 2020, the Paca Raima border post was closed for most of the year, as was the Manaus triage post, which became a health crisis response center. A growth in SRH actions was observed with the mapping of contraceptive demands in shelters, the offer of family planning options for women, the availability of contraceptive supplies, and the training of local public service professionals for IUD insertion. In addition, in Roraima, 9 health professionals provided prenatal care within the shelters, which proved relevant in the pandemic context. Additionally, UNFPA hired 7 indigenous facilitators to identify SRH needs in their communities and help women of their ethnicity access SRH and gender-based violence services.

- In Ecuador, UNFPA's response to the challenges generated by the Covid-19 pandemic was effective, timely, and innovative in its contribution to the adequacy and non-paralysis of SRH and GBV prevention and care services. The CPE highlights as a good practice the training given to providers of public GBV care centers and NGOs for the remote application of the Care Route to continue care services to women survivors of GBV during the pandemic. This strategy positively ensured continuity of care and adaptation to this virtual environment for support among women survivors of GBV. In addition, in coordination with the United Nations Children's Fund (UNICEF) and the Pan American Health Organization (PAHO), UNFPA contributed to the development of technical documents and specific regulations, such as the technical criteria issued by the Ministry of Public Health for the health care of pregnant women and newborns concerning Covid-19.

Similarly, together with UNICEF and in coordination with the Secretariat of Human Rights (SDH), it delivered Dignity Kits with supplies for personal care and hygiene; maps of multisectoral services for Gender-Based Violence (GBV) and Sexual and Reproductive Health in the Northern and Southern Border, and basic information for the prevention of Covid-19.

- In Bolivia, the strategies derived from the pandemic focused on the continuity of SRH services, prevention and care of violence against women, girls, and adolescents, and the provision of contraceptive methods. UNFPA developed a Call Center Guide for women and girls who suffered violence during confinement due to the pandemic. This tool was developed by the Chuquisaca office and transferred to Cochabamba, Potosí, and Pando. The guide served as the basis for developing training for public servants who work with women and girls by telephone. Recognized as Change Makers in gender in 2021, no data is reported on its effective implementation or scope, nor on the continuity of use beyond 2020.
- Covid-19 demonstrated the potential of virtual media to reach specific populations and expand outreach for capacity building and service delivery. The organization has supported strategies to reach the population through telemedicine, teleconsultation, and tele-counseling. However, work has yet to be achieved with indigenous populations, evidencing a digital and economic gap.





4. RECOMMENDATIONS¹⁹

This section analyzes the recommendations of the CPEs. After counting and noting the representativeness of the issues addressed, the main messages for improvement have been grouped and presented for consideration by the organization at the regional and Country Office level.

The section is of particular relevance for the design of new Country Program cycles, in whose design and formulation phases there should be an evidence-based debate, such as the recommendations drawn from the evaluation of previous cycles that are analyzed and synthesized.

The analysis of the suggestions has been prepared based on three levels: strategic, programmatic, and operational. The results show a clear predominance of strategic recommendations: out of a total of 324, 59.4% (190) correspond to this level, 25% (81) to the programmatic level, and 16.4% (53) to the operational level.²⁰

Table 5 Distribution of Recommendations by level and country

	Strategic	Programmatic	Operational	Total
Total	190	81	53	324
%	59%	25%	16%	
Bolivia	10	6	5	21
Brasil	14	4	3	21
Caribe	26	7	4	37
Colombia	17	4	4	25
Cuba	13	4	7	24
Ecuador	6	4	0	17
Guatemala	17	4	3	24
Haití	19	11	2	32
Honduras	19	11	11	41
Panamá	10	8	3	21
Paraguay	12	4	4	20
Venezuela	16	8	7	31

¹⁹ In response to the third question of the synthesis: What were the recommendations of the evaluations to advance effective country programs and contribute to transformative results?

²⁰ The conceptualization as strategic, programmatic, and operational does not necessarily match precisely with the structure of the recommendations in the reports analyzed. In some cases, strategic recommendations in the CPEs allude, in addition to the central theme, to more relevant programmatic issues or operational aspects needed as sub-recommendations. In other cases, some operational recommendations in each CPE report included indications or sub-recommendations about the strategic changes that would need to be ensured for their implementation. In such cases, each section has been moved to its corresponding category. This implies that the number of recommendations in this synthesis is greater than the sum of those appearing in the total of the SPC reports since the same original recommendation may suggest several types in the overall reading.

Within each of these levels, thematic categories have been established to bring together the meaning of the recommendations of the different SSCs. In total, 10 thematic categories have been identified from strategic recommendations, 7 from programmatic recommendations, and 4 thematic categories identified in the operational recommendations. In all cases, each recommendation's central theme or aspect is addressed, as detailed in table 6 below.

Table 6. Themes of Recommendations, by category

Strategic level

- Context (cultural, legislative, political) and risk analysis
- Overall strategy, modes, accelerators
- Advocacy, Partnership and Alliances
- Local capacities
- Emergence, agility, Covid-19
- Programming, ToC, context and risk analysis
- Leave No One Behind
- Pilot, Seed, Demonstration Projects
- Internal organizational resources and capacities
- Communication

Programmatic level

- SSR
- GBV
- Prevention of maternal deaths
- Youth and adolescence
- Population dynamics and data
- Service delivery and supplies
- CSST

4. Operational level

- GbR, monitoring, reporting
- Indicators
- Sustainability, transfer, exit strategies
- Knowledge management and evidence generation

The following elements of representativeness may be highlighted (Table 6):

- **Strategic recommendations.** There is a clear predominance of those related to “advocacy, partnerships, and alliances” (13.9% of the total). They account for almost 1 in 4 in this category (23.7% of the total strategic recommendations). They are followed by the “Leave No One Behind” recommendations with 8.6% of the total; 1 out of 7 in this category (14.7%). Modes of action and accelerators” when readjusting the organization’s strategy and those relating to the need to address the “context (cultural, political, legislative...)” come in third place, each representing 7.1% of the total and 1 out of 8 in this category (12.1%).
- **Programmatic recommendations.** Those referring to the area of SRHR stand out with 7.4% of the total and 1 out of every 3 cases within this category (29.6%), and those related to the programmatic area of Youth and Adolescence with 5.2% of the total and occupying almost 1 out of every 5 cases of programmatic recommendations (18.5%). Of the total, 4.6% point to the need for actions related to “population dynamics and data,” and an identical percentage to those aimed at combating gender-based violence (“GBV”). Fewer recommendations specifically target the prevention of maternal mortality (1.5% of the total), South-South/ Triangular cooperation (0.9%), or provision of services and supplies (0.6%).
- **Operational recommendations.** Most refer to “Results-based management, monitoring, reporting and indicators” (9.6% of the total and 3 out of 5 operational recommendations). Half of the cases are related to “knowledge management and evidence generation” (4.9% of the total and almost 3 out of 10 cases in this category). Only 1.9% of the recommendations concern “sustainability, transfer, and exit strategies” (1 out of 10 operational recommendations)

Table 7 Distribution of Recommendations by category of subject matter

	Total	% Total	% Category
Strategic	190	58,6%	100,0%
Advocacy, Partnerships and Alliances	45	13,9%	23,7%
Leave No One Behind	28	8,6%	14,7%
Overall strategy, modes, accelerators	23	7,1%	12,1%
Context (cultural, legislative, political, ...) and risk analysis	23	7,1%	12,1%
Communication and dissemination strategies	18	5,6%	9,5%
Internal organizational resources and capabilities	13	4,0%	6,8%
Emergence, agility, Covid-19	13	4,0%	6,8%
Local capabilities	12	3,7%	6,3%
Risk analysis, programming, Theory of Change (ToC)	11	3,4%	5,8%
Pilots, seed-demonstration projects	4	1,2%	2,1%
Programmatic	81	25,0%	100,0%
Sexual and Reproductive Rights (SRR)	24	7,4%	29,6%
Youth and adolescence	17	5,2%	21,0%
Population dynamics and data	15	4,6%	18,5%
Gender-based violence (GBV)	15	4,6%	18,5%
Prevention of maternal deaths	5	1,5%	6,2%
Service delivery and supplies	3	0,9%	3,7%
South-South and Triangular Cooperation (SSTC)	2	0,6%	2,5%
Operational	53	16,4%	100,0%
Results-based management, monitoring, reporting, indicators	31	9,6%	58,5%
Knowledge management and evidence generation	16	4,9%	30,2%
Sustainability, transfer, exit strategies	6	1,9%	11,3%
Total	324	100%	

The following recommendations can be consolidated from the reports, which are cross-cutting across programs and countries. However, given the critical context, the case of Haiti is the most particular, and the examples of recommendations described below should be read in the light of a “repositioning and expansion” of UNFPA’s action strategy.²¹

21 Along these lines, the CPE indicated in its Recommendations section that (emphasis added) “the next cooperation program should lay the groundwork for new integrated approaches to the two pillars of UNFPA in Haiti: the demographic dividend and women’s health. The country office must define a more ambitious approach that addresses the root causes of maternal mortality and the marginalization of young people in the construction of the country, not only through interagency collaboration but also through the repositioning and expansion of UNFPA’s field of action. This evolution also involves engaging in a more open and demanding dialogue on sectoral policies and the legislative and policy framework where they impose limits on the legitimate aspirations of women and youth.” See Strategic Level Recommendation 1 below and how it applies to the case of Haiti.

STRATEGIC LEVEL RECOMMENDATIONS

Recommendation 1. Strengthen political advocacy as a fundamental part of UNFPA's action strategy for recognizing the human rights of women, adolescents, and girls and guaranteeing their entire exercise. This advocacy should focus on removing the institutional barriers in many countries that limit aid effectiveness, especially promoting and reinforcing legislative and cultural changes.

It is recommended to amplify and optimize alliances with governments and partner networks, involving committed entities with the capacity to act in favor of the promotion of human, sexual and reproductive rights, and the fight against gender-based violence, especially in conservative contexts.

Additionally, it is suggested to consider redirecting state alliances towards the decentralized levels of public administration to make them more effective. Finally, it is necessary to link social actors of all kinds, such as trade unions, private entities, parliamentary groups, and academia. The objective is to facilitate mobilization and debate in all public and private spheres and to accompany this mobilization with quality population data.

Political advocacy must be accompanied by a communication strategy aimed at awareness-raising, information, and sensitization. It is necessary to address the needs and possibilities of all social groups - target population, society in general, and sectors involved in decision-making and policy implementation, such as legislators and educational and health service personnel.

- In Honduras, it is a priority to continue advocating for the approval of the Draft Law for the Prevention of Adolescent Pregnancy, which includes the CSE. UNFPA will be able to capitalize on its prestige and positioning as a strategic development partner to build and lead a field of action with actors committed to the ICPD Program of Action, such as social organizations, academia, and professional societies, in addition to cooperation and representatives of state institutions that defend human rights.
- Skilled advocacy and political dialogue at the legislative level in El Salvador are necessary to promote the approval of a national SRH law and a budget for procuring SRH commodities and contraceptives (...). This effort should be supported by alliances with key decision makers, such as the Youth Parliamentary Group (GPJ) and the Women's Parliamentary Group that influences the allocation of budget lines for the Special Comprehensive Law for a Life Free of Violence for Women (LEIV), for example. It is also vital to take advantage of cultural advances with the prohibition of child marriage, using communication strategies that make early de facto unions visible as a harmful practice, as considered by the Communications Strategy that the PO consolidated.

On the other hand, it is necessary to continue supporting national debates on SRR and GBV, collaborating with evidence and in the human rights framework for the country to raise the observations and complement the recommendations of the Universal Periodic Review (UPR).

- In the Caribbean, the commitment is to identify gaps to promote and strengthen partner networks in areas that need additional focus. Opportunities may include relationships with non-traditional partners such as:
 - Trade unions and workers.
 - Public-private sector partners, e.g., businesses and communities, will significantly influence how to address GBV.
 - Parliamentarians, with whom it is possible to work to raise awareness of GBV and population dynamics.
 - Academia, through universities and other tertiary institutions that participate in programs to improve the quality of population data, e.g., joint research and capacity building in collaboration with CSOs.

- In Panama, the priority is the implementation of SIA outside the school, considering the key recommendations from the Regional Assessment Case Study on SIA. In addition, the following should be taken into account:
 - Take into account the operational implications to contribute to the strengthening and applicability of fundamental laws, such as Law 60 for the continuity of education of pregnant adolescents, that go beyond prevention and consolidate care models taking advantage of SSAA.
 - Continue with the sensitization and training processes in the health, education, and other sectors.
 - Advance advocacy actions for sustainable public policies for youth, investment of the demographic bonus, and the consolidation of youth councils with their operational plans.
 - Take advantage of the new opportunities the International Technical and Programmatic Guidance opened on out-of-school CSE. It is suggested, in particular, to examine weaknesses to ensure the quality of programs so that they respond effectively to the conceptual framework of CSE and international standards.
- In Colombia, it is recommended to strengthen alliances with institutional actors, social organizations, and professional and academic networks that defend SRHR.
 - It is necessary to support advocacy and enforceability initiatives complementary to the support provided to the State as a guarantor of the rights of the most vulnerable population.
 - Build bridges with sectors opposed to the Cairo Agenda that the dialogue can influence.
 - Develop specific communication strategies to counteract discourses contrary to the rights-based approach and scientific evidence.

- In Paraguay, it is suggested to strengthen youth networks to improve their advocacy capabilities.
 - The implementation of this policy is a crucial strategy to lead advocacy processes, political dialogue, and advocacy with the State, position the issue in the media and keep civil society support groups active.
 - The PO has developed necessary negotiation and political dialogue skills that are highly valued by counterparts, and that can continue to be applied in the face of the adverse political context.
 - It is recommended to work more closely with civil society organizations and agencies of the United Nations System in terms of enforceability of a rights agenda.
- In Venezuela, strengthen alliances with government actors, social organizations, and professional and academic entities that defend SRR. For this purpose, it is required:
 - Support advocacy and enforceability initiatives complementary to the support provided to the State.
 - Explore possibilities of linking with sectors opposed to the Cairo Program that may be permeable to dialogue
- In Cuba, it is recommended to consider an expansion of national counterparts beyond MIN-SAP, and to promote other alliances with organizations that also operate directly in the affected territory, mainly to accelerate follow-up practices in the field.
- In Guatemala, it is necessary to continue with the positioning and participation of UNFPA in the advocacy spaces that have been maintained, such as the commissions in which civil society, academia, and government institutions interact, both for the implementation of projects and monitoring from the perspective of social auditing by CSOs.
- In Haití It is essential to redefine the partnership with the Ministry for the Status of Women and Women's Rights (MCFDF) while continuing to support the emancipation of decentralized provincial structures. In addition, it is necessary to:
 - Promote pluriform collaborative relationships to care for victims of gender-based violence and strengthen actions aimed at achieving women's economic independence.
 - Support alliances with different organizations, platforms, and other state agencies to facilitate the mobilization of resources and the

integration of interventions for the promotion of gender equality and the fight against violence against women. In this way, autonomous state organizations such as the OPC or associations such as CIPUH (Emergency Psychotherapeutic Intervention Cell in Haiti) could participate in the care mechanism for victims.

- In Ecuador, and based on the successful experiences developed in the northern border and in the rest of the territories where the Program has been deployed, it is suggested to expand the political dialogue with the Decentralized Autonomous Governments and cantonal boards in those areas where the most significant lags are identified in terms of the progress of the transforming results under the principle of leaving no one behind.
- In Bolivia, enhance the decentralized model, developing work guidelines for the subnational level. Additionally:
 - o Promote the scaling up of good practices and validated solutions at the national level as input for evidence-based public policy decision-making.
 - o Strengthen policy dialogue and strategic alliances to accelerate the achievement of transformative results through the direct involvement of intermediate authorities.



Recommendation 2. Review and expand partnership strategies, promoting and coordinating inter-agency spaces and strategic alliances within the UNS and other international and regional donors to make the necessary resources available in each context.

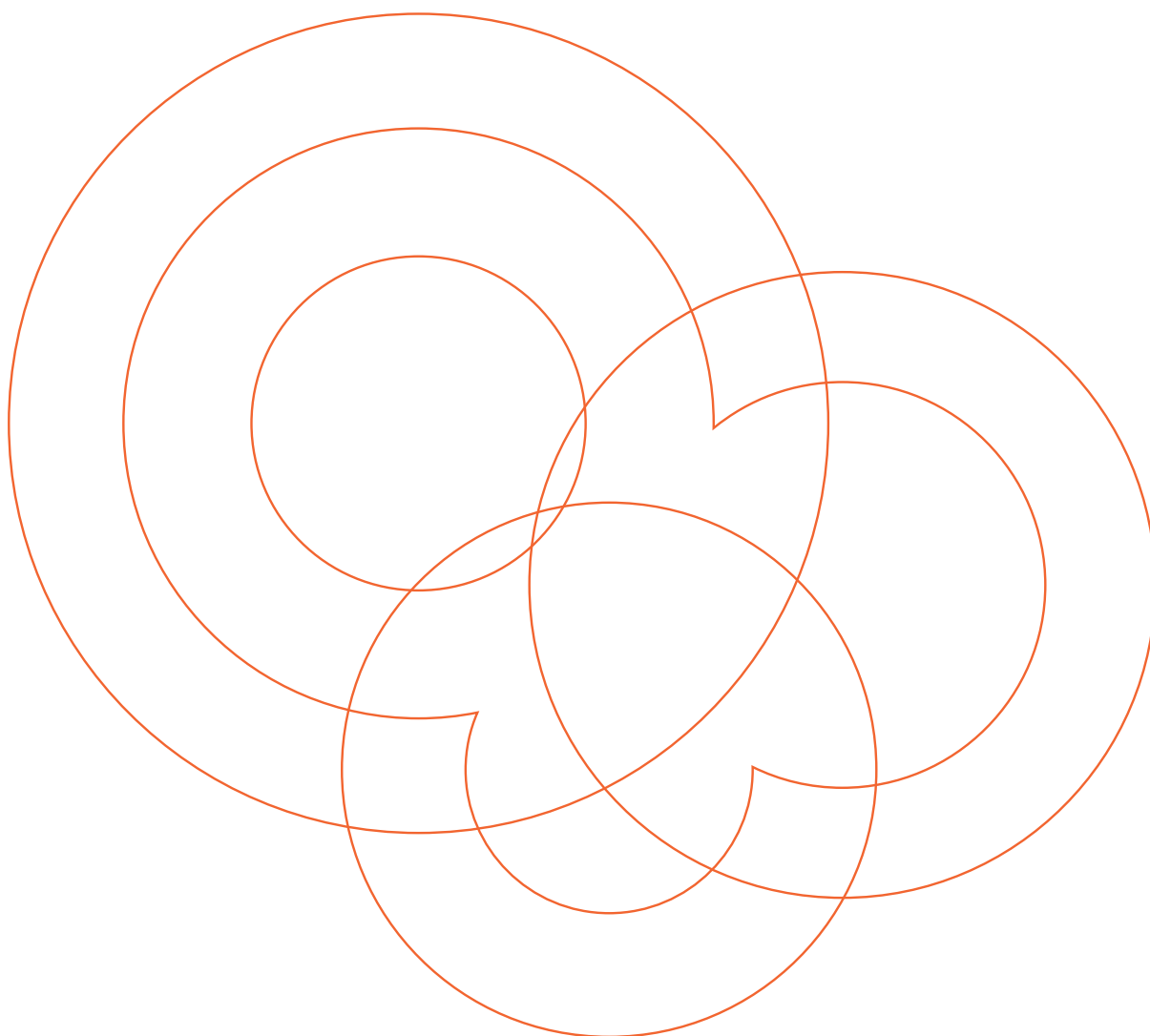
The coordination and articulation of institutions and donors make it possible to organize and anticipate the allocation of resources, take advantage of advances in different areas, and exchange experiences. One modality to be strengthened is the development of joint projects and South-South and Triangular Cooperation (SSTC). In critical contexts, it is also a priority to identify specialized partners to complement the public centers and pilot innovative and comprehensive strategies for action.

- In Honduras, it is considered opportune to expand strategic alliances with donors to mobilize resources for the continuation of adolescent care services. In this regard, the European Union, USAID, and Swiss cooperation are highlighted as potential partners. In addition, it is recommended:
 - Promote alliances with the Inter-American Development Bank and the World Bank to generate statistics and records on adolescent pregnancy. UNFPA could capitalize on its prestige and positioning as a strategic development partner to build and lead a field of action (...).

Build and strengthen alliances with agencies, funds, and programs of the United Nations System, with donors committed to women's rights, such as Canada and the European Union, and with regional organizations and institutions for the defense of democracy and human rights, such as the Inter-American Commission on Human Rights of the Organization of American States.

- In Panama, continue with the good relations, coordination, and articulation actions within the United Nations system and take better advantage of some areas of cooperation to strengthen assistance to the government on issues of maternal health, SRH, adolescent pregnancy, gender equality, Etc. In addition, it helps consolidate inter-agency coordination spaces, such as the inter-agency gender group, and creates others necessary to project a more concerted image outside the system.
- In El Salvador, it is suggested to promote an interagency roundtable (UNS and other cooperating partners) for the approval of the Optional Protocol to the Committee on the Elimination of Discrimination against Women (CEDAW) (pending in the country), taking advantage of the space and resources of Spotlight, and UNFPA's comparative advantage in strengthening the normative, legal and accountability frameworks for equality.
- In Brazil, it is recommended that UNFPA give greater importance to interagency work in the completion of this programmatic cycle and in planning for the next, mainly taking into account the new set of rules that the UN Reform and the approval of the new 2016 Quadrennial Comprehensive Policy Review, for UN cooperation at the country level.
- In Venezuela, seek new donors and continue using alternative resource mobilization mechanisms. These do not involve cash but in-kind contributions that give viability to various actions. Likewise, promote the recognition of alternative mobilization mechanisms by LACRO and UNFPA Headquarters, incorporating reporting schemes that allow recording of this effort.
- In Colombia, it is recommended that inter-agency dialogue spaces be strengthened to enable the continuity and strengthening of SRH programs and projects within frameworks such as the rural health project. The objective is to reach the most vulnerable population groups with concrete actions.
- In Paraguay, UNFPA should continue to be a proactive agency in terms of participation and coordination with other agencies of the United Nations System, as well as in working groups or roundtables. Given that no further evidence was obtained on the degree of partnerships at subnational levels, it is recommended that intersectoral partnerships be strengthened in these areas, mainly between education and health.
- In Cuba, cooperation with LACRO and exchanges with other UNFPA POs should continue to be promoted to bring concrete experiences and tools that may be useful for the country's needs, considering its context of institutional and social reforms and the high sustainability of UNFPA interventions in the country.

- In Guatemala, it is suggested to continue the search for new donors or financial sources interested in sexual and reproductive health to strengthen new implementing partners and promote actions when signing agreements with government institutions, such as MSPAS. These actions can ensure the continuity of the projects, even if the directives change. It is also necessary to analyze the strategy of private initiative involvement and to better articulate for the next planning with the Joint United Nations Program on HIV/AIDS (UNAIDS), the UN Entity for Gender Equality and the Empowerment of Women (UN Women) and the United Nations High Commissioner for Refugees (UNHCR).
- In Haiti, identify and increase the number of new specialized partners to complement the UNCTs in order to pilot UNFPA's innovative strategies, whether the aim is to develop integrated strategies (social protection, demographic dividend) or specific strategies for particular groups (adolescents, isolated communities, victims, people with disabilities), or for a particular function (obstetric fistula, psychological assistance).



Recommendation 3. It is necessary to increase the monitoring of the principle of “Leave No One Behind” (LNOB) in contexts with a large number of vulnerable and marginalized groups and specific risk profiles based on social and cultural conditions as well as their territorial distribution.

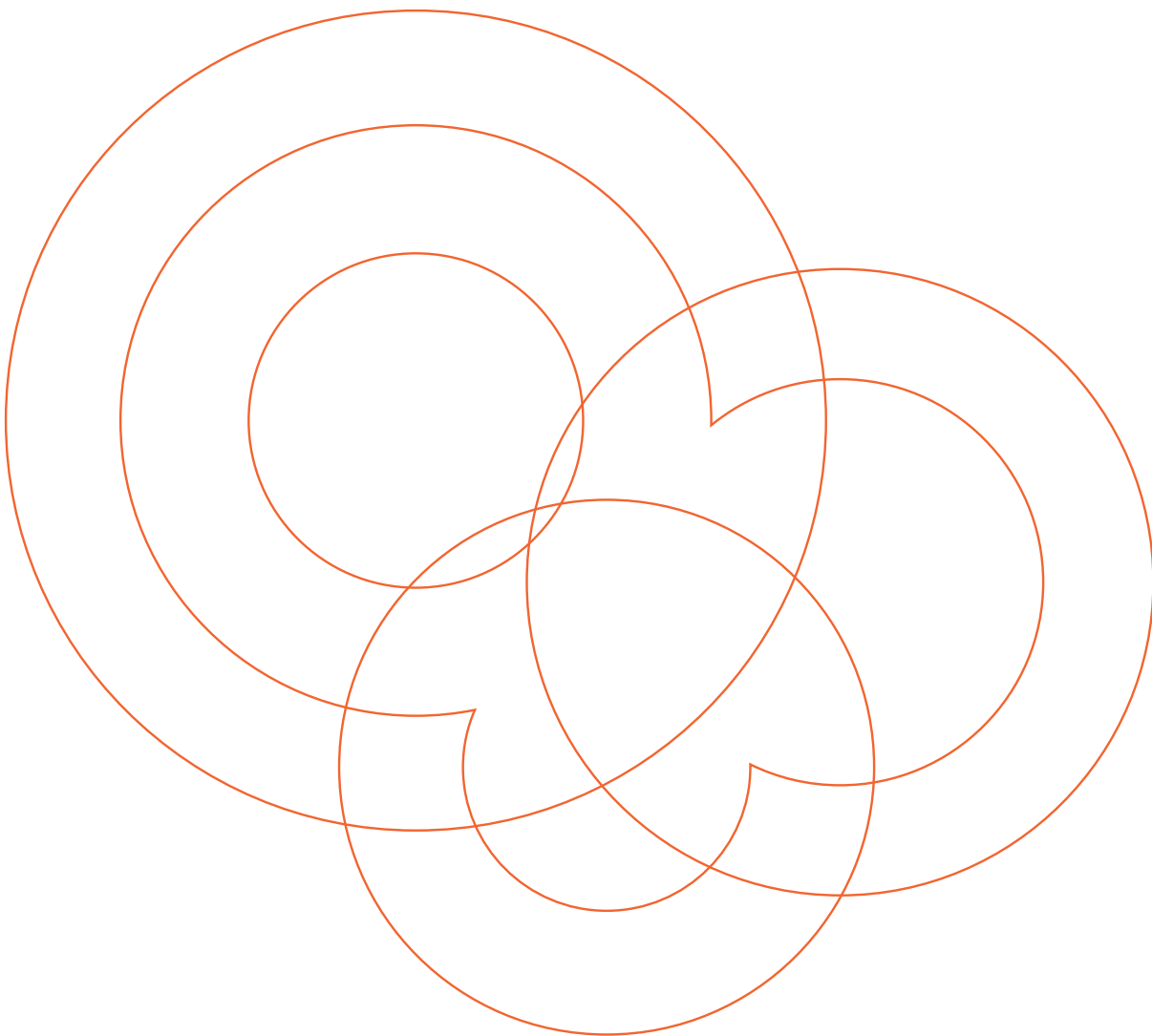
The diversity of profiles and groups with specific needs for support and attention refers to groups in fragile contexts, such as LGTBQ+ people, people with HIV, sex workers, indigenous and Afro-descendant populations, migrants, communities in remote rural areas, or those with difficult access.

The LNOB principle includes providing services and resources such as communication, information, and visibility of the different realities. In addition, it seeks to promote public awareness and participation strategies in initiatives and decision-making. To this end, it is essential to strengthen needs assessment processes and other critical processes related to advocacy; the generation and use of relevant data; alliances with partners capable of reaching these populations; and innovation in methods, including digital technology tools.

- In the Caribbean, UNFPA should make a special effort to reach all vulnerable and at-risk populations targeted by Sexual Reproductive Health (SRH) and Comprehensive Sexuality Education (CSE) interventions, which are marginalized by institutional restrictions. In addition to this issue, it is recommended to:
 - Increase attention to external communication strategies to help improve coverage of vulnerable groups and support efforts to mobilize resources.
 - Activate mechanisms to enable and actively encourage the participation of all people, with particular attention to the most vulnerable, in relevant decision-making processes.
 - Implement subregional program efforts to safeguard the principle of Leaving No One Behind (LNOB). Fundamental approaches include: 1) ensuring the most robust alignment between needs assessment and resource allocation; 2) considering partnerships with partners/stakeholders who demonstrate a solid capacity to reach marginalized and vulnerable people as a priority; and 3) integrating the use of digital/remotely delivered service delivery modalities where possible.

- In El Salvador, it is recommended to maintain the emphasis on young women, adolescents, and adolescent girls. It is also recommended to add as target populations groups that suffer double discrimination based on gender and race, such as Afro and indigenous women. It is also necessary to expand interventions to incorporate other vulnerable populations, predominantly indigenous and Afro-descendant peoples, the LGBTIQ+ population, people with HIV, and sex workers.
- In Brazil, the use of Leave No One Behind strategies should continue and reach the most disadvantaged first in the following program cycle, suggesting the expansion of the scope of activities aimed at some population groups, such as the elderly population, for demographic reasons of aging tendencies; the indigenous population and quilombola communities. These groups have suffered increasing threats to their rights and territories and constitute a means for UNFPA to strengthen its actions in the sustainable development and environment agenda.
- In Honduras, it is necessary to deepen advocacy, political dialogue, and strategic alliances to recognize the human rights of women and girls and other vulnerable groups such as the LGBTIQ+ population, people with HIV, and sex workers.
- In Colombia, it is suggested to focus actions on prevention and/or attention to specific groups of victims - migrant women or populations in humanitarian situations - and concentrate efforts in the prioritized direction. It is also recommended that the advocacy and technical assistance provided to the health sector should be included in the Indigenous and Intercultural Health System (Sistema Indígena de Salud Propio e Intercultural - SISPI), avoiding specific, dispersed actions that do not reach the communities. It is also suggested to maintain an active relationship with the National Indigenous Organization of Colombia (ONIC) and other regional organizations that can mobilize and support community actions.
- In Paraguay, it is recommended that HIV be included as a strategic issue to advance in SIA and address other vulnerable populations such as indigenous people, women, girls, and people living with the Plum Pox Virus (PPV).
- UNFPA in Cuba should continue to generate technical information on protection systems, including care for children and the elderly and their territorial expressions, under the 2030 Agenda and the principle of Leaving No One Behind.

- In Guatemala, to include more comprehensively the most vulnerable populations in SRR, SRH, and HIV-AIDS issues. Among the populations to be considered are civil society organizations that represent the most vulnerable populations, such as the LGTBIQ+ community, people living with HIV, and people with disabilities. Likewise, it is necessary to deepen knowledge of youth living in the Mayan/Ladino cultural border for possible extensions of the Program to this population group.
- In Haiti, SONU centers should continue to be the center of the entire sexual and reproductive health and family planning system. They must have the same conditions as the provincial directorates. Like the latter at the provincial level, the SONUs should coordinate at the local level the combined actions of the selected specialized partners, with the assistance and supervision of UNFPA. At that level, the efforts of operational partners should be directed towards mobile clinics or municipal or community initiatives, which are designed to bring UNFPA's strategy closer to those currently outside the system.



Recommendation 4. Modes of action and accelerators, together with advocacy and policy dialogue, should reinforce the systematic approach to institutional and technical capacity building at the national and municipal levels. In addition, it is necessary to incorporate government entities and other key civil society organizations in developing processes. All this is from a strategic vision based on the evaluation of needs and the visibility of the problems of vulnerable populations.

In order to improve and strengthen the achievements of the interventions, it is necessary to address the scenarios from an adequate assessment of needs and risks. In this context, institutional processes are consolidated through technical training and the involvement of territorial services and resources for the target populations.



- In El Salvador, it is recommended to strengthen the impact of UNFPA as a strategic development partner through advocacy and direct territorial political dialogue. In addition, it is suggested that:
 - In the next programmatic cycle, make advocacy and territorial political dialogue a central part of the new theory of change. It implies the presence of management and programmatic staff at critical moments of the interventions. The small geographic scale of El Salvador and the existing mobilization circuit for the delivery of SRH inputs in the regions should be taken advantage of.
 - Advocate for the incorporation of MINED's basic and specialized HIA courses as mandatory and with weighting for the teaching career and promotions, taking advantage of the window of opportunity of the National Education Plan.
- In the Caribbean, an adequate impetus is needed for planned interventions to increase efficiency and ensure that resources meet needs. In addition, UNFPA should:
 - Prioritize the needs of the population country by country with its regional program to ensure maximum impact.
 - With the reality of the regional, national and local impacts of Covid-19, it is also necessary to seek appropriate population-sensitive responses. This should be a trend in all data collection approaches. These scenarios would highlight some of the challenges that UNFPA routinely faces in generating appropriate responses in the 22 countries for which it has regional responsibility.
- Responses and associated communication materials must be appropriate in language and cultural nuances so that diverse populations feel included in the message. Investments in overcoming language barriers can expand the reach of UNFPA support.
- In Honduras, it is recommended to continue the policy dialogue on adolescent pregnancy prevention, seeking a capacity building to consolidate services for this population at the territorial level. In addition, an adequate and timely supply of modern contraceptive methods should be provided, with affirmative actions for adolescents.
- In Brazil, it is recommended that upstream intervention mechanisms be maintained, mainly capacity building for creating a favorable environment and

political advocacy. Similarly, a downstream approach, especially in geographic areas with gaps in care and populations with greater exposure to vulnerability, focuses on cross-cutting issues and orientation toward local needs.

- In Guatemala, the following is suggested:
 - Develop and implement a strategy for advocacy and institutional strengthening of MIDES in social protection and attention to the most vulnerable groups within the framework of the UNS and the Inter-Agency Thematic Group (GTI).
 - Continue strengthening key institutions and civil society actors active in the defense and promotion of human rights and SRR, youth groups, LGBTIQ+ organizations and persons, persons with disabilities, and other vulnerable groups, reinforcing their capacity to generate information.
 - Maintain evidence-based advocacy to participate in SRHR debates actively.
- In Venezuela, advocacy, political dialogue, and technical assistance to the MPPS must be strengthened to advance the provision of quality contraceptive commodities by the country's health care provider. In addition:
 - Advance in other issues, such as support for strengthening the technical capacities of the SEN for the generation of socio-demographic information.
 - Deepen the work with youth organizations and networks in HIA, emphasizing capacity building for the promotion and enforceability of SRR, especially among adolescents and out-of-school youth.
- In Colombia, UNFPA's work, among other aspects, should be aimed at:
 - Develop the capacities of the State to strengthen strategies for the promotion, protection, and restitution of SRHR to ensure access of vulnerable populations, especially women, adolescents, and youth, and indigenous and dispersed rural populations, to integrated SRH services of quality and with a gender and intercultural perspective.
- In Paraguay, capacity building is a strategy that must go beyond generating skills in human resources and instruments, plans, and regulations. In some cases, the PO contributed to empowerment and awareness-raising, so it is recommended that these methodologies and alliances be continued without

losing the approaches implemented.

- In Cuba, it is recommended to cooperate in developing national capacities in gender equality -GBV and the empowerment of women and girls-SRD and sexual diversity, actively involving adolescents and youth. Furthermore, territorial divisions and other relevant aspects, such as skin color, must be considered.
- In Haiti, it is suggested to:
 - o Continue to promote and provide technical support to the Ministry of Public Health and Population so that the texts of family planning norms and protocols are adopted and implemented. At the same time, the mistrust of SONU center staff regarding modern long-acting methods should be analyzed, and appropriate awareness-raising activities should be developed.
 - o UNFPA should consider transforming its strategy to integrate private educational institutions and encourage the Ministry of Public Health and Population to authorize contracts that include academic curriculum obligations and training conditions within a framework of collaboration with the National Institute for the Higher Training of Midwives (ISFSF). Now that the legal basis exists and a professional association controls the practice of this profession, there is a need to channel the efforts of the private sector to meet the demand from international NGOs, clinics, and young professionals in health centers.
 - o Continue to support the ISFSF and promote the creation of two regional offices that will help increase the possibility of having these professionals in SONU centers.

Given the shortage of professionals, UNFPA, the Ministry of Public Health and Population, and other stakeholders could foster partnerships with private educational institutions. Similarly, follow-up on how the transferred knowledge and skills are being applied.

- In addition to planning and executing technical assistance and accompaniment processes so that emerging SRH topics become part of the curriculum of Universities, Institutes, Schools of Public Health, and obstetrics careers in Ecuador, it is recommended:
 - o Strengthen national capacities, so they are sustainable and immersed in the syllabus of teacher training for health workers.
 - o Prioritize technical support for capacity building of teaching staff so that implementing the strategy of curricular opportunities for HEIs is practical, using the innovative methodologies developed in this

program period.

- In Bolivia, UNFPA has made an effort to train obstetric nurses following the new Strategic Plan. It is necessary to coordinate with the Ministry of Health to achieve their recognition and institutionalization based on the generation of evidence, for example, a joint evaluation of their work, achievements, and results. It is also necessary to identify a strategy that guarantees sustainability or a progressive and gradual change from “donation of funds” to “self-financing by the State” (funding to financing) in order to continue the training of obstetric nurses and their integration into the MSD.

PROGRAM LEVEL RECOMMENDATIONS

Recommendation 5. The development of actions favoring sexual and reproductive rights (SRR) should focus on expanding and guaranteeing universal access to services and resources. It should include training in the area of SRH in the health and education sectors, especially in fragile contexts.

Recommendations include both training and the provision of supplies and resources. The aim is to facilitate access to culturally sustainable contraceptive methods, advocacy for “modern” approaches to family planning, and specific prevention of second pregnancies.

- Panama recommends strengthening access to family planning services, promoting the concept of long-acting methods, and improving counseling services, quality of care with cultural relevance, and availability of supplies.
- In Honduras, the consolidation of care services for adolescents with access to contraceptive methods is being considered. This contribution should be strengthened, recognizing the differential negative impact of early motherhood for women compared to men. In addition, it is a priority to help the Government of Honduras to actively and accurately include girls between 10 and 14 years of age in its adolescent pregnancy prevention policies. Given that girls in this age group are still in the educational system, it is recommended that the partnership with the Secretariat of Education be strengthened to create institutional conditions for the early identification and early referral of situations of sexual violence.
- Considering that in Brazil, technical training actions have grown in the last years of execution of the VI Country Program, it is recommended to increase investment in this linkage modality for the Sexual and Reproductive Health area, which has generated tangible results and has been well evaluated by partners.
- El Salvador needs to improve conditions for universal access to SRH services, emphasizing youth and adolescents in fragile contexts. In the following program cycle, it will be possible to design and implement the Strategy for the Prevention of Second Adolescent Pregnancy with specific indicators and with an SRH care pathway for adolescents and girls who, together with their children, are disadvantaged by early and precocious motherhood. UNFPA can advocate for this effort to be adopted in the new government's Comprehensive Early Childhood Development Policy since the well-being of mothers and girls in fragile contexts is a sine qua non condition for child development.

- In the Caribbean, modern family planning interventions in LAC countries should be incorporated into the package of essential services with universal coverage, particularly to the poorest and most vulnerable people. In addition, actions must be strengthened in the health sector to change social norms, laws, and policies to defend human rights and promote gender equity.
- In Paraguay, it is recommended to resume work with young people, recovering the social networks cultivated at the beginning of the current program period, to renew the channels of dissemination and communication on SRHR, a life free from violence and sexual diversity. The idea is to take advantage of the skills of young leaders committed to UNFPA's agenda in inter-institutional alliances in a more active way.
- In Cuba, efforts should be made to remove barriers in SRH for youth and adolescents by promoting the participation of these groups and raising awareness among health personnel.
- In Venezuela, it is necessary to continue to prioritize SRH and strengthen advocacy. The aim is to guarantee universal access to integrated, quality services and contraceptive methods within economic restrictions. It is also a priority to continue cooperation efforts to prevent unintended pregnancy in adolescence and access to SRHR for adolescents and youth, accompanying the implementation of CSE in the National Education System.
- UNFPA in Guatemala should reconsider the approach and strengthening of the budget in managing the HIV epidemic with populations of women living with the disease, people from the LGBTBIQ+ community, and people with disabilities. In particular review the inclusion and strengthening of HIV prevention actions.
- In Haiti, UNFPA should visibly and voluntarily engage in culturally and politically sensitive issues, in particular comprehensive sexuality education, access to family planning, abortion among adolescents, and the fight against gender-based violence and pedophilia. Although the legal framework is unfavorable, it must evolve in substance and practice. Support can be provided to partners by proposing sexual and reproductive health service points for young women and girls in order to:
 - Associate sexual and reproductive health recommendations with gender equality awareness to reinforce the parental role.
 - Become a referral point for long-term methods and reproductive health.
 - Provide funds to finance medical complications of abortions and gender-based violence).

- In Bolivia:

- Regarding adolescent pregnancy, it is recommended that the organization's work focus on children under 15 years of age. In addition to campaigns on long-acting methods, the confidential dispensing of contraceptives should also be encouraged in the Comprehensive Adolescent Care Services (AIDA) within the framework of Law 1152, as well as other local mechanisms to facilitate access.

- Regarding the availability of contraceptive methods, an evaluation of the Revolving Fund is warranted, which requires strengthening the political dialogue that allows for its implementation.

- UNFPA should continuously train management and technical staff and on-site support personnel and generate an Emergency Plan for the management of the Revolving Fund in conjunction with the Ministry of Health and Sports (MOH); for example, consumption analysis, forecasting, commercialization, Etc. In addition, UNFPA can work “outside the box” with other contraceptive suppliers such as NGOs, private pharmacies, and other key stakeholders. The purpose is to ensure quality commodities in the prioritized municipalities and quality contraceptive services.

Recommendation 6. UNFPA should strengthen its focus on GBV, emphasizing adolescents and girls, from a vision still anchored in violence against women (VAW). It should mainstream its approach in advocacy and social denunciation actions and in direct actions or actions with partners aimed at guaranteeing SRHR that, more systematically and consistently, provide a package of essential services and monitor their application.

In the region, it is essential to accompany partners in evolving the concept of violence against women (VAW) towards a gender-based violence (GBV) approach. Improving UNFPA's leadership in gender implies better collaborative work within the UNS and continuing to learn from the experience and tools of other partners. It also requires consolidating as an example of accountability and coordination at the provincial and national levels, both in advocacy and advocacy for the rights and protection services of women and girls in situations of GBV.

UNFPA can better capitalize on its potential in advising on programs for women, adolescents, and girls who are victims of violence, with internationally recognized minimum standards, and adapting them to contexts of vulnerability that hinder access to services, such as migrant women. It can also promote the generation and availability of updated demographic information disaggregated by gender.

The recommendations of the CPEs on gender should be adapted to the stage of social and institutional "maturity" in this area and range from promoting the work of new masculinities to advancing fundamental pillars in the fight against GBV, such as observatories that provide concrete and contextualized responses.

In the post-pandemic context, it is advisable to scale up the experiences of remote care pathways for GBV survivors.

- In Guatemala, it is recommended that:
 - Strengthen the incipient work of new masculinities.
 - In empowering adolescent girls, identify training options and referrals to other public or private sector programs, including CSOs. The purpose is to favor the economic empowerment of adolescent women, either because it is key to their overall empowerment or to prevent their possible migration for economic reasons.
 - For the next Country Program, it is recommended to generate conditions for a program that combines personal empowerment linked to vocational training for adolescent men and women, where SIA training is at the center of all activities.

- As key actions for UNFPA in Honduras, the following are suggested:
 - Develop interventions for the prevention and attention to sexual violence against women and mainstream this approach in sexual and reproductive health actions, youth, and population dynamics, emphasizing young adolescents and girls in the new Country Program.
 - Due to its territorial scope, it is recommended to develop a specific action program on the issue of GBV with the Association of Municipalities of Honduras. The idea is to make maternity between 10 and 14 years of age visible as a product of sexual violence, capitalizing on the Social Development Management Model of the municipalities and accompanying the communities in raising awareness.
- In Panama, the contribution to the prevention of GBV and sexual violence against girls, adolescents, and women should be strengthened through the mechanisms and public policies of organizations such as the National Women's Institute (INAMU), the National Secretariat for Children, Adolescents and Family (SENNIAF), MINSA and MEDUCA. Also, the empowerment of women belonging to social organizations. Operational implications include:
 - Continue strengthening gender policy mainstreaming within the framework of the mandate of UNFPA and the UNS Interagency Gender Group in order to comply with international commitments (SDGs, ICPD, MC, CEDAW, Beijing), close gaps, have information and gender indicators, and contribute to ensure gender-sensitive public budgets.
 - Provide technical and financial support for implementing the Essential Services Program for women, adolescents, and girls who are victims of violence, with minimum standards established at the intersectoral level and support from the five agencies involved: UNFPA, ONUMU-JERES, UNODC, PAHO, and UNDP.
 - Carry out advocacy actions so that the State improves INAMU's status and increases its hierarchical level with financial, technical, and human resources, as demanded by multiple women's organizations.
 - Develop strategies to include a focus on masculinities.
 - Strengthen and make visible the continuous accompaniment of girls and adolescents in preventing and caring for violence and sexual abuse through comprehensive sexual education.
 - Strengthen awareness, training, and dissemination by developing successful educational and preventive tools in traditional media - public schools and community organizations.

- In Paraguay, it is essential to continue strengthening the State's response to GBV. The PO should not stop working on gender issues, as this is one of the fundamental pillars of the global UNFPA Strategy. In this regard, the requirements of women's organizations and LGBTIQ+ groups should be addressed. On the other hand, the experiences related to the inclusion of GBV in emergency contexts and the "Dating without Violence" project led to lessons learned and good practices that should be continued.
- In Venezuela, and given the absence of another UNS agency with gender specificity, it is essential to strengthening the Country Office's work on GBV and sexual violence, emphasizing girls, adolescents, and women in conditions of mobility and migration. Furthermore, in general, to focus actions on migrant women exposed to higher risk conditions or in humanitarian situations.
- In Haiti, it is recommended to develop activism and mobilization strategies to promote the establishment of a Gender Violence Observatory to provide concrete and consensually designed responses.

The mission of this platform would be to promote exchanges between generations of feminists, facilitate the coordination of actions to address violence against women, and facilitate access to reliable information. In addition, the aim is to design public policies that respond to the complexity of gender violence in the national context.

This center could also work on the elaboration and dissemination at the national level of harmonized information, both quantitative and qualitative, on the phenomena of gender-based violence, its frequency, its characteristics, the needs of the victims, and the responses provided. It would also have the task of disseminating good practices in shelters and care for women victims of gender-based violence.

In general, UNFPA should seek to improve its leadership in the context of the gender perspective, strengthening the gender-based violence subgroup and providing continuously updated demographic information disaggregated by gender. This is to prepare for and respond to potential crises.

The GBV sub-sector has been successful and has responded to a need in this area through, among other things, its ability to mobilize funds. UNFPA should continue to learn from the experience and tools of other groups and consolidate itself as an example of how to exercise responsibility and coordinate at the provincial and national levels.

- In Ecuador, in the context of COVID-19 and under the assumption that the pandemic will not subside in the short term, it is recommended to replicate the experience of the remote device to implement the care route for survivors of GBV and delivery of PINS. In addition, it would be desirable to assess its scaling up at the national level and evaluate its effectiveness in transferring it to other countries.
- In Bolivia, UNFPA should focus on sexual violence and apply the Essential Services Package more consistently and systematically, monitoring its application. The area of prevention is complex but urgently requires attention and priority.

Recommendation 7. It is necessary to maintain attention to the group of young people and adolescents through initiatives, services, and differentiated and appropriate resources. These resources should also be adjusted to the most relevant spaces and contexts, making the school space a catalyst for change in the face of stigmatizing social attitudes.

The CPE recommendations refer to “decentralized, differentiated and non-discriminatory” services that enable the participation and empowerment of young people. In this area, the articulation of actions by different agencies, governments, and other partners should be strengthened to create comprehensive and youth and adolescent-friendly health frameworks. In addition, these actions should prioritize their empowerment and capacity to be fully responsible for their sexual and reproductive health.

Although informal spaces are an alternative to barriers to HIA in the educational setting, and messages through new social media may be more accepted by the public, the educational space is capable of generating a more significant catalytic effect, more socially and institutionally legitimized, through the systematic integration of SRHR into the formal curriculum.

- In El Salvador, it is recommended to develop strategies for greater institutionalization and scaling up of SIA as an element for youth empowerment and taking advantage of the demographic dividend, according to the corporate call to strengthen policies and awareness-raising on a large scale, with a comprehensive approach, reaching both in-school and out-of-school youth.
- The success of the VI Country Program in Brazil, in using a focus on youth as subjects of rights who should participate in the spaces of debate and decision-making, suggests that the next program cycle should follow up on interventions with this approach and that UNFPA should seek to resume government partnerships to positively influence the formulation of public policies and the provision of services for youth.
- In the Caribbean, differentiated, decentralized, and non-discriminatory services are needed to expand prevention and treatment coverage, especially for youth. UNFPA should consider participating in global health interventions for youth in partnership with other agencies such as PAHO, governments, and Civil Society Organizations (CSOs) involved in adolescent and youth health and well-being. This program should target non-communicable diseases (NCDs), healthy lifestyles, and related areas that may impact adolescent SRH.
- In Panama, promoting an interagency group on adolescent and youth issues is recommended, taking into account other interested agencies that can learn and strengthen UNFPA's results, including UNICEF or UNDP.
- In Colombia, consolidate strategies aimed at the adolescent and youth population, emphasizing the exercise of their SRR and giving continuity to cooperation in SIA.
- In Venezuela, it is worth continuing with activities to develop and strengthen differentiated services and consultations for comprehensive care for adolescents within the framework of the National Plan for the Prevention and Reduction of Pregnancy (PRETA).
- In Cuba, it is necessary to resume work with young people and recover the social networks cultivated at the beginning of the current program period. Furthermore, it is valuable to renew the channels of dissemination and communication on SRHR, a life free of violence and sexual diversity, and to actively use young leaders committed to UNFPA's agenda in inter-institutional alliances.
- In Haiti, efforts should continue to increase the empowerment of adolescents and their capacity to be fully responsible for their sexual and reproductive health. This recommendation from evaluating the V program should continue to be UNFPA's priority in Haiti for the VII program. Unfortunately, the actions undertaken with the VI program are disjointed and have not been decisive.

- While maintaining contact with the MJSAC (Ministry of Youth, Sports, and Civic Action), UNFPA should focus on promoting comprehensive sex education in the education system. A complementary approach would include sexual and reproductive health in extracurricular activities and the curriculum for ages 15-19. This strategy should consider the stigmatizing factors that young people and adolescents face when they come to SONU centers. Such a strategy would consist of the following:
 - o Introducing the human rights approach in extracurricular activities.
 - o Systematically linking the development of the parental function with sexual and reproductive health.
 - o Mobilizing midwives to participate in the school environment.
- In Ecuador, new strategies should be sought to work with adolescents and young people so that they can:
 - o Be close to the services and be able to give their opinion.
 - o Receive help and expand their individual and collective capacities.
 - o Contribute to developing institutional, political, and cultural contexts to exercise their rights. In this way, interventions could be more sustainable.

These strategies should strengthen the demand and improve the supply of SRH services according to the needs and perspectives of adolescents and youth.

The challenge is to build an intervention strategy that gives adolescents and youth a leading role in issues that continue to be sensitive and challenging to address in their environments, such as sexuality and the rights of adolescents to SRH information and services. In parallel, prioritize technical support for capacity building of teaching staff in the implementation of the strategy of curricular opportunities for HEIs, making use of innovative methodologies that have been developed during the period of the program evaluated.

- In Bolivia, it is urgent to establish a dialogue with the Ministry of Education on the evidence of the results achieved in GAIE and other sexuality education strategies to guarantee a systematic integration of CSE in the education system, with a quality monitoring mechanism.

Recommendation 8. It is necessary to develop and, in some countries, create national data and population statistics systems that allow for the monitoring and evaluation of population dynamics and the disaggregation of problems by vulnerable groups. UNFPA is a privileged actor in supporting and facilitating these processes.

The accompaniment of basic census processes, modeling with international strategic support, and the training and strengthening of institutions capable of generating quality statistics are essential to advance national systems that produce, systematize, and disseminate population data relevant to decision-making.

The LNOB strategy requires reliable and disaggregated data on the access of categories of vulnerable groups in order to understand their problems and needs, which implies new census categories; for example, Afro-descendants and LGBTBIQ+, or ad hoc studies, as in the case of the unregistered migrant population.

- In El Salvador, it is advisable to promote and develop the conditions for constructing a National Statistics System. Operationally, this implies the development of a strategy for constructing a National Statistics System for the next program cycle, the first step of which is the implementation of the Population and Housing Census and the political and technical strengthening of statistics-producing institutions.
- The PO will be able to mobilize strategic support within the framework of the IDB's Development Account Programme on Statistics and Data 2016-2019 initiative of the Census Group of the Statistical Conference of the Americas, with the negotiation of the loan for the census, and the World Bank's Global Civil Registration and Vital Statistics (CRVS) Scaling Up Investment Plan 2015-2024 project to strengthen vital statistics.
- It is a priority to mobilize the technical-political networks built to lead a "Pro Population and Housing Census Roundtable," thanks to the convening power of the PO, and that incorporates social actors that will provide inputs for the follow-up of the commitments of the 2030 Agenda and the Montevideo Consensus. In the short term, it is suggested to advocate for the approval of the National Population Policy, positioning its usefulness for implementing the Budget for Results Program and as a promoter element of a National Statistics System.

- Considering the success of the VI Country Program in Brazil in the production, systematization, and dissemination of reliable data in user-friendly formats and the training of managers and policymakers in the use of demographic data and tools, it is recommended to continue with this approach in the area of Population Dynamics in the following program cycle. In addition, it is recommended that UNFPA expand its work in data production and dissemination, providing technical support to other organizations and creating its platform for data production and dissemination with a focus on filling gaps in official data.
- In the Caribbean, it is recommended that strategies be developed to strengthen UNFPA's capacity to support the collection, analysis, and dissemination of relevant population data. The organization should also strengthen its capacity to support capacity building of National Statistical Offices in the region in relation to the collection, analysis, and use of relevant population data on SRH.

The lack of adequate data and weak data systems is a constraint to achieving the desired results, especially in population dynamics. Linking population data with sustainable development policies and planning to ensure effective monitoring of the SDGs in the subregion is urgent.

- In Panama, it is necessary to continue strengthening data management and its usefulness in decision-making. It is necessary to strengthen the institutions that make up the NSS and the officialization of the statistics that are produced, contributing to the availability of data in the country, which serve for the formulation of public policies in a sustainable manner, through established and institutionalized information systems.
- In Honduras, it is of great importance to develop the knowledge management strategy and position UNFPA as a strategic partner in the generation of socio-demographic data and in conducting large-scale surveys, such as the population census.
- In Colombia, it is recommended to invest in the inter-institutional roundtable for the preparation of the PSA, as well as to continue promoting the population and territorial approach. In this area, the Methodology for the preparation of the Municipal Development Plans for the 2020-2024 round, promoted by the DNP, could be influenced. Also support DANE in the post-census stage, channeling technical assistance for the evaluation of the 17th National Population Census and 7th Housing Census (CNPV); promote studies on demographic dynamics with information from the 2018 Census, and contribute to updating the ASP document with the results of the National Population Census.

- In the absence of a human resource specialized in population dynamics, in Paraguay it is important for the PO to identify strategies to ensure the continuity of the monitoring of the Action Plan on population and development, as well as its successive updating, and the design of a new population policy. It is also required to maintain follow-up on the implementation of priority actions to strengthen the National Statistical System; the generation of information and sociodemographic data on the issues on the UNFPA agenda, and periodic reporting on the progress of the SDGs and the Montevideo Consensus based on evidence.
- In Cuba, it is suggested to continue advocating for population policy to consider the SDGs and to achieve a mapping of different needs according to age groups, with a cost calculation to maintain a solvent and universal social protection system throughout the life course.
- In order for the National Statistics Institute (INE) in Venezuela to lead and implement the next Census properly, based on the evaluation and systematization foreseen, a medium and long-term institutional strengthening strategy should be defined, including a Knowledge Transfer Plan, as well as the definition of competencies between the Census Unit and INE, in relation to cartography, monitoring and follow-up system, risk management and analysis tool.
- In Haiti, it is recommended to continue supporting the Haitian Institute of Statistics and Informatics (IHSI) in order to have the data from the General Population and Housing Census. These data can be analyzed in the context of adolescent sexual and reproductive health. The support provided to the Haitian Institute of Statistics and Information (IHSI) for the preparation and implementation of the general population and housing census should continue to evolve progressively so that data can be processed with objectives that are accessible and understandable to users of sexual and reproductive health services.

OPERATIONAL LEVEL RECOMMENDATIONS

Recommendation 9. Knowledge management is an essential strategy for consolidating learning and improving the intervention. Therefore, it is recommended that this strategy be planned and budgeted, including concrete actions for the systematization and exchange of experiences at the macro and micro levels of the intervention and in its different areas.

Decision-making about which knowledge management model to adopt, i.e., what information to produce, for what purpose, for which audiences, when, and with what resources, should be anticipated as part of the Country Program design.

It is necessary to reflect on the design of strategies, specific knowledge products, their mechanisms, channels, communication formats, and primary audiences in all those interventions dealing with sensitive or critical issues. The analysis requires understanding that they must base their arguments for political dialogue, advocacy, or social mobilization on reliable and up-to-date evidence. A similar approach should always be adopted with pilot initiatives at the territorial level or integrated community development investments and seed initiatives with the potential for scaling up.

With a long trajectory in the region, UNFPA has a differential value in the generation of knowledge and systematization of lessons learned in its advice to governments on successful SRD and GBV practices to overcome the region's challenges.



- In Honduras, it is suggested that knowledge management be adopted when planning and budgeting interventions to identify sustainability scenarios. This should include the production of data and systematization of information, the development of public policy tools, and the identification of good practices and lessons learned.
- In the Caribbean, UNFPA should promote technological platforms for knowledge sharing. This would allow sharing of information and lessons learned from experience and solutions in a wide range of areas among multiple entities. This makes its technical expertise available to a broader primary audience. In addition, the knowledge of institutionalized actors for work in formal and non-formal CSE could also be used to systematize and do visible good practices that show the link between CSE and the reduction of adolescent pregnancy in educational centers.
- In Panama, maternal mortality prevention and reduction strategies should be systematized to improve or update evidence-based regulations and protocols (e.g., Code Red, SSAA standards, and models of care for sexual violence in girls). In addition, it is recommended to develop operational guidelines for intercultural maternal health approaches based on the experience of the Comarca NB, which are practical and adaptable to different cultural contexts.
- In Colombia, it is necessary to strengthen knowledge management strategies to produce, exchange, and promote the dissemination and use of information and evidence to support decision-making on crucial issues such as intercultural maternal health, GBV, and voluntary termination of pregnancy (VTP). These actions should be accompanied by communication strategies that leverage their outreach to different audiences, including decision-makers and competent authorities. It is also worth suggesting to the entities receiving the reports prepared by the Country Office to provide substantive feedback on the quality of the report received. This may help to detect potential omissions or errors in the monitoring and evaluation process.
- In Paraguay, the systematization of good practices and/or the use of systematizations is recommended, not only those promoted by the PO but also those produced by civil society itself or national counterparts that have made thematic and methodological innovations within the framework of UNFPA's contribution.
- In Venezuela, it would be worthwhile to strengthen knowledge management to produce, disseminate and promote the use of evidence on population dynamics in planning and public policies. The purpose is to strengthen the strategic positioning and added value of the Country Office.

- Specifically, it is advisable to adopt new strategies to improve knowledge generation processes in emerging issues related to the Cairo agenda through promoting synergies between national and regional centers of excellence and the joint development of a research agenda.
- In Cuba, clearer programmatic linkages between the different outcomes of the Strategic Plan should be advanced. Therefore, it is relevant to generate a comprehensive theory of change in its scope and focus on the combination of strategies based on the SDGs, based on monitoring and evaluation practices, and the group work of the Programmatic Committee.
- In Guatemala, the next Country Program Action Plan (CPAP) should include specific products so that partner institutions can have information on the quantity and quality of services provided to the population, territorial coverage, quantity of population served with information disaggregated by sex, age, village and other helpful information to measure the effectiveness and impact of public programs and policies supported by UNFPA.



Recommendation 10. Establishing and strengthening the foundations for processes that ensure RBM and the quality of expected results frameworks is necessary. In addition, monitoring and evaluation systems should be adjusted and strengthened to ensure an adequate and relevant level of data to support ongoing knowledge management and evidence-based decision-making.

These basic foundations in RBM include actions at all stages and processes related to monitoring and evaluation conditions, with ex-ante planning and forecasting, and design of the necessary systems to identify results and follow up on the implementation of Country Program interventions. Additionally, data availability on results favors more influential and rigorous communication and advocacy strategies and greater trust between donors and partners.



- In the Caribbean, communication and visibility efforts should be combined with monitoring and evaluation efforts to ensure a rich narrative of UNFPA's contributions.
- In Honduras, it is essential to remember the need to establish the pillars that allow Results Based Management and the improvement of the quality of the results frameworks, with regular follow-up and monitoring practices, which should involve the entire Country Office. The same effort requires incorporating the interventions, ex-ante, monitoring, and evaluation conditions that the national partners can assume. Finally, it is recommended to follow up with actors providing informal SIA, with support from UNFPA. This ensures that messages align with the corporate mandate and avoids misinterpretation.
- In Panama, it is recommended to ensure the continuity and sustainability of the progress achieved and to establish a results-based monitoring and evaluation system as part of the Country Office's management. In this way, the progress of the initiatives implemented by UNFPA Panama is demonstrated, and relevant information is obtained to guide its management decisions, generating confidence in potential funders.

The operational implications are:

- o Identify and systematize results-based monitoring and evaluation system to seek new funding.
 - o Incorporate roles and responsibilities concerning results-based monitoring and evaluation into staff job descriptions.
 - o Develop information tools and guide administrative requirements and deadlines for contracting and paying suppliers.
- In Brazil, adopting a unified strategy for planning activities, monitoring indicators, and reporting results would be necessary. As a result, the complexity of planned activities would be on par with the program areas and reporting results with the reports. This would reveal greater standardization.
- In Colombia, it should be ensured that the monitoring and annual reporting process of the Country Program adequately reflect the progress and achievements, as well as the cumulative results of the targets in the selected indicators. The above is so that information users can follow up on the programmatic cycle. It is also necessary to formulate guiding indicators for results-based management, whose performance is controllable by UNFPA and does not depend on the execution by third parties.

- In Paraguay, UNFPA can advocate for:
 - Implement, improve, or operationally adopt a standards-based quality assessment tool to measure the validity of users' rights and the technical quality of care in state facilities.
 - Establish monitoring and follow-up mechanisms to ensure that the high-quality technical standards produced and supported by UNFPA are used by the people for whom they were designed, for example, health personnel and civil society, among others.
- In Venezuela, it is recommended to:
 - Support the generation of evidence on the level of satisfaction of family planning needs according to the socioeconomic and territorial differences of the prioritized population.
 - Evaluate the two models implemented to prevent early pregnancy at the local level.
 - Strengthen the Country Office M&E system and supervision to ensure its quality, substantive use for decision-making related to the program cycle, and, ultimately, its contribution to results-based management.
- In Cuba, UNFPA should:
 - Use its role as Coordination of the Interagency Monitoring and Evaluation Group to put together a monitoring and evaluation plan for cooperation in humanitarian emergencies from a multidimensional approach, with tangible indicators that make it possible to highlight the substantial impact of aid.
 - Continue with the systematization of good practices to be considered as experiences for triangular cooperation within the framework of UNFPA's mandate and improve the indicators for the next program cycle, more focused on second-level results and less on first-level interventions.
- In Guatemala, it is recommended:
 - Review the CPAP result-effect indicators to complement the current ones, with indicators that allow measuring the contribution of CPAP products towards the target population and thus account for UNFPA's contributions to the improvement of the exercise of the population's rights concerning the Country Program's thematic areas. This facilitates the Program's results-based management, reorienting activities, and planned acquisitions to maximize the effects for the target population.

- In Haiti, standards and protocols are essential harmonization tools for all UNFPA operational partners and serve to monitor the quality of family planning program services. The PO approach should continue to favor consultation and promote human rights-based management in practice.
- In Bolivia, orientation towards transformative changes should be strengthened, through:
 - o Focus on priority issues.
 - o Strategic integration of innovation.
 - o Matrix structure and development of alternative strategies favor work at the territorial level and contribute to greater efficiency and sustainability.
 - o Participatory construction of a Theory of Change.
 - o Capacity building in results-oriented planning, monitoring, and evaluation.
 - o Documentation and analysis of good practices and lessons learned.
 - o Analysis of existing capacities within UNFPA concerning new challenges.



Annexes

Annex 1. Definitions

Annex 2. Quality of evidence of SPCs - Summary Sheet

Annex 3. Mapping of SPC evidence, by summary question

Annex 4. Themes of recommendations, by strategic, programmatic, and operational category

ANNEX 1. DEFINITIONS

Good practices Through analysis of available evidence, programmatic approaches have been proven to lead to the desired outcome reliably.

Categories (from the synthesis) Concepts that group together semantic descriptions encompass diverse findings, conclusions, and/or lessons learned from the evaluation reports and are grouped around common or similar themes or factors.

Evidence Available set of facts or information of proven reliability, generally deduced from the triangulation of data and verifiable and quality sources, which indicate the degree of certainty of the behavior or trend of a phenomenon that is observed and evaluated under previously agreed standards or criteria.

Lessons learned Generalizations are based on evidence from the evaluation of interventions in specific circumstances, which are applied to broader situations, often referring to lessons that highlight strengths or weaknesses in preparation, design, and implementation that affect the performance, outcomes, and impact of the intervention.

Synthesis Analytical exercise results from the aggregation of evidence around predefined research questions in terms of learning and to be considered broadly in various contexts.

ANNEX 2.

QUALITY OF EVIDENCE OF SPCS

SUMMARY SHEET

Example

Organizational unit:	El Salvador Country Office	Year of report:	2020
Title of evaluation report:	Final Evaluation of the 8th Country Programme of UNFPA in El Salvador (2016 - 2020)		
Overall quality of report:	Very Good	Date of assessment:	2020 May
Overall comments:	<p>This report provides a comprehensive assessment of UNFPA El Salvador's 8th Country Programme results, which have been notable. The strengths of the evaluation were in the analysis and findings, which presented a clear and theory-based analysis of CP results, drawing cause-and-effect links, assessing UNFPA contributions, and presenting data which was well validated. The conclusions add additional value to the findings, clearly bringing the findings together to present an in-depth understanding of the country programme and context. Recommendations are coherently linked to findings and conclusions, and are clearly actionable and prioritized, and target users. However, more attention could be given to defining and explaining the evaluation design and methodology and more clearly incorporating GEEW considerations. It was not clear to what extent ethical principles were followed in the collection of data, and more findings drawn from diverse stakeholders, such as rights holders engaged in focus group discussions, would have strengthened the presented findings.</p>		

		Assessment Levels						
Quality assessment criteria (scoring points)		Very good	Good	Fair	Unsatisfactory			
1. Structure and clarity of reporting, including executive summary (7)	7	0	0	0				
2. Design and methodology (13)	0	0	13	0				
3. Reliability of data (11)	0	11	0	0				
4. Analysis and findings (40)	40	0	0	0				
5. Conclusions (11)	11	0	0	0				
6. Recommendations (11)	11	0	0	0				
7. Integration of gender (7)	0	7	0	0				
Total scoring points		69	18	13	0			
Overall assessment level of evaluation report		Very Good	0	0	0			
Assessment Levels	Very Good	strong, above average, best practice	Good	satisfactory, respectable	Fair	with some weaknesses, still acceptable	Unsatisfactory	weak, does not meet minimal quality standards

ANNEX 3. MAPPING OF EVIDENCE OF CPE, BY SYNTHESIS QUESTION.

[View Excel evidence dump](#)

ANNEX 4.

THEMES OF THE RECOMMENDATIONS, BY CATEGORY AND COUNTRY

	Total CPE	%	Bolivia	Brasil	Caribe	Colombia
Total recommendations	324	100,0%	21	21	37	25
Strategic	190	58,6%	10	14	26	17
Advocacy, Partnerships and Alliances	45	13,9%	2	2	4	2
Strategy: engagement modes / accelerators	28	8,6%	3	2	4	1
Leave No One Behind (LNOB)	23	7,1%	1	2	1	4
Context (cultural, legal, political) & risk analysis	19	5,9%		1	2	3
Communication and dissemination strategies	17	5,2%	1	2	3	3
Local capabilities	16	4,9%		1	5	1
Emergence, agility, Covid-19	14	4,3%	1	1	4	
Resources and organizational capabilities	14	4,3%	1	1		2
Risk analysis, programming, ToC	10	3,1%	1	1	3	1
Pilots, seed-demonstration projects	4	1,2%		1		
Programmatic	81	25,0%	6	4	7	4
Sexual and Reproductive Rights (SRR)	24	7,4%	3	1	3	1
Youth and adolescence	19	5,9%	1	1	2	2
Gender-based violence (GBV)	15	4,6%	1			
Population dynamics and data	13	4,0%		1	2	1
Prevention of maternal deaths	5	1,5%	1			
Service delivery and supplies	4	1,2%		1		
South-South and Triangular Cooperation (SSTC)	1	0,3%				
Operational	53	16,4%	5	3	4	4
Management b/Results, monitoring, indicators	32	9,9%	2	2	2	3
Knowledge management and evidence generation	15	4,6%	2		2	1
Sustainability, transfer, exit strategies	6	1,9%	1	1		

Cuba	Ecuador	El Salvador	Guatemala	Haití	Honduras	Panamá	Paraguay	Venezuela
24	10	17	24	32	41	21	20	31
13	6	11	17	19	19	10	12	16
3	2	4	5	3	5	3	5	5
1		4	3	4	2	1	1	2
3			3	1	3		2	3
		3		3	2	2	1	2
			1	1	4		2	
1	3		1	4				
1	1		1	2	2	1		
2			3	1	1			3
						2	1	1
2						1		
4	4	6	4	11	11	8	4	8
1	1	3	1	1	5	1	1	2
2	2	1	1	3	2	1	1	
	1		2	3	2	3	1	2
1		2		2	1	2		1
					1		1	2
				2				1
						1		
7	0	0	3	2	11	3	4	7
5			2	1	7	1	2	5
2				1	2	2	1	2
			1		2		1	

Synthesis of country program
evaluations in latin america
and the caribbean between
2018 and 2022.



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