United Nations Development Programme

Unlocking progress:
MDG acceleration on the road to 2015

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Lessons from the MDG Acceleration Framework pilot countries

September 2010

This report was prepared by UNDP, drawing on the country consultations and findings from the MDG Acceleration Framework pilot roll-out in Belize, Colombia, Ghana, Jordan, Lao PDR, Papua New Guinea, Tajikistan, Tanzania, Togo, and Uganda. The opinions and interpretations expressed in the report do not necessarily reflect the views of the countries depicted and the development partners involved. UNDP remains responsible for any interpretations and errors contained in the report.

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FOREWORD

Ten years ago, world leaders came together to sign the Millennium Declaration. I was one of them. We promised to build a more prosperous, just and peaceful world. The world has recorded impressive successes in reducing poverty, empowering women and increasing access to essential services like education, health care and clean water. As countries have made headway, they have accumulated a wealth of experience which can be scaled up to accelerate progress. In other cases progress has slowed, indicating the presence of underlying obstacles yet to be tackled.

The MDG Acceleration Framework (MAF)—presented in this report—assists countries to develop their own action plans by systematically identifying and addressing bottlenecks which get in the way of MDG progress. UNDP began developing the MAF in 2009, with the active engagement and contributions of various UN entities and development partners, and as part of a broader MDG Breakthrough Strategy. In early 2010, based on the interest of several UN Country Teams and national governments, a number of countries began to pilot the MAF. These countries each selected one or more MDG targets, ranging from poverty reduction and education to maternal health and sanitation, whose progress has been unsatisfactory, or 'off-track'. Using the MAF, the countries identified the constraints hampering faster progress. With the technical support from UN agencies and other partners, the countries arrived at solutions. For each solution, they developed a set of activities and identified the partners best placed to carry them out.

The field-testing has provided a valuable opportunity for the countries to profit from the UN System's support at the national, regional and global level for pursuit of their development priorities. It has shown that when governments take the lead and have effective assistance from partners, progress is possible. This publication presents the MAF experience of the pilot countries. As they finalize their individual action plans, this publication will be updated to share the lessons learned and to refine and strengthen the MDG Acceleration Framework. It is my hope that the tool presented in this publication will indeed help accelerate MDG progress.

13 September 2010, New York

Helen Clark
Administrator
United Nations Development Programme

EXECUTIVE SUMMARY

Reviews of MDG progress in various countries have revealed many successes, but also the need for urgent, focused action. In the absence of enhanced efforts, many countries risk missing one or more of the targets by the deadline. In others, even if the target will be reached by the country as a whole, subnational areas may lag behind. However, if the impediments causing slow or decelerating progress are known, these bottlenecks can be removed through the application of sound, evidence-based knowledge of what is likely to work. The MDG Acceleration Framework (MAF) provides a systematic way of identifying bottlenecks and possible high-impact solutions, leading to a concrete plan of action with coordinated roles for the government and all its development partners for achieving the country's MDG priorities. It is one component of UNDP's MDG Breakthrough Strategy, and has benefited from the technical guidance of other UN agencies, to ensure that resources are directed to MDG acceleration from now till 2015.

The MAF is expected to build upon existing country knowledge and experiences, as well as policy and planning processes, and to help the development of country-level partnerships, with mutual accountability of all partners, towards the efforts needed to reach the MDGs by 2015. Once an MDG target making slow progress is identified by a country, the MAF suggests four systematic steps: identification of the necessary interventions to achieve the MDG target; identification of bottlenecks that impede the effectiveness of key interventions on the ground; identification of high-impact and feasible solutions to prioritized bottlenecks; and formulation of an action plan, with identified roles for all development partners, that will help realize the solutions.

Ten countries are participating as pilots in the MAF roll-out, with the objective of field testing the framework across a range of MDGs, in different country contexts. While each country is progressing at its own rate, preliminary results from the pilot countries are presented and discussed in this report. The results are encouraging: the systematic steps and the inclusive consultations suggested by the MAF have led to the formulation of coherent, focused and implementable MDG action plans.

These action plans are fully consistent with existing policies and initiatives, while also adding value to them in a number of different ways. In countries where well-defined sectoral investment plans already exist, it has suggested priorities to help maximize their impact on the specified MDGs, and has thus provided guidance for allocating resources as they become available. It has helped operationalize policies in countries that have developed them, but then struggled to put them into action, or improve their implementation. At an earlier stage of policy formulation,

it has helped to bring together various stand-alone activities under one umbrella, and linked all the steps from policy and planning to service utilization. The plan of action has also served to coordinate the activities of government ministries, specialized agencies and other partners. The consultations have sometimes brought to the fore impediments whose importance may have been under-appreciated earlier, while also suggesting solutions that have worked at local levels and may be capable of being adopted or scaled up.

As part of the pilot roll-out, four countries applied the MAF to targets under MDG 1. Togo is focusing on increasing the agricultural productivity of small farmers, in view of the high concentration of poverty in rural areas. It identified the key intervention areas to include, among others, better access by small producers to inputs such as fertilizers and improved seeds; enhancement of small-scale water management; adapting extension services to the needs of small producers, especially women; and the establishment of storage and basic processing facilities. With recently increased allocation of resources to this area in Togo, few prioritized bottlenecks were related to financing. Solutions therefore emphasized the design of suitable instruments for sustainable access to inputs, as well as improvements in capacity and advisory capabilities. The MAF helped to bring an MDG acceleration focus within the existing national investment plan on agriculture and food security—such a focus could lead to rapid gains on the ground, with due care taken to ensure sustainability. Jordan, Tajikistan and Tanzania also chose to work on MDG 1 – Tajikistan through access to energy by the poor, and the others through nutrition and food security.

Three countries chose to work in health-related areas: Ghana and Uganda on improving maternal health and Belize on adequate access to water and sanitation. Uganda guided its choice of identification of key intervention areas by analysing the major direct and indirect causes of maternal mortality in the country. Key interventions included access to emergency obstetric care; skilled attendance at birth; antenatal care for addressing indirect causes and access to universal family planning services. Bottlenecks identified and prioritized relate to inadequate financing, but also to issues of inadequate and uneven supply of medical commodities in the field, absenteeism of health workers and cultural factors inhibiting usage of certain services. A distinct feature of the action plan proposed in Uganda is the way in which several line ministries, other than health, also contributed to the identification of solutions within their existing mandate and work plans; for example, in the construction of community roads or in the provision of clean water and electricity to birthing centres.

Two of the pilots are working in the areas of education and gender equality. The Government of Lao PDR, which was one of the early adopters of the MAF, used it to help inform the preparation of its 7th National Socio-Economic Development Plan. The Lao PDR Plan identified six priorities to accelerate MDG achievement by reaching the poorest and most vulnerable. Among those priorities, this report describes the key interventions to ensure the access of girls and women to education and to enhance women's political participation at all levels. Among crucial bottlenecks related to access were those whose effect was differentiated across genders

and ethnicities: these included distance from school, which led to girls dropping out or not enrolling at a higher rate than boys, and the availability of female teachers from different ethnic groups. Solutions, such as training teachers to teach in multi-grade schools to avoid the need for children at the primary level to move to another school in distant areas, and the recruitment of female teachers from different ethnic groups, reflect actions targeted specifically at these differential impacts. In Papua New Guinea, the MAF is helping to adapt the education sector needs assessment by incorporating the costing of solutions to prioritized bottlenecks, which can then be mainstreamed into the country's medium-term national development plan (MTDP) 2011–2015.

In Colombia, the MAF was applied at the local level of departments (states) and municipalities (towns and villages). Although the country as a whole is expected to meet many of the MDG targets, the sharp levels of subnational inequality in achievement, along with the decentralization of social and economic development, emphasize the need for working at the local rather than the national level. All the territories have adopted local development plans that list the interventions required to meet the selected MDG targets. The MAF is expected to improve the implementation of key interventions in these departmental action plans, which were developed for each territory according to local priorities. In Nariño, the focus was on MDG 3, with an aim to address the large gender gaps in employment and political participation. In Cundinamarca, the focus was on accelerating MDG 1 in the poorest municipalities, as the department as a whole is expected to reach the poverty target. In contrast with the national level action plans, many of the identified and prioritized bottlenecks emphasized service delivery and utilization. There was also a focus on the need for improving service provider capacities so as to effectively address local constraints, while also putting in place complementary measures to strengthen demand. At the local level, identified key interventions, solutions and partners' roles gained greater specificity. Other territories in Colombia included Cartagena (poverty), Cauca (poverty), Santander (health) and Soacha (urban settlements).

In conclusion, the encouraging results so far from the pilots support the proposal for rolling out the MAF to a larger number of countries. At the same time, they also indicate lessons learned, including the importance of strong national ownership, of facilitating cross-sectoral collaborations, and of ensuring CSO and NGO participation. For the pilot countries themselves, the next step is to focus on the implementation of the MDG action plan, which would include ensuring that gaps in institutional capacity and sector governance are suitably addressed, the MAF results are adequately incorporated into the annual or multi-year partner support plans such as the UNDAF, and the regular monitoring of both intermediate and final indicators of MDG achievement to ensure that efforts are yielding the desired results.

ABBREVIATIONS

AfDB	African Development Bank
ANC	Antenatal Health Care
CAADP	Comprehensive Africa Agriculture Development Programme
CAP	Country Action Plan
CBO	Community-based organization
CSO	Civil society organization
C4D	Communication for development
DANIDA	Danish International Development Agency
DFID	UK Department for International Development
DHIMS	District Health Information Management System
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Newborn Care
GAFSP	Global Agricultural Food Security Program
GAVI	The Global Alliance for Vaccines and Immunisation
MAF	MDG Acceleration Framework
MDG	Millennium Development Goals
MMR	Maternal mortality rate
ODA	Official Development Assistance
PDA	Personal Data Assistant
PMCT	Prevention of mother to child transmission
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
USAID	United States Agency for International Development
VHT	Village Health Team
VCT	Voluntary counselling and testing

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1 ACCELERATING MDG ACHIEVEMENT: IDENTIFYING SOLUTIONS TO CONSTRAINTS

The rationale for MDG acceleration

During 2010, the world has undertaken an extensive, shared review of the progress made on the Millennium Development Goals (MDGs), the set of eight development objectives that countries agreed to achieve by 2015. While accomplishments abound, disparities in the rates of progress are also apparent, both across countries and across MDGs. Many countries risk missing one or more of the targets by the deadline, unless they take immediate, focused action. In others, even if the target will be reached by the country as a whole, substantial parts of it may lag behind, unless corrective steps are taken now. These steps have become all the more urgent in the face of the slowdowns and reversals in economic growth witnessed by all countries since 2009, and expected to continue into the near future.

Since 2000, in the process of meeting individual MDG targets, countries have accumulated knowledge that, if properly applied, could help boost progress in areas that are lagging.[1] In some cases, this knowledge has been in the nature of 'what works': successful experiences that could be scaled up, or replicated in other settings to accelerate progress.[2] In other cases, slow or decelerating rates of progress have indicated the presence of underlying impediments, or bottlenecks, that need to be addressed. While such knowledge often exists at the country level, it can be fragmented, and there has, as yet, not been a systematic way of bringing bottlenecks and high impact solutions together into a concrete plan of action with roles defined for all development partners in the country.

Towards this end, in 2009, UNDP developed its MDG Breakthrough Strategy, to ensure that all resources were directed to MDG acceleration in the last five years. The Breakthrough Strategy includes components on accelerating and sustaining MDG progress, as well as partnerships and resources. The MDG Acceleration Framework (MAF) is one component of this Strategy, aimed at identifying bottlenecks and corresponding high impact solutions.[3] It was developed with the inputs of other UN agencies, to lead to a shared, government-led Action Plan for achieving a country's chosen goals.

In early 2010, based on the interest shown by a number of UN Country Teams (UNCTs) and their national governments, and enabled through financing from bilateral donors, the MAF was rolled out in a number of countries for field testing. This publication, intended to present and disseminate the first results from some of these countries, may be of interest to policy makers and development practitioners within governments, development agencies and other partner organizations.

The MAF is a flexible, systematic process of identifying and analysing bottlenecks, and guiding the related consultation processes, which is expected to lead to the development and validation of an action plan. It aims to help a country identify and implement a set

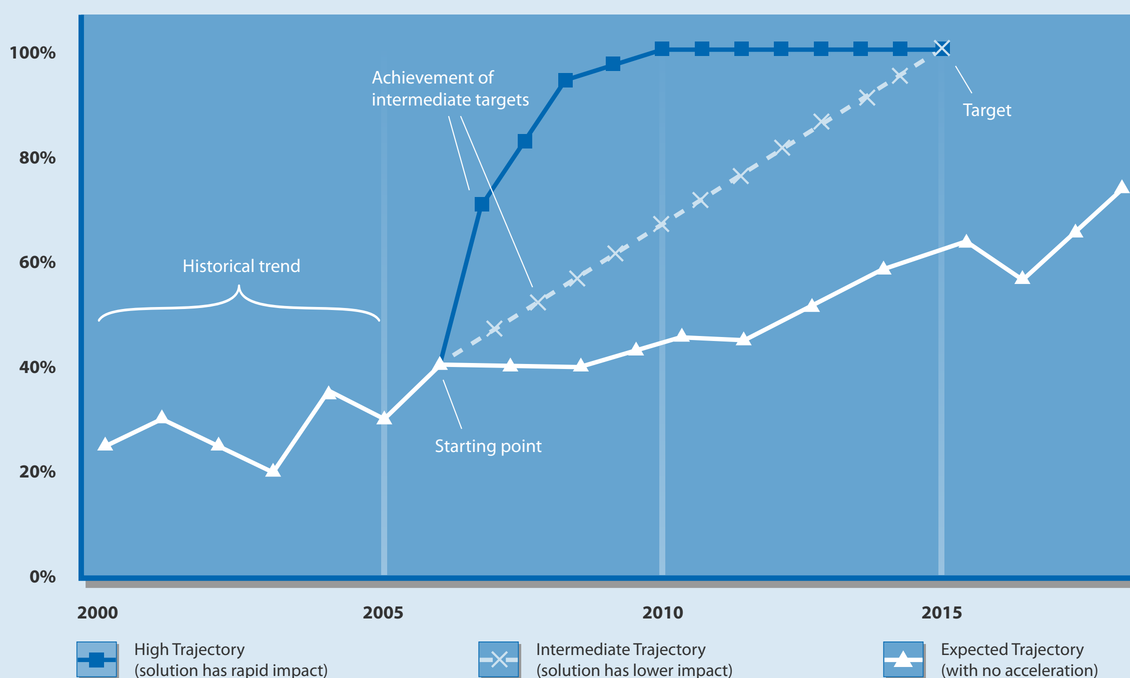
of focused actions—an acceleration solution—which could transform the rate of progress on a hitherto slow moving MDG to realistically reach its target by 2015 (figure 1). An acceleration solution may not always exist, as complex political, social, economic and environmental issues that hamper progress may require time to resolve. There could also be different combinations of actions that could help reach the goal, perhaps at different rates of progress. But if a solution exists, the MAF provides an orderly way of identifying it, and operationalizing its implementation. When an acceleration solution is not feasible, the MAF can point to the actions and partnerships that could speed it up, thereby helping focus efforts appropriately.

The MAF is intended to be a relatively easy and straightforward means of building upon country knowledge and experiences and existing policy and planning processes, and developing country-level partnerships which are mutually accountable, to reach the MDGs by 2015. The solutions identified should lead to impacts that can be sustained beyond 2015, or can be complemented by efforts that will ensure such longevity.

The MAF can be applied to any MDG target at the national or subnational level. Each of the pilot countries identified an MDG target that was currently off track, i.e., projected as unlikely to be met in 2015 at either the national or subnational level, for which the government desired to accelerate progress. Pilot countries have moved at different rates towards the finalization of their respective MDG Action Plans—some are complete and others are continuing the required consultations with partners and stakeholders. This publication provides a snapshot of the MAF process in each country. As countries move towards finalization of their individual action plans, the lessons learned from the field testing will go into refining and strengthening the MAF itself.

These country experiences show that the MAF analysis leads to the formulation of coherent, focused and implementable action plans with clear roles for each partner. It utilizes the processes and knowledge available within the country, while adding value in a number of different ways. For instance, in countries where well-defined investment plans already exist, it suggests pri-

Figure 1. Acceleration trajectory to meet an MDG target by 2015



orities to maximize their impact on the specified MDGs, and thus provides guidance for allocating resources as they become available. In others that have recently developed policies or road maps, but have struggled to put them into action, it helps to operationalize them. In countries where policy formulation is at an earlier stage, it helps to bring together various stand-alone activities under one umbrella by providing a framework for coordinated action that links all steps from policy and planning to service utilization. By helping to define a shared plan of action with observable outcomes, it serves as a means for coordinating the activities of government ministries, specialist agencies and other partners. The consultations, and the systematic approach to identifying bottlenecks, often bring to the fore impediments whose magnitude may not have been fully appreciated earlier. They also help identify solutions that have worked at the local level, or in other countries with similar contexts, that can be replicated.

Some common themes have been identified in the application of the MAF in these pilot countries. First, it is clear that the efforts of the past decade have contributed to significant successes on the MDGs, and also a keener appreciation of the remaining bottlenecks and challenges ahead. Second, by building on this knowledge base, the MAF is able to deliver government-led plans consisting of well-defined actions that can help remove bottlenecks in priority interventions. For example, whilst MDG financing gaps continue to be a critical bottleneck for scaling up services in many cases, the financing deficit is often compounded by inadequate institutional capacities for planning, monitoring and delivering services of adequate quality to meet local demand. Solutions to address this often benefit from a cross-sectoral approach. Finally, the MAF process has helped in many of the pilot countries to increase the focus on existing subnational disparities—looking at the needs of the most poor and vulnerable, including women, the elderly and ethnic minorities—to ensure that equitable measures and solutions are devised.

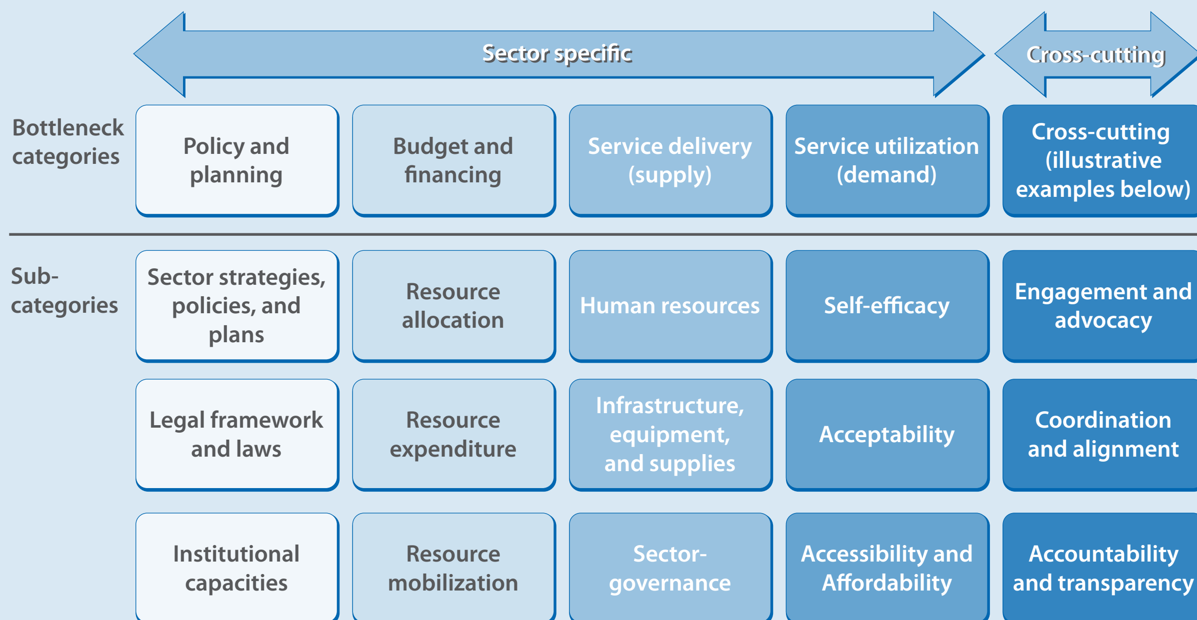
This document is organized as follows. The rest of this section introduces the MAF and the pilot countries. Subsequent sections summarize the analysis and action plans of a number of countries, organized by thematic areas. Four country studies are presented in more detail—Colombia, Lao PDR, Togo and Uganda—supplemented by summaries of other pilot countries. Taken together, these cover a broad range of MDGs and country typologies. The final section summarizes common issues, lessons learned across pilot countries, and identifies actions for moving forward.

What is the MAF and how does it work?

The MAF analysis proceeds through four sequential steps. The first is to identify the relevant MDG target (generally one that is off track, or unlikely to be met, based on current projections) and enumerate the key interventions that are considered necessary to reach it. In most countries, these interventions are known and have been implemented since early on in the MDG timeline. In fact, key interventions can often be drawn from the national development plan, sector strategies and plans, and any relevant policy and planning document related to the MDG target selected.[4] However, for those MDG targets where the progress has been unsatisfactory, it is likely that there are bottlenecks that get in the way of realizing the full potential of these interventions on the ground.

The second step is to analyse the causes of the lack of complete success of each intervention, thus identifying the bottlenecks.[5] Once identified, bottlenecks should be prioritized in terms of their potential impact on the MDG target, were they to be removed. In general, bottlenecks identified can either be cross-cutting in nature, affecting several MDGs at the same time, or specific, affecting primarily the MDG in question. Countries often find it useful to classify each specific bottleneck into one of the four categories—policy and planning, budget and financing, service delivery and service utilization—suggested under the MAF (figure 2).

Figure 2. Suggested bottleneck categories and sub-categories



Once bottlenecks have been identified and prioritized, the third step reviews feasible solutions and ranks them in terms of their impact and feasibility (see box 1).[6] For impact, the magnitude (scope and equitable distribution), speed (short and medium term), sustainability, and assessment of the potential adverse effects should be considered. For feasibility, aspects related to the enabling environment for the implementation of the proposed solution should be assessed, including governance (transparency, accountability mechanisms, and rule of law), capacity (individual and institutional), and funding availability.[7] Solutions can come from diverse sources—from experiences within the country itself or from the experiences of others that can be adapted to the local situation. It is important to emphasize that they may need to be complemented by additional, longer term measures to improve the enabling environment and sustain the gains made.

Each solution is characterized by a set of activities to be implemented by entities that are best placed to execute them. The fourth step puts the activities and their identified implementers—government, development partners and others—together to constitute a MAF Action Plan (or the MDG Acceleration Compact), which can engage a wide spectrum of relevant stakeholders, while also helping formulate a monitoring and accountability plan based on the identified roles of each partner. Each step in the process leading up to the formulation of the MAF Action Plan is elaborated in greater detail in the MAF document.[8]

The process leading up to the formulation of the Action Plan (figure 3) is intended to be manageable, and build upon existing processes and knowledge as far as possible, whether gathered from analytical reports, expert surveys or stakeholder consultations, while tapping into existing thematic working groups and other forums at the country level. Occasionally, it might be useful to consult with international experts: in particular, there can be very fruitful sharing of knowledge between countries within the same region or similar contexts implementing related interventions. While the government is expected to lead the process, the

extensive consultations required at each stage, and the end goal of formulating a concrete Action Plan or Acceleration Compact require the engagement of a wide range of non-government actors. The consultations themselves draw upon the many national documents that are generally available in each country—PRSPs reviews, Sector Plans, evaluations by reputed NGOs and so on. In fact, the depth of analysis in these documents, and the breadth of consultations should be reflected in the quality of the Action Plan. The roles of the UNCT identified in the Action Plan are expected to help inform and guide the United Nations Development Assistance Framework (UNDAF).

The countries being supported in the pilot phase to develop their respective Action Plans targeting one particular (or, in some cases, more than one) MDG target are indicated in table 1. Each of these countries followed a broadly similar sequence of events in developing the MAF action plan, an example of which is presented in box 2. While not all countries progressed at the same pace, several were able to draw up their Action Plans or MDG Acceleration Compacts in about two to three months. In the others, the work is continuing and expected to conclude soon. The lessons from the pilots will contribute to refining the methodology, particularly for when the MAF is extended to other countries in 2011.

Figure 3. Developing an MDG Action Plan or 'Acceleration Compact'

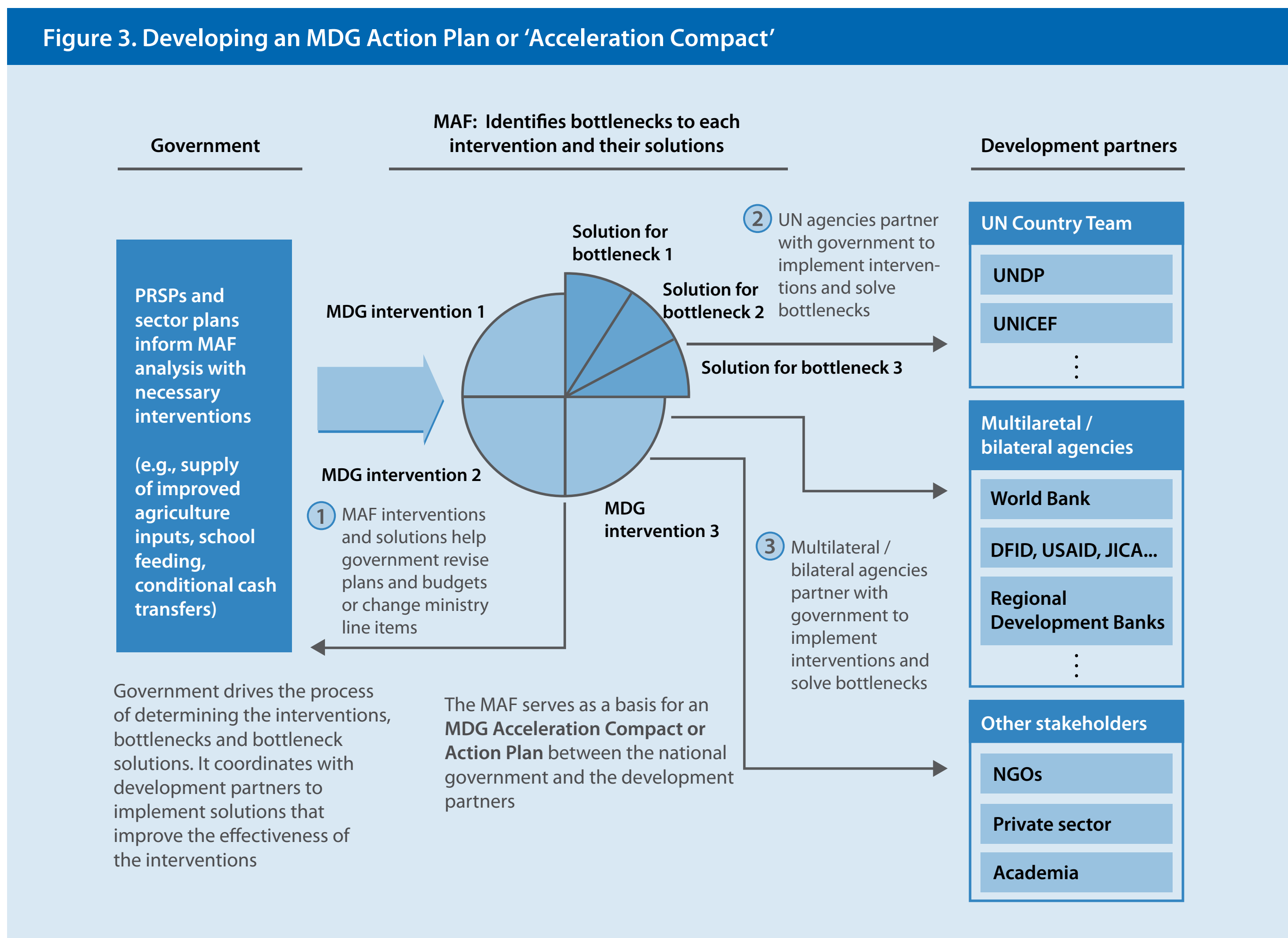


Table 1.Pilot countries that have applied the MDG Acceleration Framework

COUNTRY	THEMATIC AREAS
Belize	Accelerating the achievement of the MDGs on Water and Sanitation (MDG 7)
Colombia	Accelerating MDGs attainment at the local level by developing action plans for some of the poorest departments (provinces) and municipalities (towns). The various local action plans relate to MDG 1 on rural income poverty, MDG 3 on gender empowerment, MDG 5 on maternal health, and MDG 7 on human settlements
Ghana	Developing an acceleration plan for maternal health (MDG 5)
Jordan	Accelerating achievement of food security as part of reaching MDG 1
Lao PDR	Developing an MDG Acceleration Plan, as part of the process towards the 7th National Development Plan. The Acceleration Plan focuses on six priorities identified across all MDGs and relevant cross-MDG issues
Papua New Guinea	Analysing MDG related interventions on education (MDG 2) and other sectors to inform the next generation of PRSPs
Tajikistan	Accelerating poverty reduction (MDG 1) through energy access for the poor
Tanzania	Accelerating the achievement of food and nutrition security, focusing on the strategic interventions required to achieve MDG 1 by 2015, building on the national development plan MKUKUTA II
Togo	Developing an acceleration plan for MDG 1 by increasing agricultural productivity of small producers
Uganda	Accelerating the achievement of maternal health (MDG 5), with the development of an Action Plan to operationalize the existing Roadmap for Maternal Health (2007)

Box 1. Establishing priorities in the local development agenda through the MAF in Nariño (Colombia)

An important part of the MAF application is its attempt to bring about greater focus through prioritization of bottlenecks and choosing effective solutions. A typical approach is the one taken by the Colombian departments and municipalities. The Nariño department in Colombia chose to increase the effectiveness with which its public policy to promote gender equality and inclusion (Política pública para la Equidad de las Mujeres Nariñenses) is being implemented.

A technical committee was constituted to apply the MAF with the participation and contribution of the Departmental offices for Planning, Social Development, and Agriculture; the office of the 'Si, se puede' (Yes, we can) Programme; the College of Public Administration (ESAP); representatives from women's sub-provincial committees; representatives from the departmental women's committee; the University of Nariño; UNIFEM; UNFPA; the sub-national UNDP office and the UNDP MDG Local Development project. The entire process was carried out through consultations and working groups.

The following is a brief description of the steps taken under the MAF for the prioritization of key interventions, identification and prioritization of bottlenecks and identification of solutions:

(1) The committee compiled a comprehensive inventory of all the interventions that were being implemented in the department of Nariño, as part of its policy on gender equality.

(2) Interventions were then assessed and prioritized according to a pre-defined criteria of impact and feasibility as described below:

Impact:

- Will help achieve the MDG targets on women's empowerment and gender equality
- Target population includes vulnerable populations
- High benefit level for each resource unit invested in the intervention
- Impact of the intervention will be swiftly felt (short and medium term)
- Evidence of impact of the intervention should be available

Feasibility:

- Willingness exists at political level and among stakeholders to implement the intervention
- Local government and partners have the capacity to plan, implement and monitor the intervention
- Funding is available to finance the intervention
- No additional factors seen which could obstruct implementation

(3) For impact assessment, the committee ranked each intervention according to very high impact, high impact, medium impact, low impact or no impact.

(4) For the feasibility criterion, the technical committee assessed whether 'there are additional factors which could obstruct the implementation' of the intervention. The interventions were ranked based on the following scale: no obstacle, some factors could hinder implementation, numerous factors could hinder implementation, many factors could completely block implementation. This analysis helped identify the key interventions.

(5) Once key interventions were identified, the committee located and analysed the bottlenecks hampering their effective implementation, and prioritized them based on an assessment of the gains in impact to be had from their removal.

(6) After bottlenecks are prioritized, the MAF recommends that the solutions to these be identified and their quality assessed based on impact and feasibility criteria. The committee adapted the MAF suggested criteria to the local reality of Nariño as follows: (i) solutions would preferably consist of short- and medium-term actions; (ii) the implementation of the solution would fall within the responsibility of the municipal or departmental authorities; (iii) there are stakeholders and partners willing to contribute; (iv) the region has the required financial and human resources to implement the solution; (v) the solution is able to impact a significant number of persons and vulnerable populations; (vi) the solution promotes equality; and (vii) the solution is culturally acceptable/adequate to the needs of affected populations.

(7) Based on the criteria above, each solution was analysed and ranked by the experts in the working groups. Solutions with a sufficiently high degree of impact, that could be satisfactorily implemented, fed into the Action Plan.

Box 2. Applying the MAF in Ghana

The MAF process has run most smoothly when there is government leadership, and joint ownership with the UNCT. For example, in Ghana, the Ministry of Health (MoH) identified the MAF application as timely and in line with their efforts to finding a solution to the prevailing high maternal mortality rate in the country. The application itself commenced in June 2010 with the writing of a concept note justifying the reason for working on MDG 5 and obtaining financial support from UNDP. The Government of Ghana (GoG) then organized an inception meeting with the UNCT and other selected partners to review the MAF methodology and agree on the action plan for its implementation. A national technical team comprised of MoH, UNICEF, UNFPA, WHO and UNDP experts was established. The UN specialized agencies provided technical inputs, with UNDP playing a complementary, coordinating role while facilitating the analysis. National consultants supported the technical team.

The analysis began with a desk review of national policy and planning documents, reports and road maps, with the recently completed 2010 MDG Report providing additional data on the MDGs. In addition, focus group discussions as well as a quick, questionnaire based survey of the District Directors of Health Service Group were carried out. A five-day retreat of the national technical team was then convened to review the necessary interventions, identify and prioritize bottlenecks and solutions to accelerate progress on MDG 5. The technical team subsequently reconvened in Accra to prepare the draft Country Action Plan, including a Monitoring and Evaluation framework. The team was supported by international resource persons to share global experiences in the MAF process and provide technical inputs for quality assurance in line with the global programme.

On 12 August 2010, a validation meeting was organized with a wider group of stakeholders from key sector ministries, civil society organizations, the UNCT and development partners involved in supporting maternal health interventions to discuss and build consensus on the draft MAF Country Action Plan (CAP). The validation provided further comments and recommendations on the MAF CAP. After incorporation of stakeholders' comments into the CAP by the national technical team, the document was considered as endorsed as Ghana's MAF Action Plan for Acceleration of MDG5 from 2010 to the target date of 2015.

2 ACCELERATING THE REDUCTION OF POVERTY AND HUNGER

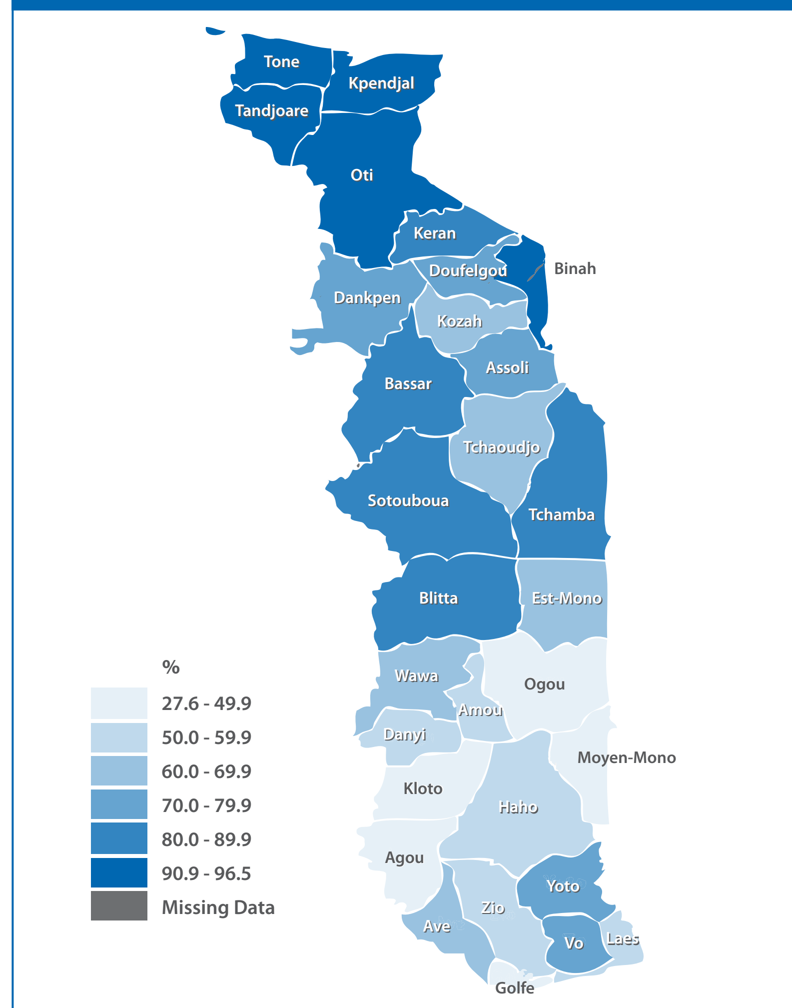
Togo: Boosting agricultural productivity of small producers

Togo's efforts to reach the MDGs include the adoption of MDG-based planning, regular monitoring, and the introduction of programmes such as free primary school education, nutrition campaigns, integrated vaccinations, distribution of insecticide-treated bed nets and others.[9] The MAF is seen in this country as one of the series of steps that build upon this commitment, and take it further[10].

While these efforts have begun to bear fruit[11], the country is also dealing with the aftermath of a long-standing socio-political crisis from 1990 to 2005 that caused a sharp decline in per capita GDP, accompanied by lowered public investments and an increase in the poverty rate from 32 percent in 1990 to 62 percent in 2006. Considering this, Togo adopted a more realistic MDG 1 target in its 2009 Comprehensive PRSP of reducing poverty to 30.9 percent by 2015: however, even with this more modest goal, it is off track and in need of acceleration.

The geographical distribution of poverty in Togo (map 1) shows that the incidence of poverty increases as one moves northward into predominantly rural regions. Agricultural production accounts for 70 percent of the GDP for this sector; however, 74 percent of the rural population is poor, with the rate reaching as high as 90.5 percent in some areas. A significant proportion of the population here are smallholder farmers, whose low productivity contributes to their impoverishment; and the majority of agricultural sector workers are women (54 percent).

Map 1. Distribution of poverty in Togo



Source: 2006 Core Welfare Indicators Questionnaire (QUIBB/CWIQ)

Measures to increase productivity in this sector, aimed specifically at smallholder farmers[12] and women producers, would make a noteworthy dent in poverty. A 2009 IFPRI study[13] also demonstrated the large gains to poverty reduction that would result from targeted interventions to raise the productivity of both food and cash crops (figure 4). Accordingly, the MAF for Togo concentrates on improving the productivity of smallholder farmers, with special attention being given to raising the incomes of women engaged in the sector, as these will lead to a major increase in the rate of poverty reduction.

Boosting the agriculture sector is an important part of Togo's overall growth strategy, as outlined in its 2009 Comprehensive PRSP. It is also the primary objective of the National Agriculture and Food Security Investment Plan (NAFSIP), which is part of the Comprehensive Africa Agriculture Development Programme (CAADP) and aims to facilitate a growth rate of at least 6 percent for the sector. The Togo MAF draws from these processes, but emphasizes interventions, bottlenecks and solutions for acceleration that will help directly reduce poverty by improving the lot of small producers.[14]

Key interventions and priority bottlenecks

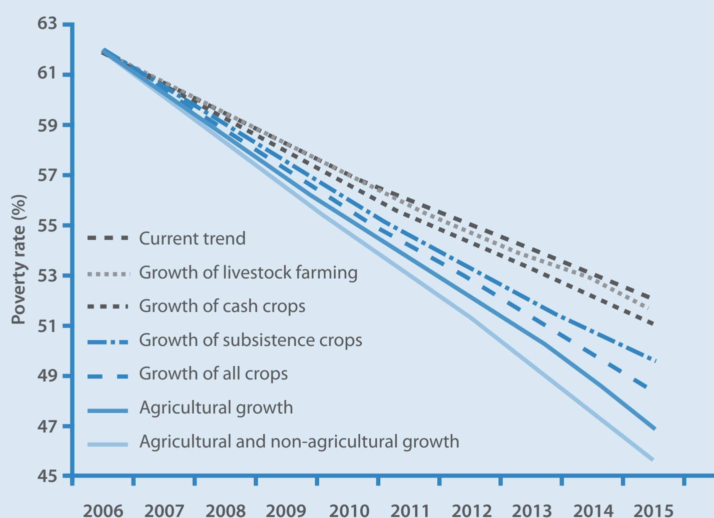
Guided by the considerations outlined above, the priority interventions identified for Togo are the following:

- Improvement of access by small producers to fertilizers
- Improvement of access by small producers to improved seeds for subsistence crops, in particular corn, cassava and rice
- Improvement of small-scale water management and control for farming
- Adjustment of extension services to the needs of small producers, in particular women
- Establishment of storage and basic processing facilities
- Improvement of access by small producers to improved breeds (poultry and small ruminants)

As noted above, all these interventions are consistent with the NAFSIP.

Some of these interventions have already been implemented and have had genuine impact. However, the implementation has also revealed bottlenecks to scaling up. While many such bottlenecks were identified during the MAF process, those that are of highest priority in terms of the size of the impact they could have if removed are presented in table 2.

Figure 4. Impact on poverty reduction from increasing productivity in Togo



Source: NEPAD and GoT (2009), Togo CAADP Brochure 3: Options stratégiques et sources de croissance agricole, de réduction de la pauvreté et de sécurité alimentaire.

Table 2. Summary of prioritized bottlenecks impeding successful implementation of key interventions in Togo

Key interventions	Summary of prioritized bottlenecks			
	Policy and planning	Budget and financing	Service delivery	Service utilization
Improving access for small producers (SP) to fertilizers for subsistence crops (cereals, legumes, roots and tubers and horticulture).	Land insecurity (outdated farmland legislation, difficulty for women in gaining access to land, contracts easily broken off) that makes it impossible to guarantee investments. Absence of a national soil fertility strategy.		Farmers find it difficult to access points of sale and distribution of fertilizers, which are a long way from where they live. Similarly, there are an insufficient number of fertilizer stores (premises offered to distribution structures are not always appropriate for preserving fertilizers).	Lack of financial access to fertilizers: farmers contribute 50 percent of the sale price of fertilizers. In the field, it has been noted that small producers (SPs) are not always able to make their financial contribution in order to receive the desired quantities. Low use of organic material.
Improvement of access by SPs to improved seed for subsistence crops (cereals, legumes, roots and tubers, etc) and to small cattle breeds	Lack of a national strategy for the supply, control and regulation of seeds.	The mechanisms for funding the production and certification of seeds are weak and should be the subject of review for improvement.	There is not enough storage capacity for seeds and fertilizers. There is a lack of appropriate premises for improved seed distribution structures.	Financial and physical access by SPs to seeds is low, sometimes due to the high cost of the latter. In addition, it has been noted that SPs suffering from food shortages have reduced access to seeds.
Improvement in the small-scale control and management of water for production.		Budgetary allocations for water control and small-scale irrigation are small.	Capacities (in terms of equipment, human resources and appropriate technology) of the Directorate General for Water and Sanitation (DGEA) and the Directorate for Rural Development and Infrastructure (DAER) and local businesses are weak, as is the level of familiarity with water management and small-scale irrigation technologies. Furthermore, there are not enough extension officers to cover the demand for rural services in general.	SPs do not always have the financial capacity to pay the full cost of services (reservoir equipment and installation maintenance, etc). Moreover, a low level of real-time access by SPs to technical information regarding small-scale water control and management has been noted.
Adjusting the extension services to the needs of SPs (crop and livestock farming), particularly women	Lack of harmonization of agricultural extension strategies Lack of policy Lack of coordination between multiple and sometimes divergent interventions by support organizations which sometimes find themselves in competition in the field (ICAT, NGOs).		Technical Assistance and Support Institute (ICAT) is characterized by its lack of capacity in terms of materials and human resources and the under-representation of women among its information extension officers. This situation often leads to insufficient awareness about the use of improved inputs (seeds, fertilizers) and best crop practices. Information and Communication Technologies (rural radio, cell phones, etc) are underused and are not incorporated into extension.	The lack of financial resources among SPs means that they are often unable to benefit from these services.
Improvement of infrastructures for storage and basic processing	Lack of a strategy to assist small producers in post-harvest operations (preservation, processing and packing).	Lack of funding of post-harvest activities (preservation, processing, sales).	A lack of promotion of post-harvest activities (preservation, processing, sales) and the lack of infrastructure (storage, rural tracks, rural markets, rural abattoirs) has been noted. There is an energy deficit in rural areas with regard to small agribusiness units. These limitations are exacerbated by the relative lack of incentives (equipment, expertise, etc.) to encourage the creation of small agribusiness processing units in rural areas.	
Improvement of access by small producers to improved breeds, health cover, improved habitat and feed for family livestock farming	Lack of strategy to promote the development of family livestock farming.			Financial and physical access for SPs to improved breeders, veterinary products and payment for veterinary services is very poor. In most cases, livestock habitats are inappropriate or even non-existent.

While these bottlenecks are specific to each intervention, it is also relevant to highlight three priority cross-cutting bottlenecks the removal of which accelerate progress:

- Poor condition of producer organizations: While there are a large number of producer organizations (8000, with 180,000 members, including 55 overarching bodies: 40 prefectoral unions, eight regional unions and seven national federations), they are not always sufficiently dynamic in organizational and operational terms to be able to play a major role in the development of various types of farming. This limits their potential to be agents of change – only 24 percent (2005) of farmers were members of basic producer organizations.
- Rural land governance: Togo still has significant unutilized land resources, the optimal use of which will require appropriate reforms in order to guarantee farmers' security.
- Inadequate availability of statistical information: The lack of recent statistical data relating to various interventions (coverage, targets) makes it is difficult to determine how effective interventions relating to MDG 1 in the rural environment have been.

On finances, the picture has recently improved. The constraining impact of limited finances became evident over the last two decades, which were characterized by drastic reductions in budgetary allocations for agriculture, exacerbated by a long period of suspension of development cooperation aid. As a result, public spending on agriculture fell from CFA 15 billion a year on average in the 1980s (12 percent of the budget) to less than CFA 5 billion[15] (3 percent of the budget) in 2006[16]. The Government's decision to increase the proportion of the 2010 state budget allocated to agriculture to 10 percent, in line with the Maputo commitments, indicates a reversal of this trend. In addition, on 30 July, 2009, the Government signed the CAADP pact, following which Togo entered into discussion with its principal partners (IFAD, WADB, BIDC, the World Bank, the African Development Bank, FAO, UNDP etc.) in order to benefit from funding to implement the NAFSIP. These advances have made it possible to gradually clear the bottlenecks relating to funding. At the same time, Togo has submitted a request to the Global Agricultural Food Security Program (GAFSP), which has allocated funding worth $39 million (approximately CFA 19.5 billion). It should now be ensured that the country has sufficient capacity to absorb this funding and direct it in ways that will accelerate MDG achievement.

Identifying solutions: building partnerships and developing an action plan

Well-directed programmes, implemented as part of the response to the recent food crisis, helped to rapidly increase subsistence production in Togo, thus demonstrating that such acceleration was possible. Removal of the critical bottlenecks identified above can therefore be expected to have similar effects, and can lead to abiding gains, provided they are carried out sustainably.

After considering several alternative solutions for each of the priority bottlenecks and evaluating them in terms of their impact and feasibility, those recommended were summarized (in table 3). An action plan to implement these solutions would require collaboration between the partners identified, each contributing according to their respective strengths. The plan would prioritize women in all of its activities, for example by targeting women small producers to ensure fair access to productive resources and better participation in producer organizations, and by recruiting female agricultural consultants to improve the adoption of better farming practices and post-harvest preservation and processing.

The cross-cutting bottleneck of deficient small producer (SP) associations would also be addressed through improvements in the organizational and representational structure, and improving the capabilities

of the members. Thus equipped, small producers will be able to defend their interests, take part in decision-making and benefit more easily from access to inputs, loans, infrastructure and markets. Such a scheme will encourage the development of participatory monitoring systems, self-control of services, accounting and viable means of funding, thus strengthening the effectiveness and long-term sustainability of the solutions identified above.[17]

Table 3. Togo MDG Action Plan for Accelerating Progress on MDG 1

Key interventions	Priority bottlenecks	Identified Solutions (2011–2015)	Potential partners for implementation	Costs (estimated million USD)	Funding obtained[18]		Funding gap
A. Improvement of access by small producers (SP) to fertilizers for subsistence crops (cereals, legumes, tubers and roots and horticulture)	A.1. The relative inability of small producers to afford fertilizers	A.1.1. Implementing a system for supplying fertilizers to SPs by means of targeted, occasional vouchers	Government of Togo (GoT), IFAD, EU, FAO, WB, Producer Organizations (POs), NGOs	43.2	8.6	IFAD GoT	34.6
		A.1.2. Establishing a sustainable system of revolving loans to support the supply of fertilizers to SPs	GoT, WB, FAO, Microfinance Institution (MFI), POs, NGOs, National Microfinance Strategy Support Project (PASNAM), UNDP	64.9	6.5	WB - GoT	58.4
	A.2. Small producers' lack of physical access to fertilizers	A.2.1. Establishing points of sale for fertilizers (input shops) at the level of cantons and villages.	GoT, IFAD, EU, FAO, POs, NGOs	2.5			2.5
		A.2.2. Training a critical mass of 2,500 local organizers for ISFM	GoT, IFAD, FAO, International Fertilizer Development Corporation (IFDC), POs, NGOs	0.98			0.98
	A.3. Absence of a national soil fertility strategy.	A.3.1. Drawing up a soil fertilization strategy document	GoT, IFAD, FAO, IFDC, POs, NGOs	0.69			0.69
	A.4. Land insecurity	A.4.1. Formalizing rural leasehold contracts for securing land for women and young people	GoT, IFAD, FAO, UNDP, local authorities, POs, NGOs	0.04			0.04
		A.4.2. Supporting the programme of planned agricultural development areas (ZAAP)	GoT, West African Development Bank (WADB), ECOWAS Bank for Investment and Development (BIDC), IFAD, Islamic Development Bank (IsDB), Arab Bank for Economic Development in Africa (BADEA), Foundation for Sustainable Development (FSD), IFDC, POs, local authorities, NGOs	5.9	1.6	GoT	4.3
		A.4.3. Inventory of farmland legislation, drawing up and extending the law on rural land	GoT, IFAD, FAO, UNDP, local authorities, POs, NGOs	1.5		GoT	1.5
B. Improvement of access by SPs to improved seed for subsistence crops (cereals, legumes, tubers and roots and horticulture) and small livestock breeders	B.1. Limited use of seeds by SPs in situations of food shortage	B.1. Supporting vulnerable households with food aid comprising local subsistence products (in line with the 'subsistence products for seed protection' model)	GoT, WFP, FAO, UNDP, POs, NGOs	1.6			1.6
	B.2. Small producers' lack of physical access to seeds	B.2. Establishing a system for the supply and distribution of improved seeds to SPs	GoT, IFAD, EU, FAO, POs, NGOs	7.9	0.39	IFAD-GoT	7.5

Key interventions	Priority bottlenecks	Identified Solutions (2011–2015)	Potential partners for implementation	Costs (estimated million USD)	Funding obtained[18]		Funding gap
	B.3. The relative inability of small producers to afford seeds	B.3. Establishing a system of revolving loans to support the supply of improved seeds for subsistence crops (cereals, legumes, tubers and roots and horticulture) and small livestock breeders to SPs	GoT, WB, FAO, UNDP, MFI/Bank, POs, NGOs	7.9	2	GoT	5.9
	B.4. Lack of distinct storage capacity (seeds, fertilizers, etc.)	B.4. Building suitable storage warehouses for improved seeds at the level of cantons and villages	GoT, IFAD, FAO, UNDP, WADB, BIDC, local authorities, POs, NGOs	2.5			2.5
	B.5. Weak mechanisms for funding and certification of improved seed production	B.5. Reinforcing the structures of the Agronomical Research Institute of Togo (ITRA), Technical Assistance and Support Institute (ICAT) and Directorate for Seeds (DS) for the production of foundation seeds; extension, control and certification of commercial seeds	GoT, WFP, FAO, WB, IITA (International Institute of Tropical Agriculture), WECARD (West and Central African Council for Agricultural Research and Development), UNDP, local authorities, POs, NGOs	0.98	0.39	GoT FAO	0.59
C. Improvement in the small-scale control and management of water for farming	C.1. Low budgetary allocation for water control projects and small-scale irrigation	C.1. Promoting the mobilisation of resources (internal and external) for the rehabilitation and construction of hill reservoirs and drilling for small-scale irrigation	GoT, IFAD, WADB, BIDC, WB, IsDB, BADEA, FAO, UNDP, local authorities, POs, NGOs	39.5	1.6	WADB-BIDC	37.9
	C.2. Low capacities in terms of equipment, human resources and appropriate technology (expertise) (DGEA, DAER and local businesses)	C.2. Training the staff of the Directorate General for Water and Sanitation (DGEA), Directorate for Rural Development and Infrastructure (DAER), and local businesses in small-scale water management and equipping both departments with material and logistical resources	GoT, IFAD, WADB, BIDC, WB, AfDB, FAO, UNDP, IsDB, BADEA, local authorities, POs, NGOs	1.4			1.4
	C.3. Insufficient real-time access of SPs to technical information relating to small-scale water control and management	C.3. Design of a technical information kit relating to small-scale water control and management aimed at SPs and incorporating it into support and advice services	GoT, IFAD, WB, AfDB, FAO, UNDP, local authorities, POs, NGOs	14.7			14.7
	C.4. Small producers' relative inability to bear the cost of services (maintenance of reservoir hardware, etc.)	C.4. Implementing a system for sharing the costs of services across the community through the organization of SPs into consortiums	GoT, IFAD, WB, FAO, UNDP, local authorities, POs, NGOs	0.49			0.49
D. Adjusting the support and advice programmes to the needs of SPs (crop and livestock farming), particularly women	D.1. Relative inability of the ICAT in terms of materials and human resources to respond to the needs of SPs (arable and livestock farms). Disproportionately low numbers of women in the ICAT	D.1. Reinforcing the material and human capabilities for extension structures, incorporating the gender approach (retraining of officers from public and private extension organisations in new extension tools; recruitment of new extension officers including women; equipping the ICAT with material and logistical resources)	GoT, IFAD, WB, FAO, UNDP, local authorities, POs, NGOs	4.1	0.59	GoT	3.5
	D.2. Underuse of ITCs (rural radio, cell phones, etc.) as extension tools	D.2.1. Adapting extension tools to the new awareness channels (rural radios, cell phones, etc.)	GoT, IFAD, WB, FAO, UNDP, local authorities, POs, NGOs, media	1.6			1.6
		D.2.2. Organising the regular dissemination of key messages on technical methods, the use of fertilisers and seeds, upkeep of infrastructures, etc.	GoT, IFAD, WB, FAO, UNDP, local authorities, POs, NGOs, media	1			1

Key interventions	Priority bottlenecks	Identified Solutions (2011–2015)	Potential partners for implementation	Costs (estimated million USD)	Funding obtained[18]		Funding gap
	D.3. Lack of harmonisation of agricultural extension strategies	D.3. Design and implementation of a national agricultural extension strategy	GoT, IFAD, WB, FAO, UNDP, local authorities, POs, NGOs, media	0.98			0.98
E. Improvement of infrastructures for storage and basic processing	E.1. Lack of promotion and funding for post-harvest activities (preservation, processing) and storage infrastructures	E.1.1. Inventory of existing preservation technologies and small processing units for agricultural products	GoT, IFAD, WB, FAO, UNDP, local authorities, CNP, CCIT, POs, NGOs	0.09			0.09
		E.1.2. Establishing a support fund for the processing of agricultural products for SPs	GoT, IFAD, WB, FAO, UNDP, local authorities, National Council of Employers (CNP), Chamber of Commerce and Industry of Togo (CCIT), POs, NGOs, MFI/Bank	1.9			1.9
		E.1.3.Training SPs in how to access the fund, how it works and how to use it	GoT, IFAD, WB, FAO, UNDP, local authorities, CNP, CCIT, POs, NGOs, MFI/Bank	0.25			0.25
	E.2. The energy deficit in rural areas with respect to support for small food processing units	E.2. Promoting motive power (installation of multifunctional platforms)	GoT, IFAD, WB, WADB, BIDC, IsDB, BADEA, AfDB, FAO, UNDP, local authorities, CNP, CCIT, POs, NGOs	7.9			7.9
F. Improvement of access by small producers to improved breeds, health cover, improved habitat and feed for family livestock	F.1. The relative inability of small producers to afford improved breeders	F.1. Establishing a system of revolving loans to support the supply of small livestock breeders to SPs (poultry, sheep/goats, pigs, rabbits)	GoT, IFAD, WB, AfDB, EU, FAO, UNDP, PASNAM, local authorities, CNP, CCIT, POs, NGOs, MFI/Bank	7.4	0.06	GoT	7.3
	F.2. Small producers' relative inability to bear the costs of prophylactic services (vaccination, veterinary products, etc.)	F.2. Improving prophylaxis, feed and technical management of family livestock	GoT, IFAD, WB, EU, FAO, UNDP, local authorities, POs, NGOs, Village Farm Hands (VFHs), private vets	40	3.9	EU FAO	36.2
	F.3. Poor quality or nonexistent livestock habitats	F.3. Improving family livestock habitats and equipment	GoT, IFAD, WB, AfDB, EU, FAO, UNDP, local authorities, POs, NGOs, MFI/Bank	11.8			11.8
	F.4. Lack of strategy to promote the development of family livestock farming	F.4. Drawing up and circulating a strategy document for the promotion of family livestock farming	GoT, IFAD, WB, EU, FAO, UNDP, WAEMU (West African Economic and Monetary Union), local authorities, POs, NGOs, VFHs, private vets	0.39			0.39

Note: The breakdown of the funding obtained does not include the allocation from the GAFSP, the details of which will be available during the course of the final quarter of 2010 following the formulation mission

As the MAF is anchored in the NAFSIP, the implementation and monitoring of partner activities will follow the processes envisaged for the NAFSIP itself. Development partners would need to coordinate their individual operations around the activities and roles indicated in the Action Plan. Indicators that have been developed for monitoring the relevant parts of the NAFSIP would be refined and utilized for monitoring the implementation of the MAF Action Plan.

In conclusion, Togo demonstrates the ability of the MAF to bring an MDG acceleration focus to existing plans and investment programmes. It identifies those elements of the country's NAFSIP that are most likely to have an immediate impact on MDG 1, thus indicating a possible prioritization of investments. As the financing constraints in respect of Togo have been at least partly relaxed through a combination of domestic resource allocation and donor support, such a targeting of the

NAFSIP could result in rapid gains on the ground, with due care being taken to ensure sustainability. By illustrating partnerships and gaps, it provides clearly identified openings for the efforts of partners who may not as yet have contributed to the effort.

Box 3: Tanzania and Jordan – food security and nutrition

Tanzania is on track for achieving the goals on education and gender equality, and the key target on ensuring access to sanitation. On the other hand, MDGs 1 and 5 are likely to be missed, unless special efforts are undertaken. Given the multiple benefits of achieving food security and nutrition, Tanzania chose to focus squarely on the hunger target. The MAF process followed the conclusion of the consultations that had identified the priority issues and intervention areas for MKUKUTA II, Tanzania's growth and poverty reduction strategy for 2010–2015. The MAF focused on the prioritization of bottlenecks and their solutions, to maximize the impact of the interventions in the areas identified for MKUKUTA II.

Intervention areas, in order of priority, were identified in the fields of both agriculture and child nutrition. For agriculture, the highest priority was given to interventions leading to improved agricultural productivity, followed (in order) by those that improved land governance, enhanced value addition, helped develop markets and facilitated private investment. For nutrition, the highest priority was given to interventions promoting infant and young child nutrition, followed (in order) by those relating to food fortification, salt iodization, improving knowledge on better nutrition and meeting skilled human resource needs.

As an example, one of the highest priority interventions for improving agricultural productivity was extending the availability and use of farm inputs such as fertilizers and improved seeds. Prioritized bottlenecks included inadequate budgetary allocations and insufficient domestic production of fertilizers and seeds; as well as difficulties related to the implementation and extension of the country's voucher-based, targeted fertilizer scheme for small farmers. Solutions to the latter included measures to help meet the beneficiary co-financing requirement for fertilizer vouchers through credit from regional/local banks, cooperative societies and farmer groups, as well as strengthening agricultural resource centres closest to the farmers.

Among the high priority interventions in the area of nutrition were those related to the improvement of nutritional practices, promoting the health of mothers and young children, and food fortification. Bottlenecks included low levels of knowledge and awareness of the issues, low levels of hygiene and sanitation, especially in rural areas, and the lack of comprehensive policies and guidelines on food fortification. Solutions related to nutritional practices included concrete actions to promote and support exclusive breastfeeding during the first six months; those relating to health improvements included measures to mainstream nutrition into future health sector plans; and those for food fortification included the production of usable guidelines for small millers, accompanied by outreach to local government authorities for their effective implementation.

Tanzania's draft Action Plan recognizes efforts and investments already planned by the Government and its development partners in the field.

Jordan has achieved MDG 2 and is likely to achieve several of the key targets with regard to MDGs 3, 4, 5 and 6; but is unlikely to do so with regard to key targets for MDGs 1 and 7. Of particular concern for MDG 1 are the objectives related to nutrition and employment. Food and nutrition security are especially fragile due to limited land and water availability that requires the country to import most of its food requirements, thus threatening to reverse

progress during periods of high prices. As with several other countries, there are also widespread inequalities across regions that need to be addressed. The key intervention areas, therefore, include those geared to ensuring the access of the poor and vulnerable to adequate nutrition, steps to improve the livelihoods of small agricultural producers and measures for improved management of food and agriculture systems and resources. Key interventions and associated bottlenecks have been identified, and their analysis is feeding into the country's Action Plan which is currently being developed.

Box 4: Tajikistan – energy access for the poor

Tajikistan is one of the poorest countries in the Commonwealth of Independent States (CIS) region, with more than 70 percent of its population living in rural areas with high incidence of poverty. Many of its MDGs, such as maternal and child mortality, nutrition, education of girls and access to drinking water and sanitation will remain unmet unless concerted efforts are taken by both the government and development partners.

Due to the geographical and climatic specifics of Tajikistan, key MDG-related services such as operation of water wells, heating for schools, hospitals and homes, as well as irrigation for both small- and large-scale agriculture depend on electricity. However, despite being endowed with rich hydropower potential, Tajikistan is experiencing a decline in its energy access due to a mix of political, institutional and natural causes. Over 60 percent of its energy production is sourced from the river Nurek that is experiencing declining water levels. In 2008, the country was hit by severe winters that exacerbated energy shortages and led to its tight rationing. During the height of the crisis, the electricity supply of most rural households, which had already been reduced to just six hours per day, was cut off completely. Industries and small businesses alike experienced growing power cuts. Power supply in the capital, Dushanbe, was cut to 12 hours a day. Electricity shortages not only disrupted social and infrastructure services, but also increased the pressure on the environment, as rural households cut trees and shrubs to fire their stoves. To add to the damage, the country was also hit by droughts, the food price rises and the global economic crisis. This compounded crisis compelled Tajikistan to appeal for urgent humanitarian assistance in 2008. Although somewhat abated now, the effects —and most of the underlying drivers—of the crisis remain, reflected in key non-functioning services related to the MDGs especially in rural areas, and threaten to reverse the progress made so far.

Therefore, the acceleration of MDGs in Tajikistan depends on providing access to renewable energy for key MDG services, especially in rural areas, by tapping into sources such as hydro, solar and wind. Due to its rich river network, Tajikistan has the potential to generate more than 527 billion kWH of electricity, but only a small fraction of these resources is currently exploited. Small-scale, renewable energy development is the best option, as it can provide wider coverage faster and at lower cost, with a focus on hospitals, clinics, schools, households and small and medium agricultural businesses. In addition, it would have negligible impact on the environment. The government of Tajikistan therefore adopted a Law on Renewable Energy in 2009 and developed its small-scale energy strategy.

The MAF helped the government and partners further develop and focus Tajikistan's small-scale energy strategy. It is helping to operationalize the Law on Renewable Energy by facilitating the development of a medium-term

action plan with clear outputs and measurable benchmarks through 2015. The MAF framework brought together various stand-alone activities under one umbrella, by providing a framework for coordinated and coherent action and linking macro (operationalizing the renewable energy law) and micro (construction of hydro-plants) issues.

The framework helped bring in lessons learnt and experiences from pilot projects to inform the overall operationalization of the strategy. A number of projects to build or restore small-scale energy sources have already been implemented in different localities. For example, in Gorno-Matcha and Rushan districts, local communities constructed 44 micro hydropower stations (up to 5 kWt) using funds mobilized from the communities, rural enterprises, as well as Tajik emigrant workers. A larger project was supported through a public-private partnership in Vakhdat district to restore a 100 kWt station and connect it to the central power grid with funding pooled from several ministries, UNDP and in-kind contribution of the community. These examples demonstrated the viability of small energy development and the potential of public-private partnerships at local and national levels, which were recognized and reflected in the Action Plan.

The Action Plan is being developed through a process of reviewing existing legal, structural, capacity and implementation bottlenecks and identifying viable solutions for establishing renewable energy sources for MDG services delivery. The MAF has also facilitated organization of a consultative round table with key government, donor, private sector and civil society partners. The action plan focuses on measurable and feasible outputs with clearly defined roles and responsibilities, such as adopting a package of by-laws to complement the Law on Renewable Energy Sources; creation of an innovative renewable energy fund reaching out to the diaspora and communities in addition to the government, traditional donors and the private sector; estimation of benefits for MDG services to sequence energy projects; adoption and implementation of technical standards; incentives to the local private sector to bring down the cost of construction and operation; as well as calculation of general and subsidized tariffs. The Action Plan will be discussed during the Donors Forum in September 2010 in Tajikistan.

3 ACCELERATING HEALTH INDICATORS

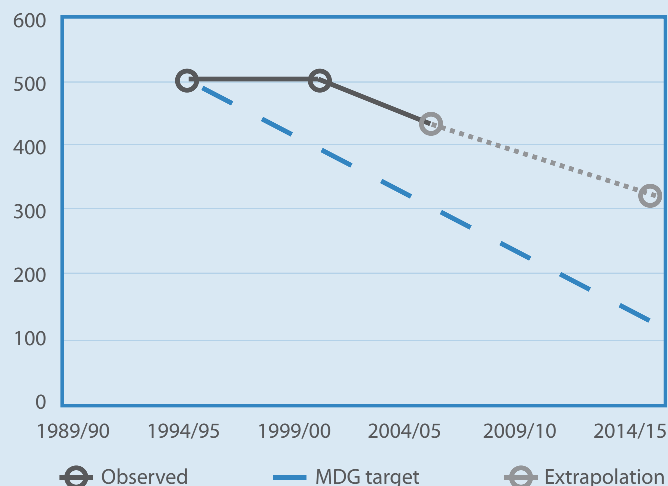
Uganda: Scaling up the implementation of the Roadmap on maternal health

Uganda's most recent MDG report shows considerable progress on several targets, including those related to poverty, hunger, gender parity in primary education, access to HIV/AIDS treatment and access to safe water. There has also been significant progress in areas related to the global partnership for development, notably in ensuring debt relief and sustainability, as well as expanding access to information and communication technology.

On maternal mortality, however, progress has been slow and, based on current trends, the country will miss the target of reducing the maternal mortality rate (MMR)[19] by three-quarters between 1990-2015, unless special measures are taken (figure 5).

This is supported by similarly slow rates of progress on indicators that mark access to reproductive health, such as antenatal health care (ANC), family planning and skilled delivery.[20] Moreover, there are inequalities along various dimensions – for example, among the poorest 20 percent of the population, the share of births attended by skilled health personnel was 29 percent in 2005/2006 compared with 77 percent among the wealthiest 20 percent of the population. Map 2 shows regional variations in the percentage of expectant mothers delivering in health units, as one element of this inequality.

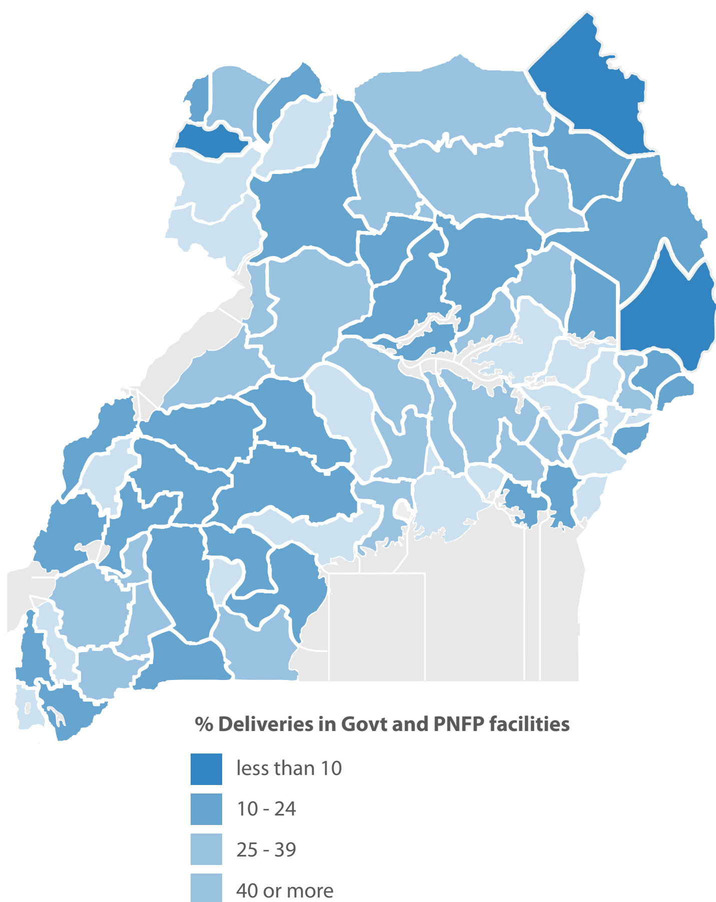
Figure 5. Maternal mortality (per 100,000 births) – 1990-2015 in Uganda



Source: GoU and UN (2010), Uganda MDG Progress Report

The Government of Uganda developed a plan called the Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda, 2007-2015. The Roadmap built upon and complemented other initiatives such as the National Health Policy, the National Health Sector Strategic Plan II, the Strategy to Improve Reproductive Health in Uganda, and A Communication Strategy to Accelerate Implementation of Reproductive Health in Uganda. As a result of these efforts, interventions that are considered necessary to

Map 2. Variation in proportion of expectant mothers delivering in health units FY 2007/08 in Uganda



Source: Uganda District Poverty Eradication Action Plan (PEAP) indicators 2007/08.

reach the target have been defined clearly, with the Roadmap listing 20 interventions across seven strategic areas. At the request of the Government of Uganda, the MAF is being applied to help understand the constraints to effective implementation of the Roadmap, and to develop an implementation plan that will identify priority activities around which there can be improved collaboration across Government ministries; and between the Government and other stakeholders.

Figure 6 shows the direct and indirect causes of maternal deaths in Uganda. Among the direct causes, hemorrhage, obstructed/prolonged labour and complications due to abortion are the most significant; while among the indirect causes, malaria, HIV/AIDS and anemia are the most prominent. Figure 6 confirms that all pregnancies carry the risk of death, which can be exacerbated by pre-existing illnesses and poor health. This risk is higher when the mother is too young or too old or pregnancies are too frequent. Unwanted pregnancies, being more likely to end in induced abortion or miscarriage, tend to result in a disproportionately large increase in the MMR, compared to a planned pregnancy.

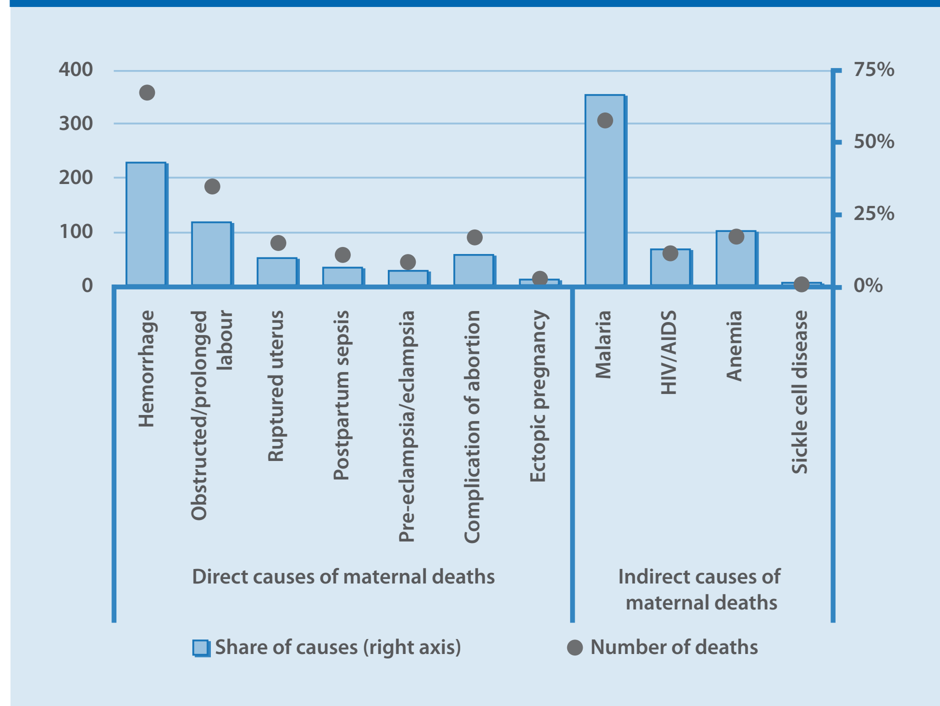
Key interventions and priority bottlenecks

Guided by these considerations, Uganda has prioritized four intervention areas that would address the most important direct and indirect causes of maternal death:

- Access to emergency obstetric care (EmOC) to allow the management of life-threatening complications
- Skilled attendance at birth to detect and manage complications, and to ensure appropriate referral
- Antenatal care to address the indirect causes of maternal deaths such as malaria, anemia, HIV/AIDS and other conditions
- Universal access to family planning to prevent unwanted pregnancies, including those that are too early, too late or too frequent.

An assessment of the status of implementation of these areas reveals significant shortfalls in each of these areas – only 24 percent of those in need can reach emergency obstetric care, only 44 percent receive skilled assistance at birth, antenatal care is not optimal (over 90 percent meet with a qualified health worker for the first of at least four recommended visits, but only 47 percent complete all four visits) and 41 percent of the need for family planning is unmet. There appears to be consensus that while there are not many bottlenecks in policy and planning, bottlenecks in areas such as financing and delivery of services impede the full implementation of each of these interventions (see table 4).

Figure 6. Direct and indirect causes of maternal complications and deaths recorded in health units in Uganda



Source: Mbonye, et al. (2007)[21]

Table 4. Summary of prioritized bottlenecks impeding successful implementation of key maternal health interventions in Uganda

<table>
<tr><th rowspan="2">Intervention Areas</th><th colspan="3">Summary of prioritized bottlenecks</th></tr>
<tr><th>Budget and financing</th><th>Service delivery</th><th>Service utilization</th></tr>
<tr><td>Improve access to EmOC</td><td>• Financing gap
• Decentralized budget system (national priorities may not reflect the budgetary allocations of local governments)
• Weak financial accountability
• Lack of harmonization and predictability of funds</td><td>Inadequate quantity and quality of health staff:
• Insufficient number of midwives in the country
• Lack of appropriate incentives for retaining health staff, including staff housing facilities
• Poor recruitment and management of staff, including lack of monitoring and supervision
Poor management of medical commodities' supply chain:
• Delays in distribution of medicine and supplies, especially between district and health units
• Government procurement guidelines subject to manipulation (e.g., a vendor can stop the entire process through a complaint) which leads to procurement delays
• Non-availability of blood at health units at the time of need, and insufficient stocks of blood, particularly for universal donors; exacerbated in rural and remote health units
Deficient referral system:
• Inadequate communication at all levels—between village and health units (e.g., village telephones to allow women to communicate with health units), and between health units and referral units. Lack of communication between lower health units to referral health units in case of emergency to enable receiving units to better prepare</td><td>Limited awareness and self-efficacy of service users:
• Limited awareness and misconception about blood transfusion and donation, including locations for donation
Financial barriers that prevent access to services:
• Inadequate financial protection for poor pregnant women to access health care services (e.g., limited health insurance coverage)
Physical barriers prevent access to services:
• Non-existent or poor community roads in rural areas, which hinder access to emergency services</td></tr>
</table>

<table>
<tr><th rowspan="2">Intervention Areas</th><th colspan="3">Summary of prioritized bottlenecks</th></tr>
<tr><th>Budget and financing</th><th>Service delivery</th><th>Service utilization</th></tr>
<tr><td></td><td></td><td>• Non-existent or non-functional telephones (e.g., intercom, including pagers, and cell phones) at health units to communicate across departments and access available on-call staff
Poor basic infrastructure:
• Inadequate maintenance of water sources and equipment, and inability to follow through long-term maintenance strategies
• Inadequate provision of water, electricity and sanitation at health units</td><td></td></tr>
<tr><td>Provide access to SBA</td><td>• Financing gap
• Decentralized budget system
• Weak financial accountability
• Lack of harmonization and predictability of funds</td><td>Inadequate quantity and quality of health staff:
• See points under preceding intervention
• Village Health Teams (VHTs) not functional at national scale
Deficient Referral System:
• Lack of functionality of the first referral health facility as a referral unit and as a health sub-district unit, overburdening health centre IV (HC-IV)
Poor basic infrastructure:
• Poor road network, especially community access roads, which hampers women from accessing health units in a timely manner</td><td>Limited awareness and self-efficacy of service users:
• Inadequate public awareness and empowerment of women (including their spouses) to dialogue with health workers
Financial barriers that prevent access to services:
• Lack of appropriate incentives to stimulate the demand for health services
Cultural beliefs and social norms:
• Manner in which deliveries at health facilities are conducted not compatible with women's cultural beliefs in some areas (e.g., preference among women for delivery in squatting position, traditional practices regarding the disposal of the placenta)
• Lack of integration of cultural norms and customer care into health practices (e.g., cultural norms and customer care are not part of the health curriculum)</td></tr>
<tr><td>Provide universal access to family planning services</td><td>• Financing gap (resource availability): Family planning is not a priority within the health budget
• Weak public accountability in the allocation and use of health resources earmarked for family planning</td><td>Inadequate quantity and quality of health staff:
• Limited skills of service providers at health centers that can administer family planning services
• Regulatory barrier limiting midwives and clinical officers in expanding their tasks
• Weak integration of HIV prevention services with family planning services
Inadequate management of supply chain system:
• Limited number of centres for the distribution of supplies, which restricts broad access and reach to those segments of the population that need them most (e.g., rural villagers)
• Inadequate storage, quantification and tracking of supplies (e.g., condoms, contraceptive pills) required to meet the current demand for family planning services</td><td>Limited awareness and self-efficacy of service users:
• Differences in the understanding of the primary role of family planning. This includes myths and misconceptions of specific family planning methods. Lack of education about birth spacing
• Low educational attainment of girls, leading to early marriage and adolescent, high-risk pregnancies
• Irresponsible parenthood—for both men and women—not discouraged</td></tr>
</table>

Intervention Areas	Summary of prioritized bottlenecks		
	Budget and financing	Service delivery	Service utilization
Improve access to ANC services	• Financing gap • Weak financial accountability • Lack of harmonization and predictability of funds	**Inadequate quantity and quality of health staff:** • Inadequate integration of HIV and AIDS services into ANC services, including the prevention of mother to child transmission (PMCT), and voluntary counseling and testing (VCT) **Inadequate management of supply chain system:** • Inadequate supplies for malaria testing and medicines, including inadequate supply and inequitable distribution of mosquito nets • Distribution of food supplements does not cover all HCs	**Limited awareness and self-efficacy of service users:** • Lack of awareness about the benefits of ANC (majority of women go for only one visit to obtain the delivery pass) • Poor community participation in malaria prevention and management programmes (e.g., poor sanitation, environmental management, inadequate use of indoor residual spray, ITNs etc) • Inadequate knowledge of nutritional content of locally available food at the community level, which can directly improve nutrition for pregnant women **Financial barriers prevent access to services:** • Inadequate financial protection for poor pregnant women to access health care services (e.g., limited health insurance coverage)[22] **Cultural beliefs and social norms:** • Inadequate and unregulated usage of traditional knowledge practices in rural areas (e.g., wrong dosages being administered) prevent women from seeking specialized malaria health care (e.g., ill-administered use of traditional drugs and herbs)

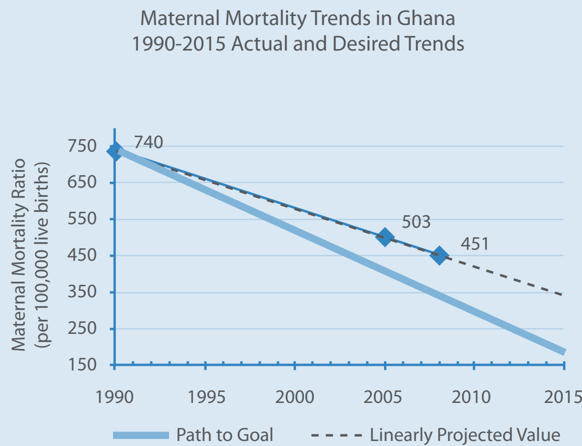
Some of the bottlenecks elaborated here cut across interventions. For example, the Roadmap, as a whole, has been costed at $81 million over a four year period, with the estimated cost of reproductive health commodities at $292 million over five years, while public investment in health (excluding donor contributions) is much lower. While adequate resources are needed for all the priority interventions, EmOc appears to be the one for which this is the most critical. Financial resources are needed to equip health facilities for basic and comprehensive EmOC, to provide transport and communication for effective referral, and to have enough health professionals with appropriate skills at various levels.

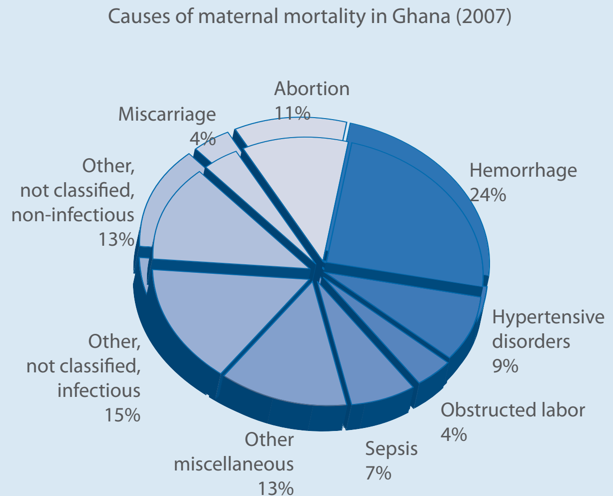
Other bottlenecks that cut across interventions include those related to decentralization and financial accountability. For example, although there has been a deliberate attempt to decentralize service delivery to the local level, the extent to which local governments prioritize maternal health interventions vary from one to the other. Similarly, although there is an elaborate system of reporting for financial accountability, expenditures may be significantly less than budget; and inadequate harmonization and alignment of funds hampers predictability and consistency of planning.

Bottlenecks in service delivery due to inadequate numbers of health care workers, illustrated in table 4, also cut across interventions. These are worsened by absenteeism – which is estimated to be as high as 52 percent in some studies[23]; and, in certain cases, by difficult working conditions in remote areas. Similarly, shortages in medicines and supplies at the point of usage also occur across interventions and have much to do with poor management of how commodities are distributed from a central unit to field units, attributable to poor capacity at various levels. Finally, lack of coordination across ministries is seen to be a significant bottleneck. These constraints are also similar to the ones observed in the case of Ghana, which adopted in 2007 a roadmap to address maternal mortality (see box 5).

Box 5: Addressing maternal mortality in Ghana

Ghana chose to address maternal mortality through the MAF and followed a consultative process led by the Health Ministry. While there has been appreciable progress in reducing the MMR since 1990, as the figure below shows, the country is lagging behind and will miss the target unless corrective actions are taken.





Source: Government of Ghana (forthcoming), MAF for maternal health.

Based on the principal causes of maternal deaths shown, the country prioritized three key intervention areas: improving family planning coverage; improving skilled delivery coverage and improving access to EmOC and neonatal care. These focus areas are consistent with the country's maternal health roadmap (2007)[24]. Many of the prioritized bottlenecks – poor distribution of commodities, sub-par performance of health care providers, cultural barriers, lack of skilled staff and financial constraints – are common to those presented for Uganda, although their relative prioritization differs. Annex 2 contains the prioritized bottlenecks, organized by category, and the draft Action Plan, around which consultations are ongoing.

One of the priority solutions reflected in the Action Plan is the National Health Insurance Scheme (NHIS), introduced in 2004, and with coverage estimated as 67.4 percent nationally. Maternal delivery exemption was introduced in June 2008 to ensure full maternal and early neonatal care coverage for pregnant women. With a marginal fee payment supplemented by tax revenue and public service deductions, the scheme now has the potential of supporting free skilled delivery and access to early postnatal and early neonatal care. The draft Health Sector Medium Term Development Plan (2010-2013) identifies the constraints to the scaling up and continuance of this scheme as challenges in the management of claims leading to late refunds to health facilities, cost escalation and lack of gate keeping arrangement, and the overall coordination of the various Mutual Health Schemes.

Identifying solutions: building partnerships and developing an action plan

At the request of the Ugandan government, the MAF analysis in the country was carried out with the objective of helping operationalize the Maternal Health Roadmap, formulated in 2007; as well as enabling the coordination of Government ministries on the basis of a clearly articulated action plan. Following the prioritization of the interventions and the bottlenecks, an Action Plan (draft, pending final ratification by the Government) with activities was prepared (see annex 1) through extensive consultations. Some key components are highlighted below:

- The Action Plan strikes a balance between activities that can be expected to yield immediate benefits towards acceleration, as well as those that should be initiated right now, but whose benefits will become evident later and will serve to sustain such gains. For example, among the solutions put forward for resolving the inadequate numbers of health care staff is improvement in the efficiency of recruitment by the District Service Commissions, as well as exploring how best to deliver certain kinds of services through already deployed health care workers by means such as task-shifting, both of which could be expected to yield results in the short run. At the same time, for the longer term, a strategy for boosting targeted science education for girls in order to grow a pool of potential midwives is proposed.
- Capacity and governance constraints that hinder the provision of services are specified in some detail, enabling the formulation of concrete solutions. For example, poor capacity in managing the timely distribution of medical commodities to field units is identified as a bottleneck distinct from procurement. Likewise, the management and motivation of existing health care workers is distinct from issues related to development of technical capacity and recruitment.
- Cultural factors that affect the demand for services related to family planning, and skilled birth assistance are proposed to be addressed through sensitization of health care providers, as well as broader forms of outreach through partners and media.
- Lessons learned from local experiences inform the solutions – for example, one solution works through providing incentives to Village Health Teams. This is modeled on an earlier intitiative that had been successful in facilitating referrals for certain communicable diseases. Similarly, the coordinated, cross-sectoral response that led to successes in the case of Soroti district[25] will be used to inform other solutions.
- Acceleration solutions to some of the infrastructure bottlenecks are proposed through coordination with ongoing programmes of other ministries, for example by including criteria that prioritize the supply of water to birthing and referral centres, and a road mapping programme to facilitate access to EmOC units.
- The solutions indicate that, notwithstanding the lack of finances in some cases, much can be done within the existing resource envelope. At the same time, the various initiatives proposed for addressing a particular bottleneck often reflect the fact that different approaches work in different circumstances or regions.

To summarize, the examples of Uganda, Ghana and Belize (see box 7) presented in this section help bring out the importance of effective service delivery and utilization, which is a combination of both supply and demand issues. Critical bottlenecks emerge in how cultural factors are treated, along with managing the supply chain of commodities. Several of these bottlenecks require a cross-sectoral approach that facilitates the contributions of many different stakeholders, which the MAF is able to provide.

Box 6: Belize – water and sanitation

Belize is using the MAF to develop a country action plan for the MDG 7 water and sanitation indicators, with the goal of increasing sustainable access to improved water sources and basic sanitation by 2015. In addition, Belize is an MDG Plus country, meaning that the national target for MDG 7C is to achieve universal access to safe water and improved sanitation[26].

In Belize, the MAF exercise complemented the existing water and sanitation planning mechanisms, identified the gaps in implementation, and put in place a process to help find the solutions to those implementation gaps.

One of the findings that emerged during the MAF exercise was that the water planning and implementation cycle is extremely top-down, which impedes coordinated participation of all key stakeholders. Furthermore, for sanitation, there were important planning and implementation gaps, such as a lack of an institutional setup to control and monitor the construction of individual sanitation systems, which hampers the utilization of existing funds for sanitation projects, owing to a lack of demand for sanitation in remote villages.

The MAF introduced some important elements into the country process to help clarify issues of demand:

- An assessment of the water and sanitation coverage of Belize was carried out at the village and city/town level. The information at the village level was collected with the assistance of Rural Community Development Officers; Belize Water Services Limited provided detailed information about their systems in the towns and cities. These results were translated into maps and in tables, and compared to official coverage data, to obtain a correct picture of the access to improved sources of water and improved sanitation.
- A comprehensive participatory process that included five focus group discussions was held in various parts of the country to obtain insights into water and sanitation services as experienced by the final consumer. A two-day national consultation workshop was conducted with key stakeholders[27] to identify and prioritize interventions, bottlenecks and solutions. For example, a key solution that was identified was the need to revise water board regulations to change the profile and the appointment of people serving on the Water Boards in order to make sure that only people committed to serving were members; and accountability mechanisms were improved. The outcome of these discussions formed the basis of the Country Action Plan, which is currently being finalized.

4 ACCELERATING EDUCATION AND GENDER EQUALITY: REACHING THE UNREACHED

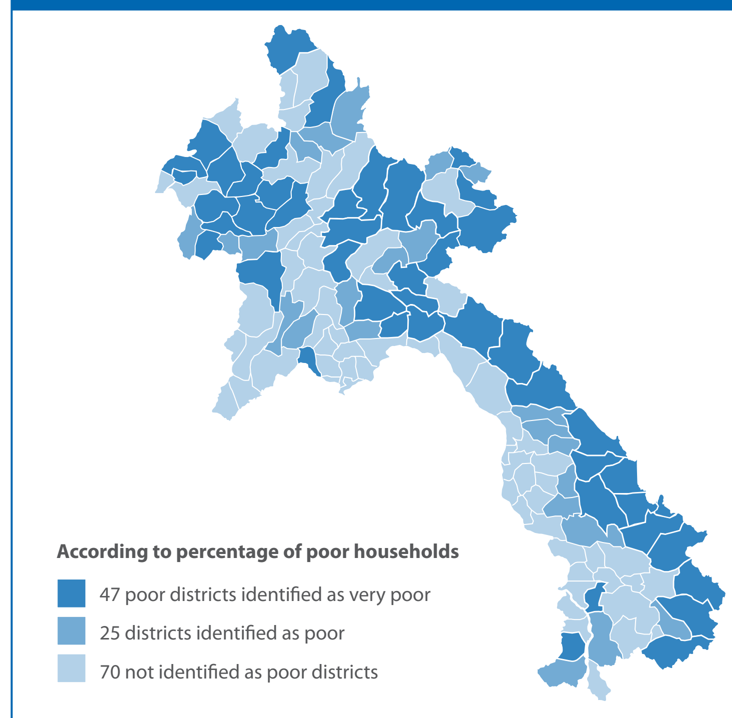
Lao PDR: Narrowing gender gaps to achieve the MDGs

As one of Asia's fast-growing economies that has also weathered the economic crisis relatively well, Lao PDR has had several successes in relation to the MDGs. Poverty declined steadily from 46 percent (1990) to 33 percent (2002) and the country is on course to achieve the MDG target of halving poverty by 2015. Between 1991 and 2005, net primary school enrolment rose from 58 to 84 percent. Child mortality indicators are also improving satisfactorily; e.g. the under-five mortality rate shows a decrease from 170 to 98, and infant mortality from 104 to 70, which indicate the strong possibility of attaining these targets by 2015. The country has also made considerable progress in the fight against malaria and tuberculosis.

Progress, however, has not been uniform across the country and across goals. In 2004, the Government identified 72 poor districts (out of 142), with 47 being marked as very poor.[28] As shown in map 3, the poorest districts are clustered in the northwest, and along the Vietnamese border all the way to the southeastern tip of the country. They are located predominantly in the mountainous and highland areas where accessibility is often difficult. On the other hand, most of the non-poor districts are located along the Mekong River, the Lao-Tai border, and along the main roads from the north to the centre of the country.

This geographical distribution of poverty brings to the fore two specific features of the country that pose particular challenges for several of the MDGs. The first is a relatively low population density, with scattered mountain villages that contribute to raising the unit cost of providing services relative to other countries or regions. The second is the high degree of ethnic and linguistic diversity, with around 50 official ethnic groups (and some 200 subgroups) speaking some 65 languages,[29] which necessitates careful customization in order to ensure acceptability and proper utilization of the services provided. The two aspects are interlinked, with most of the non-Lao-Tai living in remote villages in upland areas.

Map 3. Lao PDR: 72 out of 142 districts identified as poor



Source: Lao People's Democratic Republic, 2004 (based on Poverty Statistics Reports, Provincial Committees/Authorities)

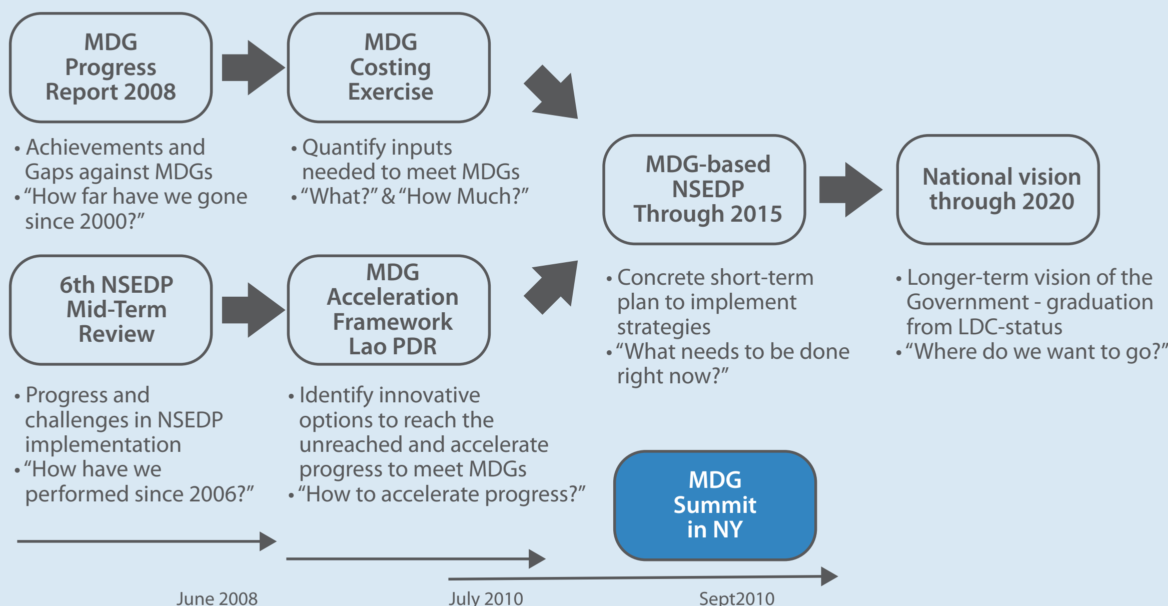
Across goals, too, while several are within reach, others appear less likely to be achieved. Among the areas of concern are child malnutrition, maternal mortality, loss of forest cover since 1990 and access to safe drinking water and sanitation. In particular, the gender gap in education is still evident—fewer girls than boys are enrolled at all levels. In spite of some progress made in the area of gender equality, the MDG targets for elimination of gender disparity require a better understanding at all levels of the dynamics that create and sustain gender inequalities, and accelerated steps directed towards their amelioration.

The Government of Lao PDR, with the support of the United Nations Country Team, is an early pioneer in the use of the MAF (see figure 7), having adopted the approach in June 2009 to assist in the preparation of its 7th National Socio-Economic Development Plan (2011–2015), which aims for broad economic and social development, encompassing MDGs 1, 2, 3, 4, 5, and 7. The analysis identified six priority intervention areas where action is necessary to accelerate progress: infrastructure as an enabling agent, sustainable food security, universal access to basic education and gender equity, the equal participation and empowerment of women, improved maternal and child health and safe water supply and sanitation (see table 5 with MDG indicators where accelerated progress is needed). This report presents only one of these areas: the analysis and action plan for addressing gender inequity along the dimensions of education and political participation.

Key interventions and priority bottlenecks

Although primary net enrolment rates have increased from 80 percent in 2001 to 91.6 percent in 2009, gender disparities are evident across all regions and ethnic groups. For instance, in 2006, for every 100 boys enrolled in primary school, there were only 86 girls[30]. The imbalance worsened progressively as the education level increased—there were 78 girls per 100 boys in lower secondary, 74 in upper secondary, and 62 in tertiary education. This disparity can be partly explained

Figure 7. Four key analytical and strategic initiatives, which have informed the 7th NSED in Lao PDR



Source: Government of Lao PDR and United Nations Country Team in Lao PDR.

Table 5. MDG indicators for Lao PDR, where accelerated progress is needed

MDG	Indicator	Baseline	Current status	2015 target
1: Eradicate extreme poverty and hunger	1.5 Employment-to-population ratio	47	49	No target
	1.8. Prevalence of underweight children under five years of age	44 (1993)	37 (2006)	22
	1.8A. Prevalence of stunting in children under five years of age	48 (1993)	40 (2006)	34
2: Achieve universal primary education	2.2. Proportion of pupils starting grade 1 who reach grade 5	48 (1991)	62 (2005)	95
	2.3. Literacy rate in the age group of 15–24 years	71 (1991)	84 (2005)	99
3: Promote gender equality and empower women	3.1. Number of girls per 100 boys enrolled in	(all 1991)	(all 2006)	
	- Primary	77	86	100
	- Lower secondary	66	78	100
	- Upper secondary	56	74	100
	- Tertiary	49	62	100
	3.2 Share of women in wage employment	38 (1995)	50 (2006)	No target
4: Reduce child mortality	4.1. Under–five mortality rate	170 (1995)	98 (2005)	55**
	4.3. Proportion of one-year-old children immunized against measles	41.8 (2000)	40.4 (2005)	90
5: Improve maternal health	5.2. Proportion of births attended by skilled birth personnel	14 (1994)	21.1* (2005)	50
	5.4 Antenatal care coverage rate			
	- at least one visit	-	28.5* (2005)	60*
	- at least four visits	-	-	40
7: Ensure environmental sustainability	7.1 Proportion of land areas covered by forests (percentage)	70	42 (2002)	60***
	7.2. CO2 emissions and consumption of ozone-depleting substances (mt)	50 (1999)	18 (2006)	No target

Source: MDG Progress Report 2008, unless otherwise specified. * As reported in MoH-MNCH Strategy (2009-2015). / ** MoH has changed the target from 80%to 55% in the MNCH Strategy (2009-2015). / ***Ministry of Agriculture and Forestry, GoL Forestry Sector Strategy.

by traditional attitudes toward women and girls in the family, school and society: they do most of the work inside the home while men are considered the heads of households and the main decision-makers at domestic and village levels.[31] However, other factors are also important: the gaps are more pronounced among the poor, in rural areas (especially with limited road access)[32] and among particular ethnic and linguistic groups.[33]

The pattern of inequity is also evident in completion rates: more than half of the primary schools in the country do not offer the full five grades, leading to high dropout rates, particularly among girls, who are less likely than boys to travel longer distances or become informal boarders to attend schools in villages further away. These differences also vary by geographic region, with a gender-focused analysis of the Ministry of Education identifying 56 of the districts as especially disadvantaged,[34] and therefore priority areas. A draft Inclusive Education Policy recently drafted by the Government offers an opportunity to address the issues,

through the development of an action plan.[35]

In terms of political participation, the 2008 MDG progress report for Lao PDR highlights that women's political representation in the National Assembly increased significantly to almost 25 percent in 2006 (against a target of 30 percent). Representation at all other levels of public and political life, including in decision-making functions, however, is still low and is both a symptom of and a handicap to achieving gender equality.

Meeting Goal 3 targets requires a good understanding, at all levels of government and society, of the forces responsible for gender inequalities, as well as targeted policies, strategies, actions and reprioritized public expenditures. The Government, in 2004, adopted the Law on the Development and Protection of Women (LDPW). In addition, it established the Lao National Commission for the Advancement of Women (NCAW) along with sub-Commissions for the Advancement of Women (sub-CAWS) in each line ministry, mass organization and provincial governor's office. Despite the laws and policies to promote gender equality, a number of problems persist in taking this agenda forward. One is that the strategic plan for the advancement of women has yet to be fully implemented. Deeply rooted prejudices, traditional attitudes and practices that perpetuate gender inequality are still prevalent across society, and present a major challenge for implementing the existing laws and policies.

Based on these considerations, the MAF analysis identified the priority bottlenecks as in table 6 below.

Table 6. Summary of prioritized bottlenecks impeding successful implementation of key interventions in Lao PDR

Intervention Areas	Summary of prioritized bottlenecks			
	Policy and planning	Budget and financing	Service delivery	Service utilization
Ensuring equal access of girls and women to all levels of education	Weak planning capacity leading to lack of prioritization, and failure to reach the most vulnerable; such as girls in remote rural areas	Limited government spending on education and high dependence on donor funding Gender-sensitive budget preparation and implementation limited at province/district levels	Limited individual (service providers) and institutional capacity to provide quality gender-sensitive education. Distance to school, including at higher primary grades, lowers participation of girl students due to time and safety concerns Non-existent and/or inadequate sanitary facilities (e.g., lack of separate toilets for boys and girls) Lack of teaching curriculum and learning materials which are gender-sensitive Lack of promotion of positive discipline and life skills in the education curriculum Inadequate number of qualified female teachers coming from remote and ethnic areas	Limited awareness of value of education, and its long-term benefits, especially for girls Poverty, poor health and malnutrition, which limit school participation Language barriers (school language may not be local/ethnic language), high indirect costs for education (uniforms, stationery, transportation) High opportunity costs to send girls to schools, especially among families in remote areas due to their involvement in work at home
Sensitization, including temporary special measures for political participation	Practical steps to ensure gender mainstreaming still a challenge in number of sectors Poor institutional capacity for formulating and implementing policies/ strategies on gender equality Limited awareness and understanding of concept of temporary special measures, including quotas	Limited budget and financing, both from government and donors Poor understanding and skills related to gender-responsive planning and budgeting at national, provincial and district levels	Gender mainstreaming mechanism is in place, but is relatively new and requires institutional strengthening to become fully operational Only a few specialized organizations and programmes available to deliver empowerment trainings targeted to women	Limited awareness of women's rights Prevailing cultural values focus on traditional roles that may not allow for full participation by women in decision-making process Limited time available to women due to heavy involvement in household and care activities Men not involved in awareness programmes on the importance of gender equality and hence unable to support their participation

Identifying solutions: building partnerships and developing an action plan

The Action Plan for Lao PDR consists of solutions designed to address bottlenecks in both intervention areas—equal access to all levels of education for girls and women, and the sensitization for political participation. These activities and the country level partnerships that are expected to achieve them are summarized in the Action Plan (annex 3).

A significant component of the Action Plan is the targeting of the 56 especially disadvantaged education districts for special measures. Among these measures would be those to enable each primary school to offer all five grades of primary education, including expansion of classroom construction and the promotion to multigrade teaching, so that girls are able to complete the first course of education close to home. In addition, the measures to be considered include:

- Removing financial barriers to access for the poor, which disproportionately impact girls, by abolishing all kinds of fees and providing grants to offset the costsof running schools;
- Increasing the number of women in management and decision-making positions at all levels in Education and Village Education Development, supported by appropriate gender-sensitive capacity-building to empower women for meaningful participation;
- Expanding life skills-based adult literacy programmes and informal education, especially to accommodate women, while taking different language barriers into account. As the mother's literacy is positively linked to her children's education (especially for girl children) as well as to her self-empowerment, improvement in female literacy programmes is crucial in order to achieve EFA/MDGs 2 and 3;
- Extending teacher training opportunities to women and implementing specific measures to bring more women from ethnic (especially non-Lao-Tai) and remote areas into the teaching profession;
- Providing gender awareness training for teachers, school principals, local authorities and communities to make schools inclusive of all girls and boys, healthy and safe, and free of gender discrimination. Consulting with local communities to seek ways to support girls' education in specific areas;
- Extending preparatory training opportunities to women and girls to be qualified for admissions to technical and vocational education programmes, thus enabling them to acquire marketable skills in non-traditional fields;
- Exploring and providing effective incentives, including scholarships, school feeding and safe facilities, to encourage girls to attend primary and secondary school, and technical and vocational education colleges, particularly for girls from remote areas and ethnic communities.

Accelerating progress in terms of improving women's participation and leadership would require the strengthening of the national machinery for the advancement of women, including the specific mandates and roles of the Lao Women's Union (LWU), NCAW and the Women's Caucus, and ensure a coherent approach and better coordination in the activities of the institutional mechanisms, so that the implementation of gender mainstreaming policies is effective. In addition, there would be sensitization to the need for, and usefulness of, temporary special measures, including a quota system, to be considered by government at all levels, private institutions and CSOs. As temporary special measures are a relatively new concept to Lao PDR, the focus will be to familiarize relevant officials, including the National Assembly, with

the concept of temporary measures including the quota system. Based on the existing gender analysis of human resources within the sectors, and among Government administrative functions, the next step will be to consider introducing a quota system in areas where women are underrepresented or disadvantaged, in particular at high levels of decision-making. Legislation is to be considered to include specific provisions for the application of temporary special measures that encourage their use in public and private sectors. All this will require the allocation of additional resources.

In addition, a number of activities that would address bottlenecks in implementation would include:

- Targeted public awareness-raising activities about the importance of equal representation of men and women in decision-making, for society as a whole, by working with high-level policy makers and the media;
- Developing and implementing targeted training and mentoring programmes for women candidates and women elected to office at all levels;
- Developing and implementing training programmes on leadership and negotiation skills for current and future women leaders;
- Taking measures to empower and enable women to take part in public life (including reducing their workload, introducing quality child care and providing training opportunities).

Box 7: Primary education sector bottlenecks in Papua New Guinea and scope for UN support

Since the 1990s, Papua New Guinea (PNG), in its pursuit of providing universal basic education for all, has instituted a number of reforms and programmes within a framework of decentralized education. These include the introduction of elementary education for children aged six to eight years (i.e., grades 1 and 2) as well as a range of programmes on curriculum reforms, school fee subsidies, teacher training and expanding infrastructure and education facilities.

Despite this, progress on MDG 2 has been limited, with large disparities in primary school enrolment at the provincial and local level. PNG's Medium Term Development Strategy (2005–2010) has set a more modest national target of 85 percent gross enrolment ratio by 2015. However, going by the current trend, even this target will be missed by a significant margin unless accelerated efforts are put in place.

An assessment of factors constraining progress reveals that a number of inter-linked issues are at play, which can be divided into five categories. First, under policy and planning, there is a lack of coordination and oversight at different levels of government stemming from unclear mandates and functional roles, as well as weak institutional capacities for sequenced and scaled-up planning of education services. Second, under budget and financing, the high cost of education, coupled with limited financing, drives a wedge between educational objectives and actual delivery of services. Third, under service delivery, the lack of teachers, teacher absenteeism and inadequate school infrastructure, particularly in remote, rural areas, means that education services are not reaching all. Fourth, under service utilization, insufficient availability of education materials due to high costs, lack of locally relevant curriculum as well as the inability of poor households to pay school fees thwart enrolment efforts. Finally, under cross-cutting issues, the impact of HIV/AIDS and other health concerns on teachers and students, limited focus on gender-relevant interventions, and limited capacities and equipment for systematic monitoring and evaluation compound the problem of delivering and accessing education services.

These constraints to delivering on MDG 2 have been explicitly noted in both the national MDG Report 2010 as well as in the Education Sector Strategy 2010–2019. The government of PNG, with support from UNESCO and UNDP, is currently using the MAF to help adapt an education sector needs assessment so that it can accommodate specific constraints and their costed solutions. This would ensure that the solutions required to break through these bottlenecks and accelerate progress are prioritized and mainstreamed into the country's medium-term national development plan (MTDP) 2011–2015.

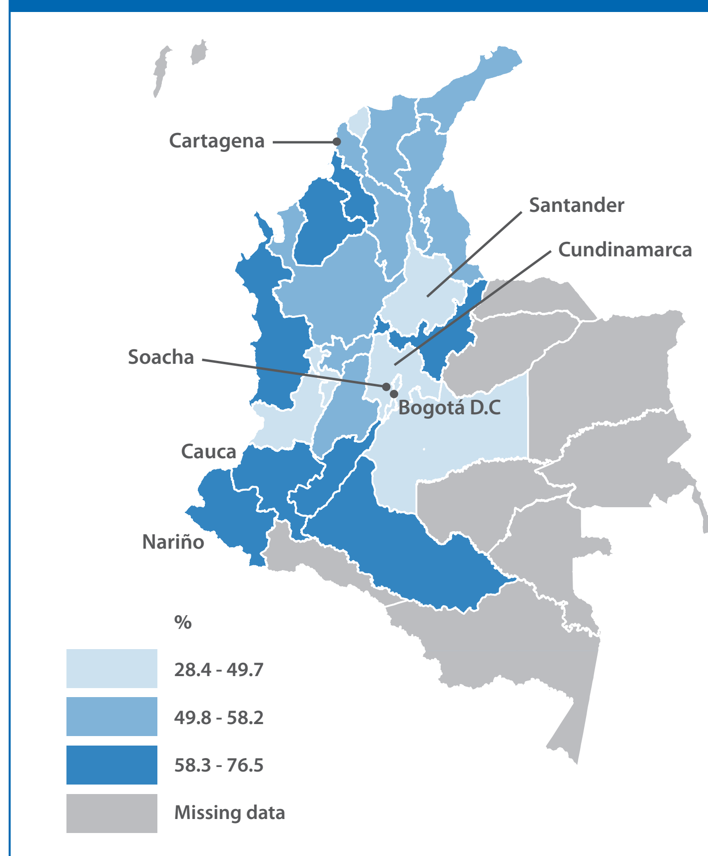
5 AT THE FRONTLINE OF SERVICE DELIVERY: SUPPORTING LOCAL GOVERNMENTS TO ACCELERATE THE MDGs

Colombia: MDG acceleration at the local level

Colombia localized the MDGs through the Conpes Social 91 document in 2005 that adopted 53 indicators and associated national targets[36], in many cases more stringent than the global ones. As a middle-income country, with a relatively high level of human development (ranked 77 out of 182 countries according to the Human Development Index in 2009), Colombia as a whole appears to be on track to meeting the MDGs. However, regional differences are quite stark, as seen in map 4 representing population below the poverty line. The 2005 MDG National Progress Report 'Hacia una Colombia Equitativa e Incluyente' (Towards a Fair and Inclusive Colombia)[37] shows that inequities are also manifest across gender, age, rural/urban residence and ethnicity.

At the same time, the Colombian political and administrative structure is quite decentralized: the country is organized as a unitary, but decentralized republic divided into 32 departments (headed by governors), in turn made up of 1,110 municipalities (headed by mayors). The 1991 Constitution transferred the responsibility and mandate of implementing social programmes to the departments and their constituent municipalities in an attempt to achieve more balanced development that better accommodated local realities and constraints. In general, the central government sets guidelines and standards; departments coordinate, supervise and support; and municipalities are responsible for the actual service delivery and implementation, including investments in infrastructure and recurrent expenses. This is supported by a system of sectorally earmarked transfers from central government, along

Map 4. Population below the poverty line in Colombia



Source: DNP SISD Bulletin 37 2007 (data year 2005)

with supplementary resources that are raised through taxes by local authorities. The relative importance of these transfers varies across departments: preliminary data for 2009 shows that the contribution of transfers to the total revenue of a department was 43 percent for Cundinamarca, while it was 62 percent for Nariño and 75 percent for Cauca.[38] Transfers are earmarked for education (58.5 percent), health (24.5 percent), water and sanitation (5.4 percent) and other purposes (11.6 percent)[39], which includes agriculture and housing.

Decentralization offers the opportunity to address the inequalities in MDG achievement in Colombia: local governments have considerable independence in devising and implementing policies and programmes for reaching the MDGs. In Colombia, the MAF is being applied to help analyse the efficacy of local level policies/programmes addressing off-track MDGs, and to improve their design, across four departments and two municipalities (see table 7 and map 3).[40]

The remainder of this section will illustrate the application of the MAF to the departments of Nariño and Cundinamarca, with highlights from the other four territories included in box 8.

Table 7. Public policies in Colombian departments and municipalities which applied the MAF

DEPARTMENT/ MUNICIPALITY	PRIORITY MDG	RELEVANT LOCAL POLICY (All local policies were adopted in 2009)
Cauca	Poverty (MDG 1):	Política pública Cauca sin Hambre (Cauca without Hunger)
Cundinamarca	Poverty (MDG 1):	Política de Desarrollo Incluyente en Cundinamarca (Policy for Inclusive Development in Cundinamarca)
Nariño	Gender (MDG 3):	Política pública para la Equidad de las Mujeres Nariñenses (Public Policy to Promote Gender Equality in Nariño)
Santander	Health (MDG 4, 5, 6):	Política de Salud en Santander (Health Policy in Santander)
Cartagena	Poverty (MDG 1):	Política de Inclusión Productiva para población en situación de pobreza y vulnerabilidad (Cartagena Policy for Productive Inclusion for the poor and vulnerable population)
Soacha	Housing (MDG 7):	Política de Asentamientos Humanos en Soacha (Policy for Human Settlements in Soacha)

Box 8. Cases of Santander (health), Cauca (poverty), Cartagena (poverty), and Soacha (urban settlements)

The MAF was also applied to the departments of Cauca and Santander, and the municipalities of Cartagena and Soacha.

In Cartagena and Cauca, the focus was on MDG 1. While poverty levels in Cartagena tend to be better than the national average, there has been an apparent reversal in the poverty reduction trend, and a distinctive feature of the application in this municipality is an attempt to address both poverty and vulnerability at the household level. There is a dual focus: assisting poor households make the most of opportunities for employment and self-employment, while ensuring that they do not lapse into deeper levels of poverty due to unanticipated shocks. One of the interventions of interest, therefore, is the coordination of the Pedro Romero Social Emergency Plan (Plan de Emergencia Social Pedro Romero) with the 'network together' poverty reduction strategy (Red Juntos). The Action Plan develops solutions to address poverty and vulnerability. Cauca, on the other hand, is a department marked by poverty levels that are much above the national average, with a high concentration of indigenous people. Here, the Action Plan is focused on improving both the availability and access to nutritious food, especially among children.

For the municipality of Soacha, priority was given to MDG 7, especially the expansion of water and sewerage coverage, and a reduction in the percentage of households living in slums. These targets are especially pertinent for Soacha, given its rapid population growth, partly due to it being a major recipient of internally displaced people. In response to this, the town is trying to implement the following interventions: (1) planning to prevent the creation of new illegal settlements, (2) improving the living conditions of existing slums dwellers, and (3) improving urban governance. While applying the MAF, identified bottlenecks to the implementation of these solutions included weak capacities of local government authorities, and weak systems used in the management and regularization of land use. Solutions included strengthening capacity and the framework for urban planning; accelerating the establishment of an (already mandated) housing institute, that would implement social housing and urban renewal programmes; improving the capacity of residents' associations and further developing partnerships between public and private entities.

Santander has addressed some of Colombia's MDG 5 targets on which progress has been slow—increasing the percentage of women having four or more pre-natal checkups to 90 percent; reducing cervical cancer mortality to 5.5 per 100,000; and reducing teen pregnancies to 15 percent. The priority bottlenecks identified related mostly to service delivery and utilization, with solutions ranging from strengthening provider capacity, improving community awareness and involvement and strengthening institutional capacity. Partnerships included those with local educational institutions, and associations of private clinics and parent groups, apart from relevant government departments and international agencies.

Nariño: Accelerating the empowerment of women

Located in the southwest, this department is largely rural, multi-ethnic and predominantly agricultural. It has the second lowest per capita GDP in the country and, in 2009, recorded a poverty level of 57 percent when the national average was 45.5 percent. Since the early 2000s, annual surveys have consistently found female-headed households to be more likely to be poor than those headed by men.

The localized MDG 3 goal encompasses five indicators covering three areas: political participation, employment and labour market participation, and violence against women. In all three of them, Nariño does worse than the national average and, at least for the first two, the situation has been persistently poor. Table 8 exhibits the declining trend in political participation, with average occupancy of 16 out of 245 elected positions in the department at 6.5 percent over the period 1995–2007.

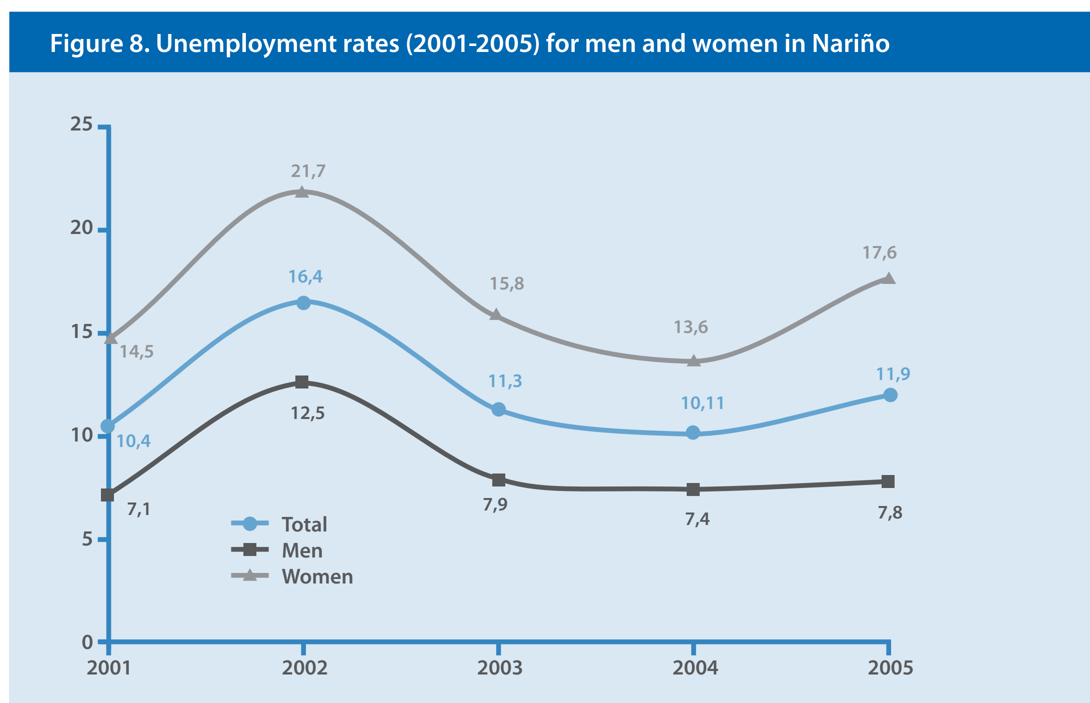
Unemployment figures for women are persistently about 10 percentage points above that for men, as shown in figure 8.

Table 8. Women's participation in electoral political positions - Nariño department (1995-2007)

Electoral period	Women (absolute numbers)	Women % of total	Men (absolute numbers)	Men % of total	Total
1995-1997	6	9.7	56	90.3	62
1998-2000	4	6.3	59	93.7	63
2001-2003	3	5.3	53	94.7	56
2004-2007	3	4.6	61	95.4	64
Total	16	6.5	229	93.5	245

Source: Secretariat of Planning Department, Nariño

Figure 8. Unemployment rates (2001-2005) for men and women in Nariño



Source: Gobierno de Nariño y PNUD Colombia (2010), Documento Territorial de Aceleración de los ODM.

In 2005, the National Demography and Health Survey found that the rate of gender-based violence in Nariño was the highest in the country with 46.8 percent of women suffering some kind of physical violence and abuse by their husbands or partners, against a national average of 39 percent. Nevertheless, due to lack of more precise data on gender-based violence and its impact on MDG 3, the MAF is being applied to interventions aiming to increase the political and labour market participation of women, thus reducing the discrepancy between them and men along these two dimensions.[41]

Key interventions and priority bottlenecks

The analysis examined the efficacy of the interventions already introduced as part of the department's policy to address gender inequality, 'Política pública para la Equidad de las Mujeres Nariñenses' adopted in 2009[42] (table 9).

Table 9. Summary of key interventions in the Local Public Policy to Promote Gender Equality in Nariño

Intervention areas	Interventions in current Policy
Enhancing political participation	· Promoting women's participation in departmental planning processes · Organizational strengthening of women's associations through the formation and capacity-building of sub-provincial committees and the departmental women's committee · Systematic training of women and women's organizations, certified by the University of Nariño · Inter-institutional and intersectoral partnerships to promote women's inclusion in decision-making, civic participation and work sectors · Formal training in women's rights through a 'gender school' which improves knowledge on empowerment, education, violence and health, and which places special emphasis on political participation and advocacy · Participatory budgets whereby community-based organizations come together and decide where and how to invest departmental public resources
Enhancing labour market inclusion	· Promoting the farming and sale of tradable products from the economic perspective of a sustainable rural farm and components of food security (coffee, cocoa and broccoli) · Comprehensive development proposals centred around an income generation project in the municipalities that take forward the model project 'Si se puede' currently being implemented in the municipalities of Leyva and El Rosario · Construction of irrigation districts in order to strengthen income-generating projects in the Andean region in municipalities with low water availability · Participatory budgets whereby community-based organizations come together (including women's organizations) and decide where and how to invest departmental public resources · Access to special credit lines for women's projects or enterprises with support from the Regional Guarantee Fund (Fondo Regional de Garantías)

Based on criteria for assessing the relative impact of each intervention in reaching the MDG target, the analysis settled on three priority interventions within the existing gender equality policy, followed by an analysis of the bottlenecks to each and their relative prioritization. These interventions are:

- Formal training in women's rights and participation
- Participatory budgeting through community-based organizations[43]
- Comprehensive development proposals around income generation projects in the municipalities

The key bottlenecks were finally identified as the following:

- Insufficient financial resources and inadequate technical human and institutional capacity to implement the public policy on gender equality and women's participation;
- Inadequate gender mainstreaming across municipal institutions and officials, with low or no recognition of the value and meaning of the public policy on gender equality;
- High turnover of local government officials;
- Inadequate capacity of local government officials, who often lack the ability to manage, implement and execute projects;
- Low capacity of women's organizations to meet the financial and technical requirements of development projects;
- Difficulties in ensuring land titling, when a woman is the head of the household;
- Lower job remuneration for women and less recognition as compared with their male counterparts.

Identifying solutions: building partnerships and developing an action plan

Solutions to the priority bottlenecks were graded in terms of whether they fell within the mandate of the department or municipality; whether they would have impacts in the short term; whether they would reach a significant number of the affected population; whether the region had adequate resources to implement the proposed solution; and whether there was willingness among partners to do so (see box 1). Based on this analysis, the solutions have been identified (see table 10) and are now part of a proposed action plan included in annex 4, along with an implementation timeline.

Table 10. Summary of prioritized bottlenecks, identified solutions and potential partners for Nariño

Key interventions	Prioritized bottlenecks	Identified solutions 2010 – 2015	Potential partners
A. Formal training in women's rights and participation through a 'gender school' which improves knowledge on empowerment, education, violence and health, and which places special emphasis on political participation and advocacy	A.1. Inadequate funding: Insufficient financial, human, institutional and technical resources to adopt the public policy on women's equality and participation	A.1. Include targets which reflect investment with a gender perspective when drafting and implementing the municipalities' participatory budget. The budget should be participatory and also gender-sensitive	Departmental planning board, departmental planning office, municipal planning offices, UNIFEM, UNDP
	A.2. Training: Very limited incorporation of a gender perspective among municipal officials and institutions (public and private) and no recognition of the value and significance of the public policy being implemented	A.2.1. Raise awareness about the women's committee (departmental and sub-provincial) among the candidates in the forthcoming municipal and departmental elections in order to promote women's involvement in formulating government programmes and local plans.	UNIFEM, UNDP governance unit, departmental planning board, planning and governance departments, departmental women's committee, department for social development
		A.2.2. Develop and implement a series of talks with local bodies (municipal authorities, councils, schools, health care bodies and representatives from businesses and trade associations) to generate awareness and understanding around gender equality.	UNIFEM, UNFPA, University of Nariño, National College for Public Administration (Escuela Superior de Administración Pública-ESAP), women's associations

Key interventions	Prioritized bottlenecks	Identified solutions 2010 – 2015	Potential partners
B. Participatory budgets whereby community-based organizations come together (including women's organizations) and decide where and how to invest departmental public resources	B.1. Capacities: There is no continuity in the municipal government officials who manage, implement and execute projects which affects the quality of the projects prepared and submitted by community-based organizations (CBOs) in the participatory budgets	B.1. Campaigning for a career civil servant, i.e., not a temporary position, (funcionario de carrera administrativa) to be appointed administrator of the bank of municipal projects and strengthening their capacities and perspective on gender equality issues	Alcaldias; departmental planning board, departmental planning office, municipal planning offices, ESAP, UNIFEM, Universidad de Nariño, UNDP
	B.2. Capacities: The municipalities' social institutions are not consolidated and do not have sufficient capacity to participate, prioritize, formulate and implement quality development projects	B.2.1. Legal advice and support for the legalization and formal registration of local organizations with proven maturity levels	Chamber of Commerce, Bureau of Women, Secretary of Social Development.
		B.2.2. Formal training of organizations through a diploma or course certified by the local university on identifying, formulating and managing projects and on supervision and budgeting	ESAP, University of Nariño, women's associations, UNDP, UNIFEM, National Planning Department
C. Comprehensive development proposals focusing on income generation projects in the municipalities. Projects modelled on Si, se puede, the project being implemented in the municipalities of Leyva and El Rosario.	C.1. Capacities: Limited capacity of women's organizations to support the projects' financial and technical requirements	C.1. Coordinate with partner and funding bodies, including the department, so that the projects can include resources for funding two temporary project coordinators in the weakest women's organizations, one technical and one financial, to ensure the planned results are achieved, but in particular to devolve and strengthen the capacities of the executive boards of the women's associations	ESAP, University of Nariño, women's associations, UNDP, UNIFEM, Secretary of Planning at the department and municipalities, Secretary of Social Development for Nariño, offices of social managers of the respective municipalities, Secretary of Agriculture for Nariño, Municipal technical assistance units
	C.2. Recognition of rights: Problems with land ownership. The processes for registering land ownership have higher administrative barriers when the property is owned by a woman. This is particularly true for women widowed by violent conflict	C.2.1. Develop land ownership registration processes aimed at women landowners in order to clarify their ownership	Agustín Codazzi Geographic Institute, Colombian Institute for Rural Development, Autonomous Corporation of Nariño (Corponariño), Notary and Registration Office, municipal notaries, Ministry of Agriculture, UNDP
		C.2.2. Inventory of plots smaller than 10 hectares owned by female heads of household for at least five years and rectifying false transfers of ownership	
	C.3. Recognition of rights: Women's work is lower paid and has less recognition than that of men	C.3.1. Assigning an economic value to domestic and care work and incorporating these monetary values into the formulation of projects. Subsequently, advocacy work must be carried out with international cooperation bodies and government and non-governmental agencies which are funding projects so that they take into account the added value of care work as part of the co-funding of the projects	ESAP, University of Nariño, women's associations, UNDP, UNIFEM, Secretary of Planning at the department and municipalities, Secretary of Social Development for Nariño, offices of social managers of the respective municipalities.
		C.3.2. Establishing criteria for assessing projects to be financed through international cooperation and the departmental government, incorporating a gender perspective as an added value	International cooperation agencies, United Nations system, Social Action of the President's Office

Cundinamarca: Promoting inclusive development to reduce poverty

Inequalities *within* the department are the special focus of the MAF application in Cundinamarca, which includes the Colombian capital of Bogotá, the most important market in goods and services in the country. The proximity to the capital indicates both opportunities and challenges for the poorest—on the one hand, the economy is more robust, with more diversified prospects for income generation; at the same time the persistence of poverty indicates its severity and the need for special targeted measures.

While the department, on average, is expected to reach most, if not all the MDG targets—for example, the population below the poverty line was 33.3 percent against the 2015 goal of 28.5 percent—there are considerable disparities across municipalities within the department. Map 5 illustrates this by showing the

proportion of the population distributed in terms of the Necesidades Básicas Insatisfechas, a measure of basic unmet needs.[44] At the departmental level, Cundinamarca, with a score of 21.3 percent on this indicator, falls into the highest category of achievement for the national average.

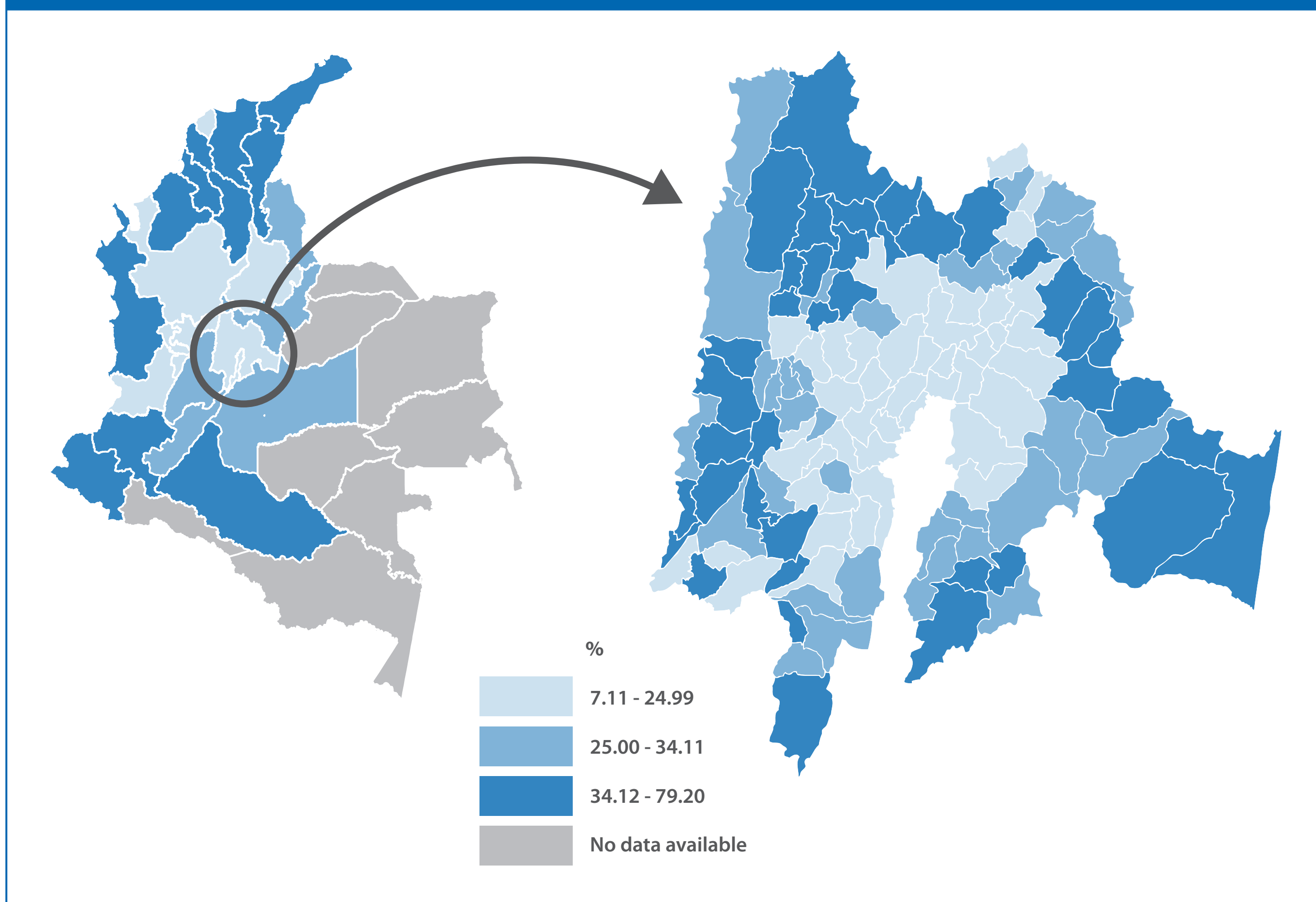
On the other hand, significant inequalities become apparent once comparison is made across municipalities within Cundinamarca (map 5). In particular, many of the municipalities are among the worst off within the country, displaying on average poverty rates of 53.1 percent in rural and 24.9 percent in urban areas[45], in comparison with the departmental averages for Colombia of 32.2 percent and 15.4 percent respectively.

Key interventions and priority bottlenecks

The MAF is being applied in Cundinamarca to accelerate the achievement of MDG 1 in the poorest municipalities. Based on a study of existing policies, nineteen interventions that specifically targeted households below the poverty line were identified, of which four were prioritized on account of their impact and feasibility:

- Rural income generation projects based on tradable products with a food security element
- Access to credit aimed at income generation projects for vulnerable populations with special emphasis on projects for women heads of household

Map 5. Poverty measured by households with basic unmet needs (NBI) for the departments of Colombia (left map) and for the municipalities in the department of Cundinamarca (right map)



Source: National Administrative Department of Statistics (DANE) 2005

- Reclamation of unproductive assets, including land, to be distributed as production factors to projects for the poorest in the department
- Advice on registering premises in order to create appropriate working conditions thus improving possibilities of credit and access to government and national programmes

Identifying solutions: strengthening partnerships and developing an action plan

Bottlenecks with regard to each of these interventions were identified and prioritized, followed by an evaluation and ranking of solutions based on impact and feasibility, as in the case of Nariño. The resulting draft Action Plan, with identified partners, is presented in table 11 (see also annex 5, containing a detailed list of activities per solution proposed and the implementation timeline).

Table 11. Summary of prioritized bottlenecks, identified solutions and potential partners for Cundinamarca

Key interventions	Prioritized bottlenecks	Identified solutions 2010–2015	Potential partners
A. Rural income generation projects based on tradable products with a food security element	**A.1. Technical and social assistance:** Weak or non-existent social, technical and business support in the planning, management and implementation of projects	A.1. Joint training of competent local technical teams and experienced project management professionals. Intensive training days are held in the Millennium Municipalities[46] among community groups from vulnerable populations. A 'learning by doing' methodology is used to transfer knowledge and generate capacities while giving technical support to management and leadership of projects	Cundinamarca Fund for project development (FUNDECUN), Colombian Oil Company (Empresa Colombiana de Petróleos, ECOPETROL), ISA S.A., Electrical Interconnectivity Company (Empresa de Interconexión Eléctrica) Departmental Planning Secretariat, ISAGEN (electrical energy production company), College of Public Administration (Escuela Superior de Administración Pública, ESAP), UNDP
	A.2. Strengthening participatory processes Projects are planned and implemented according to the needs of the local community with little analysis of potential outcomes at regional level	A.2. Designing and implementing service corridors to connect production centres and incorporate them in the Regional Planning Schemes of the 25 Millennium Municipalities, guaranteeing the availability of public services provided by the state and boosting the rural economy through public safety, technology and connectivity	Cundinamarca Fund for project development (FUNDECUN), Colombian Oil Company (Empresa Colombiana de Petróleos, ECOPETROL), ISA S.A., Electrical Interconnectivity Company, Departmental Planning Secretariat, ISAGEN (electrical energy production company), College of Public Administration, UNDP, FAO, WFP, Agustín Codazzi Geographic Institute (Instituto geográfico Agustín Codazzi), Colombian Institute for Rural Development (Instituto Colombiano para el Desarrollo Rural, INCODER), Ministry of Agriculture
B. Access to credit aimed at income generation projects for vulnerable populations with special emphasis on projects for women heads of household	**B.1. Market asymmetries:** Preference on the part of the most vulnerable for more immediate credit options in the informal economy which involve high interest levels and reduce profitability of production activities	B.1.1.Multifaceted communications strategy using traditional and non-traditional media to disseminate information throughout the municipalities of the department	Network of local and community broadcasters, mobile phone companies, local televisions channels, Departmental Secretariat for Competition
		B.1.2. Promoting non-bank-based models of microfinance for populations which have not had access to the formal financial system	Mario Santodomingo Foundation, Social Foundation, local NGOs, Carvajal Foundation, Departmental Secretariat for Competition, National Guarantee Fund, Regional Guarantee Fund, Opportunities Bank of the President of the Republic (Banca de oportunidades – Presidencia de la República)
		B.1.3. Strengthening and supporting revolving funds aimed at improving productive capacities of organizations and households	
	B.2. Access to services: The poorest have no credit history which makes access to the formal financial system difficult	B.2.1. Using the banking system for support and subsidies to the poorest families to familiarize them with the concept of being clients	Presidential Agency for Social Action, War on Extreme Poverty national strategy network, Commercial Bank, Regional Government of Cundinamarca

Key interventions	Prioritized bottlenecks	Identified solutions 2010–2015	Potential partners
		B.2.2. Designing financial products specifically for vulnerable populations which eliminate transaction costs	Commercial Bank, Regional Government of Cundinamarca, Social Foundation, Opportunities Bank of the President of the Republic
	B.3. Social capacity-building Lack of awareness among the poorest of the importance of having a bank account	B.3. Creating information centres and satellite service points of financial institutions in different strategic meeting points and in non-traditional spaces in the Millennium Municipalities	Departmental Planning Secretariat, Municipal authorities (alcaldías), Commercial Bank, Opportunities Bank of the President of the Republic
C. Reclamation of unproductive assets, including land, to be distributed as production factors to projects for the poorest in the department	**C.1. Organizational capacity-building** Organizational weaknesses in associations of vulnerable communities who apply to be project beneficiaries	C.1. Defining roles within local government teams to strengthen associations concerned with issues such as contracts and agreements needed to gain access to land loaned for use and for project proposals and integrated management of reclaimed assets	ESAP, University of Cundinamarca, UNDP, municipal authorities, departmental Judicial Office
D. Advice on registering premises to create appropriate working conditions in order to improve possibilities of credit and access to government and national programmes	**D.1. Transaction costs:** Excessive administration and high administrative costs for registering premises	D.1.1. Defining the registration process and establishing agreements for reducing the time spent and costs faced by those involved	INCODER, Public Notary Office and Registry, Autonomous Regional Corporation (Corporación Autonoma Regional, CAR, which is the environmental authority for the department), Ministry of Agriculture, International Organization for Migration, UNDP
		D.1.2. Awareness raising among communities of the importance of legal registration of property as a means of claiming rights	
		D.1.3. Registration (plot titling) days	

To summarize, the MAF analysis at the local level identifies a series of concrete, feasible actions that are targeted specifically towards resolving bottlenecks in the high impact interventions to meet the respective MDGs that are proposed in the local policy. Many of the identified bottlenecks relate to service delivery and utilization, and highlight the need for improving provider capacity so as to be able to effectively address local constraints, while also indicating the importance of complementary measures to strengthen demand. In all cases, the analysis helps focus on actions that could unlock the potential of the existing policy. At the local level, it is possible to have greater specificity with regard to interventions, and solutions required, and partner roles. It is also possible to identify successful solutions that could be replicated across municipalities or departments to resolve similar bottlenecks. However, national policies, which may help in improving the enabling environment for departments and municipalities, are largely taken as given.

6 THE WAY FORWARD: ON THE ROAD TO 2015

The MDG Acceleration Framework aims to help countries devise nationally owned, multi-partner action plans for improving their rate of progress on off-track MDGs, within the context of their existing planning cycle and processes. This report presented first results from its application in a number of countries, at both national and local levels of government, to address either slow rates of achievement by the country as a whole, or high levels of intra-country inequality in achievement. These pilot countries are at different stages in the completion of their action plans, but based on their preliminary experiences, certain conclusions are already becoming apparent. These are summarized in three parts below. The first makes the case for extending the MAF analysis to other countries; the second examines some preliminary lessons learned from the roll-out to date, and ways to further strengthen the MAF; and the third looks at future steps towards 2015 in countries where the action plans are already completed.

Extending the MAF to other countries

The experience of the MAF roll-out across the pilot countries exhibits some common characteristics:

- There is a clear, pre-existing understanding that acceleration efforts are required to address off-track MDGs. This is evident from visible political commitment in some cases, for example, Ghana's declaration of maternal mortality as a national emergency, or the Colombian departments' espousal of specific policies to address MDG shortfalls. This indicates a window of opportunity, where concrete plans linked to final outcomes have a strong chance of being successfully implemented.
- The efforts of these countries over the last decade have resulted in some successes, while generating a clearer understanding of the challenges and bottlenecks faced. By building upon this knowledge base, the MAF is able to deliver a plan consisting of well-defined actions to help remove bottlenecks in key interventions. Such a plan helps inform what governments—national and local, acting in collaboration with their partners—need to do to ensure that their policies, roadmaps and investment programmes are most effective in addressing the MDGs.
- The MAF consultative process and its inclusive approach helps define partnerships that bridge cross-sectoral gaps and ensure that the entire range of inter-linked interventions is addressed.
- By being able to add value across a range of countries that are geographically dispersed, at diverse stages of overall economic development and working with different MDGs, the MAF demonstrates its potential for flexibility and customization, whether at the national or local level.

Taken together, these conclusions make a strong case for the timeliness and utility of the MAF, and imply that by strengthening it and applying it in other countries, or to other MDGs within the same country, it may indeed be possible to significantly accelerate MDG achievement.

Preliminary lessons from the pilots and strengthening the MAF

In spite of these broadly useful results from the MAF, it is important to see what concrete lessons thus far can be drawn from this experience to further strengthen it.

- One issue is the question of sustainability, or the ability to maintain gains, given that some solutions might exhaust limited fiscal space or environmental resources and will need to be abandoned later. Several of the pilot countries took this into account by only considering key interventions and solutions that were sustainable, or by using sustainability as one of the criteria in ranking and prioritizing them—an approach that is recommended within the MAF itself. Others explicitly addressed the issue of sustainability of ongoing interventions; for example, Tanzania with the assessment of its input support voucher programme for fertilizers and seeds to benefit small farmers who are graduating from the scheme after three years. Even when not done explicitly, the importance and necessity of longer term measures that will make it possible to sustain gains and improve the enabling environment is very apparent. Changes in the enabling environment—say, by reducing distorting labour market regulations or by improving the rule of law and accountability measures—might themselves make some acceleration solutions feasible.[47] Likewise, short- and medium-term measures could also facilitate long-term systemic changes. Once a country action plan has been produced through the application of the MAF process, it can be further reviewed from a comprehensive perspective to see whether sustainability might be an issue, and what actions are required to address it.
- A second common feature of the pilots has been the essential contribution of national government leadership and ownership. In fact, in several countries, the value added of the MAF has been expressed most clearly by governments themselves, and accompanied by requests for application to other MDGs. In all these countries, the MAF was anchored on ongoing country processes and not rolled out as a stand-alone initiative. This guaranteed that the MAF objectives were clearly defined to meet the country's needs and ownership of the process. For instance, in Lao PDR, the MAF was one of the processes used to inform the development of the 7th National Socio-Economic Development Plan (2010–2015).
- Strong national ownership also provided the opportunity for a broadly cross-sectoral, cross-ministerial engagement from the initial stages itself, which was very helpful in identifying concrete synergies and opportunities for collaboration. For instance, the MAF process in Uganda effectively transformed the problem of maternal mortality from being perceived as a concern of the health ministry alone into one of broader development import. As a result, the MDG Action Plan for Uganda clearly proposes roles for different non-health ministries and entities to support its implementation.
- A third common characteristic has been recognition of the importance of local levels of government and other local actors. A local government's degree of autonomy and resources depends on the degree of decentralization, but it appears that engaging it early on can substantially improve the quality and effectiveness of solutions. This feature would need to be incorporated into future applications at an early stage. Likewise, if

the MAF application is at the local level itself, including the national government could broaden the range of possible solutions.

- The participation of CSOs and NGOs in the consultations was uneven, with several countries opting to include them only once a draft action plan was available. As the exercise moved towards the validation phase, the level of engagement increased. However, it would appear desirable to engage them early on, as envisaged in the MAF guidelines.
- It has also been critical to ensure that the team working on the MAF application had the appropriate levels of expertise and knowledge, across different fields. An assessment before the formal start of the process helped a few countries seek and obtain technical expertise from outside, which may have not been available at the country level. At the same time, good knowledge of what has been tried in the country itself, and how it could be scaled up, was also important while identifying feasible, high impact solutions.
- As expected, data availability and quality has been an issue in some countries. But overall, all pilots managed to have enough data to be able to work through the MAF suggested systematic steps. Where disaggregated data was available, the MAF results benefited from a more focused approach to the specific needs of the poorest and marginalized.

As the MAF continues to develop, these elements would need to be suitably emphasized.

Next steps for pilot countries

The next steps for the pilot countries would be to move the action plans towards their effective implementation, a process greatly facilitated by strong government ownership and partners' commitment[48]. While some details of how best to do this would depend on the country itself, some common elements are also evident.

- The action plans highlight that while the lack of finances continues to be an important constraint, its effect is often compounded by the inadequate delivery and limited utilization of the services that do get provided. Addressing these would make existing investments more productive in the short term, and deliver larger and more sustainable returns. Several action plans identified, quite narrowly, specific weakness in institutional capacity and sector governance; for example, poor distribution of health commodities to outlying centres in quantities that matched their needs, or lack of mechanisms to address service provider absenteeism. It would be necessary to deepen the analysis of gaps in institutional capacities and sector governance so as to effectively address them. Such efforts could also link with ongoing cross-sectoral initiatives in the country for improving efficiency in the public sector.
- The developed action plans, while well anchored in government policies and programmes, also need to be integrated into the annual or multi-year support plans of development partners and supporting institutions. One of these is UNDAF, which guides UNCT activities. The MAF analysis was seen to be already informing UNDAF preparations in several countries. Similar actions would need to happen with regard to other development partners as well, which would also help clarify how they would address the technical advisory and financial resource gaps identified in the action plan. Even within the government, the action plan would need to feed back into existing processes, such as by influencing resource allocation guidelines and work priorities of the line ministries.

- The plans also indicate the need for strengthened monitoring of indicators—those directly related to the MDG targets but also others that may be able to show relevant changes before the target indicators themselves do so. This would be critical to assess the implementation of the action plan, and suggest corrective steps if needed. Some elements of the MAF analysis, such as the relative prioritization of bottlenecks, may change over time, necessitating revisions in the action plan as well.

In conclusion, it is important to reiterate that the MAF is a systematic, yet flexible, process intended solely to guide policy makers towards areas that need greater scrutiny, and to help them make better informed choices towards accelerating progress. Actual acceleration will only come with effective implementation. The greater urgency imposed by the approaching 2015 deadline provides a special opening to increase the momentum of off-track MDGs at the country level, with the MAF action plans indicating concrete opportunities for doing so. Whether these gains are realized will depend on how effectively governments and their partners can deliver—individually and in collaboration—on the contributions expected of them in their action plans.

ANNEXES

ANNEX 1

UGANDA MDG ACTION PLAN FOR MATERNAL HEALTH (MDG 5)

Intervention areas	Key interventions	Prioritized bottlenecks	Identified solutions (2011–2015) and component activities	Potential partners
A. Put in place basic measures to guarantee the functionality of the health system	A.1. Reduce the financing and expenditure gap for maternal health care services	A.1.1 Financing gap for maternal health related services. (e.g., the Maternal Roadmap and RH commodities are expected to cost $78.7 million per year, which is over 80 percent of the health sector non-wage budget estimates.)	A. 1.1. Mobilize additional GoU funding to meet the 15 percent target set by the Abuja Declaration (2001) Leverage GoU funding to facilitate the mobilization of additional funds from development partners Mobilize additional funding from the private sector	Ministry of Finance, Planning and Economic Development
		A.1.2 Weak Public Expenditure Tracking Systems that appropriately capture the overall budget and expenditure for the health sector across the districts	A. 1.2 Strengthen public expenditure tracking system for the health sector	Ministry of Health
	A.2 Ensure decentralization works in the provision of maternal health services	A.2.1 Prioritization of maternal health interventions is not uniform across the 112 districts	A. 2.1 Prioritize interventions for maternal health care services across relevant sectors at district level	Ministry of Local Government
B. Provide universal access to family planning services	B.1. Improve the supply and distribution of family planning commodities	B.1.1 Resource availability: Family planning is not a priority within the health budget. There is limited funding for family planning commodities and inadequate prioritization of family planning in the country's health agenda	B. 1.1. Increase GoU funding for family planning commodities as per the Reproductive Health Commodity Security Strategy Monitor trends of GoU funding of and expenditure for family planning commodities Advocate with donor partners to sustain current aid financing for family planning commodities	Ministry of Health Ministry of Health
		B.1.2. Accountability in the allocation and use of health resources earmarked for family planning	B. 1.2. Earmark funds for family planning commodities Health sector to ring fence funding for family planning commodities Increase supervision of Health Center managers by District Health Office and Ministry of Health. Cost-efficient embossing of family planning commodities.	Ministry of Health Ministry of Local Government National Medical Stores
		B.1.3. The limited number of centres for the distribution of supplies restrict broad access and reach to those segments of the population that need them most (e.g., rural villagers)	B.1.3. Increase the number of distribution centres Integrate distribution of appropriate family planning commodities under VHT (Village Health Team) functions Increase the outreach of family planning services through mobile clinics	Ministry of Local Government Ministry of Local Government
		B.1.4. Inadequate storage, quantification and tracking of supplies (e.g., condoms, contraceptive pills) required to provide family planning services to meet the current demand	B.1.4. Improve capacity for stock management Provide training to health centre managers on stock management Increase supervision of HC managers by DHOs and MoH	Ministry of Health Ministry of Local Government

Intervention areas	Key interventions	Prioritized bottlenecks	Identified solutions (2011–2015) and component activities	Potential partners
		B.1.5. Insufficient number of midwives and trained nurses in the country	B.1.5. Increase the number of trained midwives and nurses to meet the staffing demands Identify targeted incentives for midwives and nurses in hard to reach/stay areas District Service Commissions to improve efficiency of recruitment according to staffing norms and quotas Train more nurses and midwives to expand the human resource pool	Ministry of Public Service; Ministry of Local Government District Service Commissions Ministry of Education and Sports
	B.2. Improving capacity in the provision of family planning services at health facilities	B.2.1 Limited skills of service providers at Health Centers that can administer family planning services	B. 2.1. Expand on-the-job family planning training for midwives and clinical officers Conduct continued professional training (CPT)	Ministry of Health
		B.2.2. Regulatory barrier limiting midwives and clinical officers from expanding their tasks	B.2.2. Put in place measures to facilitate task-shifting for midwives Review the legal and regulatory framework of midwife career Skills upgrading to match provision of surgical family planning interventions	Ministry of Health Ministry of Health
		B.2.3. Weak integration of HIV prevention services with family planning services	B.2.3. Strengthen the integration of HIV service provision with family planning MoH to forge family planning service partnerships with HIV service providers	Ministry of Health
	B.3. Improve public awareness and understanding for both men and women on family planning	B.3.1. Differences in the understanding of the primary role of family planning. This includes myths and misconceptions of specific family planning methods. Lack of education about birth spacing (e.g., pregnancies that are too early, too late or too close negatively affect the health of women)	B. 3.1. Communications strategy needs to articulate the primary role of family planning Streamline family planning campaigns to the key message of 'Not too early, not too late, and not too close' for reducing the incidence of maternal deaths Launch IEC (information, education and communication) family planning campaigns with the key message of 'Not too early, not too late, and not too close'	Ministry of Health Ministry of Health
		B.3.2 Low educational attainment of girls, which leads to early marriage, adolescent pregnancies and high-risk pregnancies	B.3.2. Provide demand-side incentives for girls' enrolment and retention in schools Improve enrolment and retention in primary and secondary schooling of girls Design and implement national incentive programme to keep girls at school (e.g., bursary schemes, cash transfers)	Ministry of Education and Sports Ministry of Education and Sports
		B.3.3 Irresponsible parenthood—among both men and women—is not discouraged	B. 3.3. Promote responsible parenthood Promote responsible sexual behaviour of both men and women Strengthen family courts to enforce legal provisions for responsible parenthood	Ministry of Gender, Labour and Social Development; and Ministry of Health Ministry of Justice and Constitutional Judiciary

Intervention areas	Key interventions	Prioritized bottlenecks	Identified solutions (2011–2015) and component activities	Potential partners
C. Provide access to Skilled Birth Attendants (SBA)	C.1. Train, recruit, and retain health workers with midwifery skills	C.1.1 Insufficient number of midwives in the country	C. 1.1. Recruit, train and retain the required number of midwives to meet the demand gap	
			Establish a long-term strategy for boosting sciences and formal training so the pool of qualified midwives is increased.	Ministry of Education and Sports
			Establish additional midwifery schools, while considering adequate distribution of technical schools and centres across districts to achieve better regional balance	Ministry of Education and Sports
			Increase partnership between national and local governments with NGOs to facilitate recruitment, retention and training	Ministry of Health
		C.1.2. Lack of appropriate incentives for retaining health staff, including staff housing facilities	C.1.2. Ensure the systems are in place to continuously review and improve incentive structure for health staff	
			Put in place an incentive framework for the hard to reach and hard to retain to improve staff retention	Ministry of Public Service
		C.1.3. Poor recruitment and management of staff, including lack of monitoring and supervision of health workers	C.1.3. Put in place measures to enforce results-based management systems	
			Advocate to local districts to fill their health staff quotas	Ministry of Local Government
			Introduce and enforce performance contracts accompanied by sanctions and rewards in accordance with performance	Ministry of Public Service, Ministry of Local Government
			Strengthen monitoring and evaluation systems in place at the national and local levels	Ministry of Health
			Increase public demand for accountability in delivery of services	Ministry of Gender, Labour and Social Development
	C. 2. Strengthen referral system s to address emergency cases	C.2.1. VHTs are not functional on a national scale	C.2.1. Implement existing policy on VHTs	
			Expand the coverage of VHTs across the country	Ministry of Health
			Devise appropriate mechanisms to motivate and sustain the VHTs (e.g., commission basis for appropriate referral similar to what was done for Iganga, in the case of polio and guinea worm)	Ministry of Local Government
			Introduce an emergency number in case a mother needs help.	Ministry of Information and Technology
			Introduce geographical demarcations (e.g., zip codes) and communications systems to enable locating homes for ambulance services as part of infrastructure expansion	Ministry of Information and Technology
		C.2.3. Poor road network, especially community access roads, which prevents women from accessing health units in a timely manner	C.2.3. Construction and maintenance of community access roads in priority district areas	Ministry of Works, and Ministry of Local Government
			Put in place a mapping assessment of where community roads should be built or maintained as per priority district areas vis-à-vis location of HC-III	
			Implement the Community Agriculture Infrastructure Improvement Program on a national scale	
			Ensure that the District, Urban and Community Access Roads (DUCAR) Programme, under the Ministry of Works, prioritize the construction of community roads	
			Mandate the Local Council Chairman to mobilize communities (villages) to maintain the roads through voluntary contributions and in-kind support	

Intervention areas	Key interventions	Prioritized bottlenecks	Identified solutions (2011–2015) and component activities	Potential partners
		C.2.4. Lack of functionality of the first referral health facility (HCIV) as a referral unit and as a health sub-district unit	C.2.4. Improve the referral system to reduce the burden of HC-IV	
			Make HCIVs fully functional by providing sufficient human resources and equipment and ensuring adequate management	Ministry of Health
			Enhance management skills at the HCIV	Ministry of Health
			Recruit an administrator to perform administration functions	Ministry of Health
	C.3. Strengthen public awareness and empowerment with a view to enhance dialogue among men and women in seeking care, and health workers	C.3.1. Inadequate public awareness and empowerment of women (including their spouses) to dialogue with health workers	C.3.1. Empower women to seek adequate health care during pregnancy, including SBA services	
			Strengthen public awareness campaigns on rights (including the right to dialogue) and duties of women, and their partners, and health workers	Ministry of Gender, Labor and Social Development
			Encourage advocacy and awareness programmes that can educate men about pregnancy risks and the benefits of SBA services to ensure men are involved and supportive in the process	Ministry of Gender, Labor and Social Development
			Rethink the role of traditional birth attendants, including their training and certification	Ministry of Health
		C.3.2. Lack of appropriate incentives to stimulate the demand for health services	C.3.2. Provide additional benefits for giving birth using skilled birth attendance services	
			Provide additional benefits such as birth certificates linked to baptism and school leaving exams, coupled with instant provision of birth certificates at the time of delivery at health units	Registry General of Births and Deaths, Ministry of Justice
			Include in the ongoing review processes of birth and death registration a discussion on such incentives	Registry General of Births and Deaths, Ministry of Justice
	C.4. Ensure that the delivery practices respond to the needs of women (culturally sensitive interventions)	C.4.1. In some circumstances, the manner in which deliveries at health facilities are conducted are not compatible with women's cultural beliefs and are considered inadequate for women (e.g., delivery in squatting position, placenta practices)	C.4.1. Make delivery experiences culturally adequate for women	
			Review policy, standards, procedures and practices to respond to women's cultural norms, and ensuring their safety	Ministry of Health
			Enlist and develop a checklist of culturally sensitive issues related to the manner of delivery, with a focus on regions where the identified cultural practices are most prevalent (e.g., Karamoja, Buganda and Kigezi)	Ministry of Health
			Pilot test client-oriented service approaches that address cultural sensitivities and adequacy of interventions that do not put the mother at increased risk—with the aim of increasing demand for SBA services	Ministry of Health
		C.4.2. Lack of orientation of health practitioners to cultural norms and customer care (for instance, cultural norms and customer care is not part of the health curriculum)	C.4.2. Provide proper orientation to health practitioners	
			Include cultural and customer care training curriculum of health workers especially when training is at subnational level—which has the potential to address subnational specificities	Ministry of Education and Sports
			Provide orientation packages for new health workers at different health centre levels	Ministry of Health

Intervention areas	Key interventions	Prioritized bottlenecks	Identified solutions (2011–2015) and component activities	Potential partners
D. Improve access to Emergency Obstetric Care (EmOC)	D.1. Improve the procurement and distribution of equipment to hospitals and Health Centers to perform EmOC	D.1.1. Government procurement guidelines are subject to manipulation (e.g., a vendor can stop the entire process through a complaint) which leads to procurement delays	D.1.1. Improve the efficiency of procurement systems Maintain a framework/database management system of contracts to ensure timely delivery	 National Medical Stores
		D.1.2. Delays in distribution of medicine and supplies, especially between district and health units	D.1.2. Improve the distribution of medicines and supplies Assess systems for nationwide distribution of exams and election ballot papers to come up with a mechanism to distribute medicine across the country in all health facilities	 National Medical Stores
	D.2. Improve referral system, including communication systems and transportation for emergency care	D.2.1. Inadequate communication systems (e.g., telephone services) between villages and health units to allow women to communicate with health units	D.2.1. Establish free emergency telephone numbers with accompanying support infrastructure, and create awareness and partnerships with telecommunication companies to facilitate services	Ministry of Information and Communication
		D.2.2 Non-functional or non-existent telephones (e.g., intercom, including pagers and cell phones) at health units to communicate across departments and access on-call staff	D.2.2. Installation of intercom within hospitals and Health Center IV	Ministry of Information and Communication
		D.2.3. Lack of communication between lower health units to referral health units in case of emergency, to enable receiving units to better prepare	D.2.3. Encourage government to partner with private telecom companies to provide services between lower health units and referral health units	Ministry of Information and Communication
		D.2.4. Non-existent or poor community roads where the majority of women live, making it harder for expecting mothers to access health units or enable ambulances to reach their homes in case of an emergency	D.2.4. Construction and maintenance of community access roads in priority district areas: Put in place a mapping assessment of where community roads should be build or maintained as per priority district area vis-à-vis location of HC-III Implement the Community Agriculture Infrastructure Improvement Program on a national scale Ensure that DUCAR, under the Ministry of Works, prioritizes the construction of community roads Mandate the Local Council Chairman to mobilize communities (villages) to maintain the roads through voluntary contributions and in-kind support Plan and regulate settlements across the country to enable community road access to heath units	 Ministry of Works and Transport Ministry of Agriculture, Animal Industry and Fisheries Ministry of Works and Transport Ministry of Local Government Ministry of Lands and Environment
	D.3. Strengthen blood transfusion Services	D.3.1. Non-availability of blood at health units at times of need, and insufficient stocks of blood, particularly for universal donors	D.3.1. Ensure the availability of blood at all times in HCIV and hospitals Provide and popularize incentive schemes for blood donation Expand and increase the number of blood donation centers	 Uganda Blood Transfusion Services Uganda Blood Transfusion Services
		D.3.2. Limited awareness and misconception about blood transfusion and donation, including locations for donation	D.3.2. Sensitize the public to dispel the misconceptions about blood donation.	Uganda Blood Transfusion Services
		D.3.3. Mal-distribution of blood across the country, with no access for rural and remote health units	D.3.3. Decentralize blood transfusion services, including donation, to HCIV (first referral unit)	Uganda Blood Transfusion Services

Intervention areas	Key interventions	Prioritized bottlenecks	Identified solutions (2011–2015) and component activities	Potential partners
	D.4. Train, recruit, and retain health workers with midwifery skills and specifically those able to provide emergency obstetric care	D.4.1. Insufficient number of midwives in the country	D.4.1. Recruit, train and retain the required number of midwives to meet the demand gap in the following ways:	
			Establish a long term strategy for boosting sciences and formal training so the pool of qualified midwives is increased.	Ministry of Education and Sports
			Establish additional midwifery schools, while considering adequate distribution of technical schools and centers across districts to achieve better regional balance	Ministry of Education and Sports
			Increase partnership between national and local governments with NGOs to facilitate recruitment, retention and training	Ministry of Health
		D.4.2. Lack of appropriate incentives for retaining health staff, including staff housing facilities	D.4.2. Ensure the systems are in place to continuously review and improve incentive structure for health staff	
			Put in place an incentive framework for the hard to reach and hard to retain, to improve staff retention	Ministry of Public Service
			Implement the 30 percent allowance for hard to reach and hard to retain	
		D.4.3. Poor recruitment and management of staff, including lack of monitoring and supervision of health workers.	D.4.3. Put in place measures to enforce results-based management systems	
			Advocate to local districts to fill their health staff quotas.	Ministry of Local Government
			Introduce and enforce performance contracts accompanied by sanctions and rewards in accordance with performance	Ministry of Public Service, Ministry of Local Government
			Strengthen monitoring and evaluation systems in place at the national and local levels	Ministry of Health
			Increase public demand for accountability for delivery of services	Ministry of Gender, Labor and Social Development
			Establish and strengthen mechanisms that ensure health workers that have graduated with government bursaries dedicate a specified time period working at government facilities	
	D.5. Improve basic infrastructure required at health units (e.g., improve access to clean water and reliable source of electricity)	D.5.1. Lack of appropriate guidelines or their enforcement to ensure health units have regular access to:	D.5.1. Develop or enforce guidelines	
			Develop and enforce guidelines (where they do not exist) to facilitate the installation and maintenance of:	
		- clean water (following the model of water provision to schools)	- access to clean water (following the model of water provision to schools)	Ministry of Local Government
		- reliable electricity source	- reliable electricity source	Ministry of Water
		- adequate sanitation	- adequate sanitation	Ministry of Energy
		D.5.2. Inadequate maintenance of water sources and equipment, and inability to follow through long-term maintenance strategies (e.g., trainings of community water maintenance teams have been discontinued)	D.5.2. Equip the district water department with toolkits and adequate equipment for proper maintenance of services to the district, including the training of water pump attendants	Ministry of Water
		D.5.3. Limited electric grids reaching health units, and inadequate prioritization of health units in rural electrification programmes	D.5.3. Prioritize the provision of electricity to health units in the rural electrification program.	Ministry of Energy
	D.6. Ensure women access to EmOC, including emergency transport	D.6.1. Inadequate financial protection for poor pregnant women to access health care services (e.g., health insurance coverage is limited)	D.6.1. Ensure financial protection for expectant mothers	
			Speed up the health insurance bill and ensure that the poor receive adequate insurance coverage	Ministry of Health
			Strengthen existing financial protection systems, including community-initiated mechanisms	Ministry of Gender, Labor and Social Development

Intervention areas	Key interventions	Prioritized bottlenecks	Identified solutions (2011–2015) and component activities	Potential partners
E. Improve access to Antenatal Care (ANC)	E.1. Provide comprehensive ANC services	E.1.1. Lack of awareness about the benefits of ANC (majority of women go for only one visit to obtain the delivery pass)	E.1.1. Create incentives for pregnant women to access ANC services (Currently, the figure for 1 ANC visit is 94 percent, but for 4 ANC or more it is less than 46 percent)	
			Develop public awareness about the benefits of additional ANC visits for pregnant women	Ministry of Health
			Support VHTs to sensitize women to the need for ANC services	Ministry of Health
			Assess the feasibility of expanding the tasks of outreach programmes (e.g., those responsible for immunization services) to integrate basic ANC services	Ministry of Health
	E.2. Improve malaria prevention and management programmes and services with a focus on the needs of pregnant women	E.2.1. Inadequate and unregulated usage of traditional knowledge practices in rural villages (e.g., wrong dosages being administered) prevent women from seeking specialized health care for malaria (e.g., they instead resort to the use of traditional drugs and herbs, which are, moreover, often administered badly) and social behaviour which may downplay the negative effects of malaria on pregnant women	E.2.1. Create guidelines for use of traditional medicines and public awareness of them	National Chemotherapeutics Ministry of Health
			Develop and enforce guidelines on usage of traditional medicines that affect the health of pregnant women	
			Sensitize the public to the use of traditional herbs during pregnancy	
		E. 2.2. Inadequate supplies for malaria testing and medicines	E.2.2. Train logistics management and supervise the logistics management of supply chain mechanisms	Ministry of Health Ministry of Finance, Planning and Economic Development
		Inadequate supply and inequitable distribution of mosquito nets	Mobilize and allocate additional funding for the procurement of malaria medical supplies and medicines, including mosquito nets	Ministry of Health
		E.2.3. Inadequate financial protection for poor pregnant women to access health care services (e.g., limited health insurance coverage)	E.2.3. Ensure financial protection for expectant mothers	
			Speed up the health insurance bill and ensure that the poor receive adequate health insurance coverage	Ministry of Health
			Strengthen existing financial protection systems, including community-initiated mechanisms	Ministry of Gender, Labor and Social Development
		E.2.4. Poor community participation in malaria prevention and management programmes (e.g., poor sanitation, environmental management, inadequate use of indoor residual spray, ITNs)	E.2.4. Support VHTs in sensitizing the community to malaria prevention and the risks of malaria for pregnant women	Ministry of Health
			Mandate the Local Council Chairman to mobilize village communities to voluntarily engage in malaria prevention programmes	Ministry of Local Government
			Enforce bylaws for improvement of domestic sanitation standards that have an impact on the incidence of malaria	Ministry of Local Government
	E.3. Provide HIV/AIDS Voluntary Counseling and Testing (VCT) services	E.3.1. Inadequate integration of HIV and AIDS services into ANC services, including the prevention of mother to child transmission(PMCT), and voluntary counseling and testing (VCT)	E.3.1. Integrate HIV and AIDS services such as PMCT, and VCT into ANC services	Ministry of Health
	E.4. Provision of nutrition supplements to pregnant women	E.4.1. Inadequate knowledge in the community of nutritional content of locally available food which can directly improve nutrition for pregnant women	E.4.1. Enhance the knowledge of villagers about the nutritional content of local foods	
			Establish and make public the nutritional content of locally available foods	University Faculties on Food Science & Technology, and
			Disseminate the available knowledge about nutritional content of locally available foods, including guidance on preparation and consumption	Ministry of Agriculture, Animal Industries and Fisheries
		E.4.2. Distribution of food supplements does not cover all HCs	E.4.2. Make appropriate food supplements available	
			Procure food supplements together with medicines and supplies to ensure availability and distribution across the country to reach pregnant women	Ministry of Health

ANNEX 2
GHANA MDG ACTION PLAN FOR MATERNAL HEALTH (MDG 5)

Intervention Areas	Key Interventions	Prioritized Bottlenecks	Identified solutions	Potential partners	Total cost (USD)	Available Resources/ Partner		Resource Gap
A. Improve family planning coverage	A.1. Improve family planning (FP) commodities supply and distribution	A.1.1. Stock utilization and inventory management issues (including issues relating to incomplete data, late reporting irregular physical count of commodities)	A. 1.1.1.Procure and use Personal Data Assistant (PDA) for FP data capture at service delivery point and at all points of supply chain and for routine and periodic monitoring of stock utilization and inventory management	Ministry of Health (MoH), Ghana Health Service (GHS), WHO, UNFPA, UNICEF, USAID, DFID, GAVI	3,812,500	280,000	GAVI	3,532,500
			A. 1.1.2.Address District Health Information Management System (DHIMS) bottlenecks in DHIMS-2 and roll out training on PDAs and DHIMS at all levels of the service delivery chain	MoH, GHS, DANIDA, GF, GAVI	560,000	70,000 5,000	PROMPT FOCUS	485,000
		A.1.2. Inadequate funding to procure commodities	A.1.2.Develop proposal and mobilize the international community for funding Advocate for District Assemblies (DAs) to fund maternal health interventions through District Development Fund Advocate for free FP services and its inclusion into the National Health Insurance Package Ensure FP commodity security (Procure contraceptives)	Ministry of Finance and Economic Planning (MoFEP), MoH, GHS, WHO, UNICEF, UNFPA, UNDP, UNAIDS	28,000 66,660,000	5,000 9,225,000	Gov. of Ghana (GoG)	23,000 37,441,000
	A.2. Improve quality of comprehensive FP service provision	A.2.1. Low provider capacity in the provision of long term methods (Intrauterine Device (IUD, implants) and poor counseling (e.g., use of Medical Eligibility Criteria (MEC) wheel)	A.2.1.Training in comprehensive FP including counselling	MoH/GHS, UNFPA, Planned Parenthood Association Ghana (PPAG), WHO, non-government partners	889,600	400,000 50,000	UNFPA GoG	439,600
		A.2.2. Inadequate supervision and monitoring	A.2.2. Improved performance management systems or independent review (e.g., by NGOs)					

Intervention Areas	Key Interventions	Prioritized Bottlenecks	Identified solutions	Potential partners	Total cost (USD)	Available Resources/ Partner		Resource Gap
	A.3. Increase demand for FP services	A.3.1. Weak DA ownership and support for maternal health interventions A.3.2. Socio-cultural barriers (low male involvement including inadequate male service points, perception on uptake of family planning, and non receptive maternity units/FP clinic) A.3.3. Fear of side effects (irregular menstruation, amenorrhea, etc.)	A.3.1. Intensify public education and Behavioural Change Communication (BCC) for integrated Maternal and Child Health (MCH) Services (targeting males to meet unmet needs for FP, Obstetric/ Neonatal Danger Signs, adolescent sexual and reproductive health, nutrition, gender, HIV/AIDs/STI, etc.) including targeting in-school and out of school children and link with communication for development (C4D) A.3.2. Strengthen advocacy on cultural factors affecting Maternal Health (FP, skilled delivery and Emergency Obstetric and Neonatal Care (EmONC)) A.3.3. Advocate for free FP Services and its inclusion into the national Health Insurance package	UNFPA, PPAG, WHO, MoH/ GHS, Ministry of Women and Children's Affairs (MoWCA), GHS, UNFPA, UNICEF, WHO, non-government partners Faith-based organizations (FBOs), CSOs	242,500 1,541,000	100,000 20,000 975,000	UNICEF John Hopkins University (JHU) ORIO GoG	566,000
B. Improve skilled delivery (SD) coverage	B.1. Improve monitoring of all stages of labor and the care of the newborn and the postnatal period	B.1.1. Improper application of institutional grading system and lack of customized staffing norm	B.1.1.1. Develop grading system and upgrade health institutions accordingly (using EmONC assessment results). Categorize and provide realistic staffing norm (based on work load analysis to provide BEmONC (Health Centres) and CEmONC (District Hospitals)	MoH, GHS, MoFEP, Ministry of Works, housing and Water Resources (MoWHW), WHO, UNFPA, WB, EU, OPEC, Bilateral Donors (Japan)	26,094,000 28,000	17,204,000 28,000	GoG, Health Fund GoG	8,890,000 0
		B.1.2. Inadequate midwives and doctors and OBG specialists and tutors production	B.1.2. Sustain the establishment of new midwifery schools and expansion of midwives pre-service intake and OBG field sites Sustain the contract recruitment of retired midwives and medical doctors Strengthen leadership capacity of staff at all levels	MoH, GHS, MoFEP, MoWHW, Ministry of Education (MoE), Ministry of Employment and Social Welfare (MoESW), WHO, UNFPA, WB, EU, OPEC, bilateral donors	14,000,000 2,080,000	7,500,000 200,000	GoG Health Fund GAVI	6,500,000 1,880,000
	B.2. Maintain the implementation of the Free Maternal Delivery policy in line with the National Health Insurance Scheme (NHIS)	B.2. Lack of funding	B.2.1. Develop proposal and mobilize international community for funding B.2.2. Advocate for DAs to fund maternal health interventions through District Development Fund		0	0		0
	B.3. Roll out Community Health Planning and Services (CHPS), strengthen referral and community support systems to address obstetric emergencies	B.3. Poor targeting of CHPS Inadequate funding for capital-intensive investments in infrastructure and equipment	B.3. Use EmONC assessment to establish the extent of access and referral gaps and make recommendations to address them	MoH, GHS, Ghana Medical Association (GMA), NMWC, Ghana Medical and Dental Council (GMDC)	20,000	20,000	GoG	0

Intervention Areas	Key Interventions	Prioritized Bottlenecks	Identified solutions	Potential partners	Total cost (USD)	Available Resources/ Partner		Resource Gap
	B.4. Extend the reach of integrated package of service provision through High Impact Rapid Delivery (HIRD) approach[1]	B.4. Weak overall inter-sectoral coordination for maternal health and risk of non-implementation of EmONC assessment recommendation	B.4.1. Establish and strengthen a National Multi-sector Inter-Agency Coordinating Committee (ICC) on maternal and newborn health (with TOR to include ensuring implementation of recommendations from EmONC Assessment)	MoH, GHS, WHO, UNFPA, UNICEF, USAID, DFID, WB, EU, AfDB	40,000	20,000	UNFPA GoG	20,000
			B.4.2. Advocate for Office of the First Lady/Gentleman to champion maternal health and identify and appoint Maternal Health and Newborn Champions including traditional leaders (Chiefs, Queen Mothers)	MoH/GHS, UNFPA, UNDP, WHO	100,000	30,000	GoG	70,000
			B.4.3. Strengthen the National Secretariat of the FHD to support implementation of maternal and child health interventions	GHS	100,000	40,000	WHO UNICEF GoG	60,000
C. Improve access to emergency obstetric and neonatal care (EmONC)	C.1. Scale up the procurement and improve distribution of BEmONC and CEmONC equipment to Health Centres and Hospitals respectively	C.1.1. Poor alignment of donor support to government programmes	C.1.1. Strengthen country coordination of donor support in line with National Aid Policy	MoFEP, MoH, GHS, UN, Multi Donor Budget Support (MDBS) Group, Core Group Members	-	-		-
		C.1.2.Inadequate funding for capital-intensive investments in infrastructure and equipment (e.g. CHPS compounds, EmONC equipment)	C.1.2. Advocate for DAs to fund maternal health interventions through District Development Fund	MoH, NDPC, MLG, MMDA	50,000	10,000	GoG	40,000
			Advocate for the National Development Planning Commission (NDPC) and Ministry of Local Government and Rural Development (MLG) to adopt maternal health indicators as part of District Assemblies performance monitoring		100,000	20,000	GoG	80,000
			Develop proposal and mobilize the international community for funding	MoFEP, MoH, GHS, WHO, UNICEF, UNFPA, UNDP, UNAIDS, Metropolitan, Municipal and District Assemblies (MMDAs)	-	-		-
		C.1.3. Inadequate accessibility as a result of inadequate transportation, weak referral system (Penetration and coverage of National Ambulance service) and poverty Non-implementation of recommendations of previous EmONC assessment	C.1.3. Strengthen inter-sectoral collaboration for delivery of maternal health services Ensure implementation of recommendations of EmONC assessments Periodic and routine assessment of EmONC and other essential maternal and health services (using appropriate tools such as the Systematic Coverage Evaluation, NDPC monitoring framework Strengthen maternal deaths audit and institutionalize community maternal deaths audit linking it with the CBS system (records system, review meetings, decision making)	MoE, transport unions, MLG, MoFEP, MMDA, Ministry of Roads and Highways (MRHW), NGOs/ CSOs; ICC for Maternal Health	9,240,000	4,620,000	GoG Health Fund	4,620,000

Intervention Areas	Key Interventions	Prioritized Bottlenecks	Identified solutions	Potential partners	Total cost (USD)	Available Resources/ Partner		Resource Gap
		C.1.4. Inadequate production and procurement of skilled health workers (midwives and doctors, obstetricians, and gynecologists specialist and tutors (includes SD IST, anesthesiologists, etc.)	C.1.4. Increase production of midwives and tutors, and target and train midwives and doctors to provide maternal and newborn care services	MoE, GHS, MoH, UNFPA, USAID, MDBS group members	350,000	200,000	GoG	150,000
		C.1.5. Inadequate accessibility as a result of inadequate transport, poor road network, weak referral system (penetration and coverage of National Ambulance Service)	C.1.5. Strengthen the referral system to make it more responsive Develop Memorandum of Understanding (MOU) with transport unions to improve transportation of pregnant women with complication Develop MOU with communication agencies to strengthen and roll out of mobile phone based emergency response linked with the maternal health policy Expand the National Ambulance Service (Nat) including DA ambulance support Design an effective anesthesiology system	MoH/GHS, Transport Unions, Ministry of Communications	500,000 100,000 30,000,000	125,000 0 25,000,000	DAs GoG	375,000 100,000 5,000,000
	C.2. Improve referral and strengthen blood transfusion services (BTS) in line with the National Blood Transfusion Policy	C.2. Lack of legal framework for BTS	C.2. Lobby for the passage of the Health Bill including BTS	ICC for Maternal Health, development partners				
	C.3. Scale up life saving skills (LSS) training and build Regional Resource Teams	C.3.Inadequate Human resource capacity and equipment to expand coverage of LSS and essential newborn care (ENC) services	C.3.1. Strengthen life saving skills (LSS) training and build Regional Resource Teams C.3.2. Improve access to Essential New Born Care (ENBC) services (neonatal resuscitation, kangaroo mother care, rooming-in)	MoH/GHS, Development Partners	768,000	300,000	Health Partners GoG	468,000
TOTAL					153,491,100	86,447,000		70,740,100

ANNEX 3
LAO PDR MDG ACTION PLAN FOR ACHIEVING GENDER EQUALITY (MDG 3)[1]

Priority MDG target	Key interventions	Prioritized bottlenecks	Identified solutions	Solution financing (5 years)[2] ($)	Responsible partners
MDG 3: Gender Equality and Women's Empowerment Target 3.1: Number of girls per 100 boys enrolled in primary, secondary and tertiary Target 3.2: Share of women in wage employment in the non-agricultural sector Target 3.3: Proportion of seats held in National Assembly	**A. Ensuring equal access of girls and women to all levels of education** (The Ministry of Education [MOE] has decided to focus efforts on 56 priority districts. These districts have been chosen because they have a lower Net Enrolment Rate for girls than the national average)	**Policy and planning:** • Despite strong government commitment and policy environment to promote gender equality[3] in the area of education, weakness in planning capacity has led to lack of prioritization and has not benefited the most vulnerable such as girls in remote rural areas **Budget and financing** • Limited government spending on education and high dependency on donor funding. Public budget allocation is not sufficient to meet current needs • Gender-sensitive budget preparation and implementation at provincial and district levels limited	A.1. Increase the number of women in management and decision-making positions at all levels in the education sector and in Village Education Development Committees	4,234,700	**Responsible ministries/organizations** Ministry of Education Lao NCAW/sub-CAW LWU
			A.2. Expand life skills-based adult literacy programs and non-formal education to address gender disparity, focusing on the needs of women	N/A	**With support from[4]** • UNICEF (overall pre and primary education) • UNFPA (life skills) • UNIFEM (gender mainstreaming) • UNESCO (gender mainstreaming) • WFP (school feeding)
			A.3. Extend teacher training opportunities to women coming from minority ethnic groups and remote areas into the teaching profession	907,908	
		Service Delivery • Limited individual (service providers) and institutional capacity to provide quality gender-sensitive education • Distance to school compromises time and safety of girls (about a quarter of all villages do not have a school), and most schools are in remote and inaccessible ethnic communities too small to make these schools sustainable • Inadequate sanitary facilities (e.g., lack of separate toilets for boys and girls) • Lack of gender-sensitive teaching and learning materials • Limited understanding and application of gender-sensitive teaching methods by teachers • Lack of positive discipline and life skills education • Inadequate number of qualified female teachers coming from remote and ethnic areas **Service utilization: Demand-side barriers** • Limited awareness of value of education and its long-term benefits especially for girls, due to the low level of education of the parents/caretakers • Lack of facilities (incomplete grading school, water and sanitation facilities), lack of quality schools, and long distance to school • Poverty, poor health and malnutrition status, language barriers (school language not always the local/ethnic language), high indirect costs of education (uniforms, stationery, transportation etc.). • High opportunity costs to send girls to schools, especially among families in remote areas	A.4. Provide gender awareness training to school staff, local authorities and communities	6,175,183	**Responsible ministries/organizations** Ministry of Education Lao NCAW/sub-CAW LWU **With support from** • UNICEF (overall pre & primary education) • UNFPA (life skills) • UNIFEM (gender mainstreaming) • UNESCO (gender mainstreaming) • WFP (school feeding)
			A.5. Extend preparatory training and recruitment opportunities to women and girls to be qualified for admissions to technical and vocational education programmes	500,000	
			A.6. Explore and provide effective incentives including scholarships, school feeding, safe facilities etc. to enable girls to attend school and continue into professional and higher education	N/A	

1. This MDG Country Action Plan focusing on MDG 3 is a work in progress. The Government of Lao and its development partners may revisit the list of prioritized bottlenecks and proposed solutions, as well as the respective financing figures (if applicable).
2. The financing of proposed solutions (interventions) is indicative. This estimative is in accordance with the MDG Costing Report 2010 (DOP/MPI, Government of Lao PDR).
3. For e.g., the Constitution, National Law on the Development and Protection of Women (LDPW), National Strategy for the Advancement of Women 2006-2010, National Lao National Socio-economic Development Plan 2006-2010, the CEDAW Committee's Concluding Observations (August 2009), the Labor Law, the Education Law.
4. Other development partners such as AusAID, World Bank and ADB have been carrying out key interventions in the gender sector, which will be further elaborated at the later stage.

<table>
<tr><th>Priority MDG target</th><th>Key interventions</th><th>Prioritized bottlenecks</th><th>Identified solutions</th><th>Solution financing (5 years)[2] ($)</th><th>Responsible partners</th></tr>
<tr><td rowspan="4"></td><td rowspan="4">B. Sensitization to temporary special measures</td><td rowspan="3">The MDG progress report in 2008 highlights that women's political representation in the National Assembly has increased significantly to almost 25 percent in 2006. However, representation at all other levels of public and political life, and women representation in decision-making functions is still low.

Policy and planning:
• Despite the fact that gender equality has been recognized as a cross-cutting issue and sector strategies and programmes are expected to be gender mainstreamed, the practical implementation of gender mainstreaming strategies in a number of sector remains a challenge
• Limited awareness and understanding of the concept of temporary special measures, which could include, but is not necessarily restricted to, a quota system
• Weak institutional capacity for formulating and implementing policies/strategies on gender equality

Budget and financing
• Lack of budget and programmes to address temporary measures including development of public awareness-raising activities, targeted trainings for women, and to increase level of participation in management and public offices etc.
• Limited government budget allocation for gender equality programmes
• Although there is a high dependency on donor funding, actual donor funding is scarce and irregular for gender equality programmes
• Limited understanding and skills on gender-responsive planning and budgeting at the national, provincial and district levels</td><td>B.1. Implement public and targeted awareness-raising activities about the importance and benefits of equal representation of men and women in decision-making for society as a whole, by working with high level policy makers and the media</td><td>725,000</td><td rowspan="4">Responsible Ministries/org.

Lao NCAW
/sub-CAW
LWU
National Assembly

With support from

• SELNA
• UNIFEM (support to NCAW/sub-CAW)
• UNFPA (support to NCAW/sub-CAW)
• UNDP (gender mainstreaming)</td></tr>
<tr><td>B.2. Develop and implement targeted training and mentoring programmes for women candidates and women elected to office at all levels</td><td>254,180</td></tr>
<tr><td>B.3. Develop and implement training programmes on leadership and negotiation skills for current and future women leaders</td><td>1,460,496</td></tr>
<tr><td>Service delivery
• While there is a gender mainstreaming mechanism in place (Lao NCAW/sub-CAW, Lao Women's Union, women caucus), this mechanism is relatively new and requires institutional strengthening to become fully operational
• Limited specialized organizations and programmes that deliver (empowerment) trainings targeting women

Service utilization: Demand-side barriers
• Limited awareness of women's rights
• Prevailing cultural values tend to focus on women's traditional roles which, at times, might not fully allow women to participate in decision-making process or to be empowered
• Many women lack confidence to go beyond their current traditional role in society
• Many women have a too heavy daily workload which does not allow them to participate in or take on other roles. Often, men are not involved in awareness programmes about the importance of gender equality (e.g., how women's empowerment can benefit the welfare of the household and the community)</td><td>B.4. Take measures to empower and enable women to take part in public life (including reducing workload, introducing quality child care, and providing training opportunities)</td><td>755,928</td></tr>
<tr><td colspan="4">Estimated total</td><td>15,013,394</td><td></td></tr>
</table>

ANNEX 4
NARIÑO (COLOMBIA) ACTION PLAN FOR ACHIEVING GENDER EQUALITY (MDG 3)[5]

Key interventions	Priority bottlenecks	Identified solutions (2010–2015)	Solution component activities	Timeline													Potential partners
				Oct–Dec 10	Jan–Jun 11	Jul–Dec 11	Jan–Jun 12	Jul–Dec 12	Jan–Jun 13	Jul–Dec 13	Jan–Jun 14	Jul–Dec 14	Jan–Jun 15	Jul–Dec 15	Jan–Jun 16	Jul–Dec 16	
A. Formal training in women's rights and participation through a 'gender school' which improves knowledge on empowerment, education, violence and health, and which places special emphasis on political participation and advocacy	A.1. Inadequate funding: Insufficient financial, human, institutional and technical resources to adopt public policy on women's equality and participation	A.1. Inclusion of targets which reflect investment with a gender perspective when drafting and implementing the budget as a participatory process in the municipalities. The budget should be participatory and gender sensitive	1.1. Awareness-raising of gender and women's participation among officials responsible for preparing participatory budgets	■	■	■	■	■	■	■	■	■	■	■	■	■	Departmental and subregional gender committees, ESAP, University of Nariño, UNDP, UNIFEM
			1.2. Definition of affirmative actions (quotas) which set a minimum level of resources available for funding projects for women and young people in municipalities	■	■		■	■									Departmental Social Development Board, Departmental Planning Board, UNDP, UNIFEM
			1.3. Support for local women's organizations to strengthen projects for presentation on participatory budget days	■	■	■	■	■	■	■	■	■	■	■	■	■	University of Nariño, Departmental Gender Committee, UNDP
	A.2 Training: Very limited incorporation of a gender perspective among municipal officials and institutions and no recognition of the value and significance of the public policy being implemented	A.2.1. Awareness-raising about the women's committee (departmental and sub-provincial) among the candidates in the forthcoming municipal and departmental elections in order to promote women's involvement in formulating government programmes and local plans	2.1.1. Call for candidates at the next departmental and municipal elections to include women's participation in their manifestos		■												Departmental Planning Board, National Planning Board, Women's Committee, UNDP, UNICEF
			2.1.2. Organizing public meetings to obtain public commitment from candidates to include women in the next local governments		■	■											
		A.2.2. Awareness-raising and knowledge generation regarding gender equality among officials of local institutions (municipal authorities, councils, schools, healthcare bodies and representatives of companies and trade associations)	2.2.1. Scoping of content and strategies for awareness raising	■													ESAP, University of Nariño, Women's Committee, UNDP, UNICEF.
			2.2.2. Identifying institutions and officials for awareness raising		■												
			2.2.3. Training and equipping of awareness-raising teams (e.g., training of trainers)		■	■	■										
			2.2.4. Awareness-raising workshops to identified officials			■	■	■	■								

5. Annex 4 is an unofficial translation of the Nariño Departmental Action Plan for Achieving Gender Equality (MDG 3). The original text is published under the document: Gobierno de Nariño y PNUD Colombia (2010), Documento Territorial de Aceleración de los ODM.

Key interventions	Priority bottlenecks	Identified solutions (2010–2015)	Solution component activities	Timeline													Potential partners
				Oct–Dec 10	Jan–Jun 11	Jul–Dec 11	Jan–Jun 12	Jul–Dec 12	Jan–Jun 13	Jul–Dec 13	Jan–Jun 14	Jul–Dec 14	Jan–Jun 15	Jul–Dec 15	Jan–Jun 16	Jul–Dec 16	
B. Participatory budgets whereby CBOs come together (including women's organizations) and decide where and how to invest departmental public resources	B.1 Capacities: High turn-over among municipal government officials who manage, implement and execute projects	B.1. Campaigning for a career civil servant, i.e.. not a temporary position (funcionario de Carrera administrative) to be responsible for the banks for municipal projects and for them to have sufficient training in technical aspects of projects and in gender equality issues	1.1. Training for officials		■	■	■	■									ESAP, University of Nariño, Women's Committee, UNDP, UNICEF, Ministry of Technology, Information and Communications, National Planning Department (Departamento Nacional de Planeación, DNP)
			1.2. Provision of computer equipment				■										
			1.3. Creating gender and gender inclusion indicators in project evaluation forms					■									
			1.4. Design and implementation of a follow up system for gender-sensitive projects						■	■	■	■	■	■	■	■	
	B.2. Capacities: Lack of institutionalization among social institutions of the municipalities and insufficient capacity to participate, prioritize, formulate and implement quality development projects	B.2.1. Legal advice and support for the legalisation and formal registration of local organizations with proven maturity levels	2.1.1. Registration of existing women's organizations in the department.			■	■	■	■								Pasto Chamber of Commerce, Women's Committee, Departmental Social Development Board
			2.1.2. Identification of legal requirements for the formal establishment of women's organizations				■	■									
			2.1.3. Capacity-building for advisory councils on forms of legal establishment					■	■	■							
			2.1.4. Business incorporation days at municipal level						■		■		■		■		
		B.2.2. Formal training of organizations through a diploma or course certified by the local university on identifying, formulating and managing projects and on supervision and budgeting	2.2.1. Identification of leaders of women's organizations		■	■	■										ESAP, University of Nariño, Women's Committee, UNDP, UNIFEM, National Planning Department
			2.2.2. Capacity-building for women leaders and for advisory councils			■	■	■									
			2.2.3. Support for project planning and management					■	■	■	■	■	■	■	■	■	

Key interventions	Priority bottlenecks	Identified solutions (2010–2015)	Solution component activities	Timeline													Potential partners
				Oct–Dec 10	Jan–Jun 11	Jul–Dec 11	Jan–Jun 12	Jul–Dec 12	Jan–Jun 13	Jul–Dec 13	Jan–Jun 14	Jul–Dec 14	Jan–Jun 15	Jul–Dec 15	Jan–Jun 16	Jul–Dec 16	
C. Comprehensive development proposals centred around an income generation project	C.1. Capacities: Limited capacity of women's organizations to support the projects' financial and technical requirements	C.1. Coordination with partner and funding bodies, including the department, so that resources can be included within project frameworks aimed at building administrative and technical capacity of the weakest women's organizations	1.1 Measuring organizational capacity of women's groups (baseline)		■	■	■										ESAP, University of Nariño, Women's Committee, UNDP, UNIFEM, Departmental and Municipal Planning Departments, Departmental Social Development Board and social administration offices in the municipalities, Departmental Agriculture Board and municipal technical assistance units
			1.2. Identification of technical and administrative components to be strengthened according to projects implemented, and corporate purpose of women's organizations					■	■								
			1.3. Support for project execution among weaker organizations on the basis of management tutorials in technical and administrative matters to guarantee capacity-building					■	■	■	■	■	■	■	■	■	
	C.2. Recognition of rights: Processes for registering land ownership have higher administrative barriers when property is owned by a woman. Particularly true for women widowed by violent conflict	C.2.1. Develop land ownership registration processes focused on women landowners	2.1.1. Updating of the public register of rural plots in the department	■	■	■	■										Agustín Codazzi Geographic Institute (Instituto Geográfico Agustín Codazzi) Colombian Rural Development Institute, Autonomous Corporation of Nariño (Corponariño, environmental authority), Public Notary Office and Registry, municipal notaries, Ministry of Agriculture, UNDP
			2.1.2. Inventory of plots owned by rural women with deeds of ownership		■	■	■										
			2.1.3. Awareness-raising days to generate knowledge among women who own plots about the importance of titling in claiming rights		■	■	■	■	■	■	■	■					
			2.1.4. Plot titling days involving all participants			■	■	■	■	■	■	■	■	■	■	■	
		C.2.2. Rectification of false transfer of plots under 10 hectares and owned by women heads of household for at least five years	2.2.1. Inventory of plots owned by rural women subject to false transfer		■	■	■										
			2.2.2. Awareness-raising days to generate knowledge among women who own plots about the importance of titling in claiming rights			■	■	■	■								
			2.2.3. Plot regularization days involving all participants					■	■	■	■	■	■	■	■	■	

Key interventions	Priority bottlenecks	Identified solutions (2010–2015)	Solution component activities	Timeline													Potential partners
				Oct–Dec 10	Jan–Jun 11	Jul–Dec 11	Jan–Jun 12	Jul–Dec 12	Jan–Jun 13	Jul–Dec 13	Jan–Jun 14	Jul–Dec 14	Jan–Jun 15	Jul–Dec 15	Jan–Jun 16	Jul–Dec 16	
	C.3. Recognition of rights: Women's work is lower paid and has less recognition than that of men	C.3.1. Inclusion of domestic and care work as an economic value in projects and departmental accounts and raising the profile of such work in institutional and social settings in the department	3.1.1. Description of the domestic economy		■	■	■										ESAP, University of Nariño, Women's Committee, UNDP, UNIFEM, Departmental and Municipal Planning Departments, Departmental Social Development Board and social administration offices in the municipalities
			3.1.2. Description and quantifying of the economic value of care work			■	■	■	■	■							
			3.1.3. Inclusion of the economic value of care work within departmental macroeconomic accounts								■	■	■	■	■	■	
			3.1.4. Assigning an economic value to care work within the financial analysis of projects for development and management				■	■	■	■	■	■	■	■	■	■	
			3.1.5. Workshops on masculinity and femininity aimed at departmental institutions, local organizations and spaces representative of the departmental community (united action councils, teachers, health sector officials, among others)			■	■	■	■				■	■	■		
		C.3.2. Establishing criteria for assessing projects to be financed through international cooperation and the departmental government, incorporating a gender perspective as an added value	3.2.1. Drafting of a project management handbook for the department of Nariño with a gender perspective	■													International aid agencies, UNS, Social Action of the President's Office (Acción Social de la Presidencia de la República)
			3.2.2. Defining criteria for prioritizing projects at departmental level including a gender perspective	■	■	■											

ANNEX 5
CUNDINAMARCA (COLOMBIA) MDG ACTION PLAN FOR POVERTY REDUCTION (MDG 1)[6]

Key Interventions	Priority bottlenecks	Identified solutions (2010 – 2015)	Timeline													Potential partners
			Oct–Dec 10	Jan–Jun 11	Jul–Dec 11	Jan–Jun 12	Jul–Dec 12	Jan–jun 13	Jul–Dec 13	Jan–Jun 14	Jul–Dec 14	Jan–Jun 15	Jul–Dec 15	Jan–Jun 16	Jul–Dec 16	
A. Rural income generation projects based on tradable products with a food security component	A.1. Technical and social assistance: Weak or non-existent social, technical and business support in the planning, management and implementation of projects	A.1. Creating skilled local technical teams of professionals with wide experience in projects in the Millennium Municipalities to organize intensive training days for community groups from vulnerable populations to transfer and generate capacities	■	■												Cundinamarca Fund for project development, FUNDECUN, Departmental Planning Secretariat, ESAP, UNDP
	A.2. Strengthening participatory processes: Projects are planned and implemented according to the needs of the local community but with little analysis of regional potential	A.2. Comprehensive mapping at regional and local level to identify land quality, strategic ecosystems, areas of conservation and protection, high risk areas, areas of potential productivity and community settlements and implementation of service corridors to connect them with production centres and incorporate them in the Regional Planning Schemes (Esquemas de Ordenamiento Territorial, EOT) of the 25 Millennium Municipalities			■	■	■	■	■							Departmental Planning Secretariat, Agustín Codazzi Geographic Institute, Colombian Institute for Rural Development, Ministry of Agriculture
B. Access to credit aimed at income generation projects for vulnerable populations with special emphasis on projects for women heads of household	B.1. Market asymmetries: Preference on the part of the most vulnerable for more immediate credit options in the informal economy which involve high interest levels and reduce profitability of production activities	B.1.1 Developing a multi-faceted communications strategy using traditional and non-traditional media to disseminate information throughout the municipalities of the department				■	■	■	■	■	■	■	■			Network of local and community broadcasters, mobile phone companies, local television channels, Departmental Secretariat for Competition
		B.1.2. Promoting non-bank-based models of microfinance for populations which have not had access to the formal financial system				■	■	■	■	■	■	■	■	■	■	Mario Santodomingo Foundation, Social Foundation, Local NGOs, Carvajal Foundation, Departmental Secretariat for Competition, National Guarantee Fund Regional Guarantee Fund, Opportunities Bank of the President of the Republic
		B.1.3. Supporting the establishment of revolving funds aimed at improving productivity capacities of organizations and households				■	■	■	■	■	■	■	■	■	■	
	B.2. Access to services: The poorest have no credit history which makes access to the formal financial system difficult	B.2.1. Using the banking system for the support and subsidies which the poorest families receive in order to generate client knowledge		■	■	■	■	■	■	■	■	■	■	■	■	Social Action of the President's Office (Acción social de la Presidencia de la República), 'War on Extreme Poverty' national strategy network, Commercial Bank, Regional Government of Cundinamarca
		B.2.2. Designing financial products specifically for vulnerable populations which eliminate transaction costs in the 25 Millennium Municipalities		■	■											Commercial Bank, Government of Cundinamarca, Social Foundation Opportunities, Bank of the President of the Republic

6. Annex 5 is an unofficial translation of the Cundinamarca Departmental Action Plan for Poverty Reduction (MDG 1). The original text is published under the document: Gobierno de Cundinamarca y PNUD Colombia (2010), Documento Territorial de Acceleración de los ODM.

Key Interventions	Priority bottlenecks	Identified solutions (2010 – 2015)	Timeline													Potential partners
			Oct–Dec 10	Jan–Jun 11	Jul–Dec 11	Jan–Jun 12	Jul–Dec 12	Jan–jun 13	Jul–Dec 13	Jan–Jun 14	Jul–Dec 14	Jan–Jun 15	Jul–Dec 15	Jan–Jun 16	Jul–Dec 16	
	B.3. Social capacity-building: Lack of awareness among the poorest of the importance of using banks	B.3.1 Creating information centres and satellite service points of financial institutions in different strategic meeting points and in non-traditional spaces in the Millennium Municipalities														Departmental Planning Secretariat, municipal authorities, Commercial Bank, Opportunities Bank of the President of the Republic
C. Reclamation of unproductive assets, including land, to be distributed as production factors to projects for the poorest in the department	C.1. Organizational capacity-building: Organizational weaknesses in associations of vulnerable communities who apply to be project beneficiaries	C.1. Defining roles within local government teams in order to strengthen associations concerned with issues such as contracts and agreements for the purpose of gaining access to land loaned for use and for project proposals and integrated management of reclaimed assets														ESAP, University of Cundinamarca, UNDP municipal authorities, Departmental Government Judicial Office
D. Advice on registering premises to create appropriate working conditions in order to improve possibilities of credit and access to government and national programmes	D.1. Transaction costs: Excessive administration and high administrative costs for registering premises	D.1.1 Defining the registration process and establishing agreements for reducing the time and money involved														INCODER, Public Notary Office and Registry. Autonomous Regional Corporation, Ministry of Agriculture, International Organisation for Migration, UNDP
		D.1.2 Awareness-raising among communities of the importance of legal registration of property as a means of claiming rights														
		D.1.3 Registration (plot titling) days														

ANNEX 6
LIST OF PARTNER INSTITUTIONS INVOLVED IN THE MAF PILOT ROLL-OUT[49]

Country	Partner Institutions
Belize	• Ministry of Labour, Local Government and Rural Development • Ministry of Health • Ministry of Economic Development • Social Investment Fund • Belize Water Service Limited • National Association of Village Councils • seven District Associations of Village Councils • Pan American Health Organization (PAHO) • United Nations Development Programme (UNDP) • United Nations Children's Fund (UNICEF) • UN-Water • Red Cross • Peace Corps • Help for Progress
Colombia	**Cartagena** • Alcaldía de Cartagena (Cartagena's Office of the Mayor) • Secretaría de Hacienda Distrital (Municipal Secretary of Finance) • Secretaria de Participación y Desarrollo Social (Municipal Secretary of Participation and Social Development) • Unidad de Desarrollo económico (Local Development Unit) • Plan de Emergencia Social Pedro Romero (Emergency Social Plan Pedro Romero) • Centro de Emprendimiento Pedro Romero, CEMPRENDE (Entrepreneurship Center Pedro Romero) • Cámara de comercio (Cartagena's Chamber of Commerce) • UNDP
	Cauca • Gobernación de Cauca (Cauca's Office of the Governor) • Oficina de Asuntos Sociales (Office of Social Affairs) • Secretaría de planeación (Secretary of Planning) • Programa PANES (PANES Programme) • Universidad del Cauca (University of Cauca) • Centro Regional de Productividad e Innovación, CREPIC (Center for Regional Productivity and Innovation) • Cámara de Comercio del Cauca (Cauca's Chamber of Commerce) • Instituto Colombiano de Bienestar Familiar, ICBF (National Institute for Family Welfare) • Programa FAO PROSEAN (United Nations Food and Agriculture Organization - PROSEAN Programme) • UNDP
	Cundinamarca • Gobernación de Cundinamarca (Cundinamarca's Office of the Governor) • Secretaría de Desarrollo Social (Secretary of Social Development) • Secretaría de Planeación (Secretary of Planning) • Escuela Superior de Administración Pública ESAP (National School of Public Administration) • La Agencia Presidencial para la Acción Social y la Cooperación Internacional (President's Agency for Social Action and International Cooperation) • Universidad del Rosario (University of el Rosario) • Interconexión Electrica S.A. ISA S.A. (Electrical Interconnection Inc) • La Alta Consejería Presidencial para la Competitividad y las Regiones (Office of the President for Competitiveness and the Regions) • UNDP
Colombia (contd.)	**Nariño** • Gobernación de Nariño (Nariño's Office of the Governor) • Secretaría de Planeación Departamental (Secretary of Planning) • Secretaría de Agricultura (Secretary of Agriculture) • Oficina de Política Social (Social Policy Office) • Programa "Si se puede", USAID (USAID's Programme "Yes, we can") • Mesas subregionales de mujeres (Subregional forum for women affairs) • Mesa Departamental de mujeres (Department forum for women affairs) • Universidad de Nariño (University of Nariño) • Escuela Superior de Administración Pública ESAP (National School of Public Administration) • UNDP • United Nations Development Fund for Women (UNIFEM)
	Santander • Gobernación de Santander (Santander's Office of the Governor) • Secretaria departamental de Salud (Secretary of Health) • Universidad Industrial de Santander UIS (Industria University of Santander) • Observatorio departamental de desarrollo y derechos humanos (Department Observatory for development and human rights). • UNDP
	Soacha • Gobernación de Cundinamarca (Cundinamarca's Office of the Governor) • Secretaría de Planeación (Secretary of Planning) • Alcaldía de Soacha (Soacha's Office of the Mayor) • Secretaría de Planeación (Secretary of Planning) • Dirección de Urbanismo (Office of Urban Planning) • United Nations Human Settlements Programme (UN-HABITAT) • UNDP
Ghana	• Ministry of Health • Ministry of Education • Joint United Nations Programme on HIV/AIDS (UNAIDS) • UNDP • United Nations Population Fund (UNFPA) • The United Nations Refugee Agency (UNHCR) • UNICEF • World Food Programme (WFP) • World Health Organization (WHO) • World Bank • MDGs Global Call to Action Against Poverty (GCAP) Secretariat • Planned Parenthood Association of Ghana • Marie Stopes International Ghana
Jordan	• Ministry of Agriculture • Ministry of Planning and International Cooperation • Ministry of Health • Ministry of Education • Ministry of Industry and Trade • National Centre for Agricultural Research and Extension • Department of Statistics • Coordination Commission for Social Solidarity

Country	Partner Institutions
Jordan (contd.)	• United Nations Food and Agriculture Organization (FAO) • UNDP • UNICEF • United Nations Industrial Development Organization (UNIDO) • WFP • United States Agency for International Development (USAID) • Japan International Cooperation Agency (JICA)
Lao PDR	• Ministry of Foreign Affairs (DIO, NCMC, ASEAN Department, and the Department of Treaties and Laws) • Public Administration and Civil Service Authority (PM Office) • National Authority for Science and Technology (Prime Minister Office) • Ministry of Public Works and Transport • Ministry of Public Health • Ministry of Planning and Investment, International Cooperation Department • Ministry of Planning and Investment • Ministry of Agriculture and Forestry • Lao Women Union • Lao National Commission for the Advancement of Women • Ministry of Labour and Social Welfare • Ministry of Industry and Commerce • Ministry of Finance • Ministry of Education • National Committee for Drug Control • African Development Bank • International Monetary Fund • UN Office of the Resident Coordinator • UNDP • UNICEF • United Nations Office on Drugs and Crime (UNODC) • UNAIDS • UN-HABITAT • FAO • WHO • UNIDO • UNFPA • WHO • World Bank • WFP
Papua New Guinea	• Department of National Planning and Monitoring • Department of Education • National Economic and Fiscal Commission • Local Departments of Planning and Education at the following provinces: Simbu, Madang, and East New Britain • United Nations Educational, Scientific and Cultural Organization (UNESCO) • UNDP • And other local partners
Tajikistan	• Ministry of Economic Development and Trade • Ministry of Education • Ministry of Energy and Industry (MEI) • Ministry of Health • Ministry of Land Reclamation and Water resources • State Investment Committee • UNDP

Country	Partner Institutions
Tanzania	• Prime Minister's Office • Ministry of Agriculture, Food Security and Cooperatives • Ministry of Finance and Economic Affairs • Ministry of Health and Social Welfare • Ministry of Natural Resources and Tourism • National Bureau of Statistics • Ministry of Water and Irrigation (MOWI) • Planning Commission, President's Office • Tanzania Commission for Science and Technology (COSTECH) • International Fund for Agriculture and Development (IFAD) • International Labour Organization (ILO) • UNDP • UNFPA • UNICEF • UNIDO • WFP • WHO • World Bank • Canadian International Development Agency (CIDA) • Irish Aid • Oxfam GB • Embassy of the Islamic Republic of Iran • Tanzanian Food and Nutrition Centre • University of Dar es Salaam • Human Development Trust • Business Times • Policy Forum • Tanzania Livestock and Meat Traders Association (TALIMETA) • Research on Poverty Alleviation (REPOA) • HAKIELIMU Community Governance Programme • Canadian Cooperation Office (CCO) in Tanzania • Voluntary Service Overseas (VSO) Tanzania
Togo	• Prime Minister's Office • Ministry of Agriculture • Ministry of Foreign Affairs and Cooperation • Ministry of Environment et Forestry • Ministry of Finance, PRSP Coordination Unit • Ministry of Health • Ministry of Higher Education, National Togolese Commission for UNESCO • Ministry of Planning, Development and Land Use Management • Ministry of Primary and Secondary Education and Literacy • Ministry of Public Works • Ministry of Territorial Administration, Decentralization and Local Governments • Ministry of Water and Sanitation • Conseil National du Patronat • Chambre du Commerce et d'Industrie du Togo • FAO • UNAIDS • UNDP • UNICEF • UNIDO • WHO • Groupe de réflexion et d'action Femme, Démocratie et Dével-oppement (GF2D) • INADES FORMATION

Country	Partner Institutions
Uganda	• Ministry of Finance, Planning and Economic Development • Ministry of Health • Ministry of Local Government • Ministry of Public Service • Ministry of Education and Sports • Ministry of Gender, Labour and Social Development • Ministry of Justice • Ministry of Energy • Ministry of Water • Ministry of Works and Transport • Ministry of Information and Communication • District Service Commissions • Uganda Blood Transfusion Services • National Medical Stores • Makerere University • UNAIDS • UNDP • UNFPA • UNICEF • WHO • World Bank

ENDNOTES

1. See, for example, 'What will it take to achieve the MDGs? An International Assessment' (UNDP, 2010); 'The path to achieving the Millennium Development Goals: A synthesis of evidence from around the world' (UNDP, 2010); 'Keeping the promise: a forward-looking review to promote an agreed action agenda to achieve the Millennium Development Goals by 2015', UN Secretary-General Report, UNGA A/64/665 (UNDP 2010).
2. See 'Thematic Papers on the Millennium Development Goals', prepared under the UNDG MDG Task-Force (UNDG, 2010); and 'MDG Good Practices', prepared under the coordination of the UNDG MDG Policy Network (UNDG, 2010).
3. A condensed earlier version of the MAF was part of UNDG's update to the guidelines for preparing MDG Country Reports, which were circulated to UNCTs in late 2009.
4. An intervention is defined as the delivery of a package of goods, services, and/or infrastructure to achieve development goals and targets within a set timeline. Interventions should be evidence-based and have proven impact. Many governments will already have comprehensive intervention lists in their national and sectoral planning documents, along with required inputs. Strategic plans for education, for example, usually will list potential interventions and the basic inputs required (e.g., schools, equipment, trained teachers, supportive educational policies). Thus, they can use existing planning documents as starting points. It is important to highlight that required key interventions should be grounded in real needs and not be a wish list (From 'MDG Acceleration Framework', UNDG/UNDP, forthcoming).
5. Bottlenecks are broadly defined as proximate and removable constraints that impede implementation of MDG related interventions (From 'MDG Acceleration Framework', UNDG/UNDP, forthcoming).
6. A solution is a single action or package of actions taken to resolve an intervention bottleneck in the near term to produce impact on the ground. Solutions attempt to ensure successful implementation of interventions and are measured against their impact and feasibility criteria provided under the MAF.
7. 'MDG Acceleration Framework', (UNDG/UNDP, forthcoming).
8. 'MDG Acceleration Framework' (UNDG/UNDP, forthcoming) prepared under the coordination of UNDP and the UNDG MDG Task-Force.
9. Togo et Nations Unies (2010), 'Cadre D'Acceleration des OMD, OMD1 Réduire la pauvreté: Amélioration de la productivité agricole des petits'.
10. The analysis and Action Plan for the country were developed over a series of consultations between stakeholders, including the Government of Togo (Ministries of Planning, Finance, Agriculture, Education, Roads and so on) and the UN System Agencies (FAO, UNAIDS, UNDP, UNESCO, UNICEF, UNIDO).
11. See ODI and UN Millennium Campaign (2010), 'Millennium Development Goals Report Card: Learning from Progress'.
12. Defined as those farming one hectare or less.
13. NEPAD and GoT (2009), 'Togo CAADP Brochure 3: Options stratégiques et sources de croissance agricole, de réduction de la pauvreté et de sécurité alimentaire'.
14. If implemented, it would result in a tripling of the agricultural yield of small producers, especially those engaged in subsistence agriculture.
15. Over the same period, the agricultural investment budget fell from CFA 10 billion to CFA 2 billion, resulting in the deterioration of production infrastructures.
16. 1 USD = 508.73 FCFA (September 2010).
17. In tandem with these near term acceleration solutions, longer term reforms would be necessary for continuing and sustaining progress. These would include policies and programmes around land governance; the reconstruction of a national research-based extension programme; the reorganization of value chains to improve the small producers' share of benefits from improved access to national, regional and global markets; and the restructuring of the Ministry of Agriculture, including the strengthening of its capacity for planning, statistics and in-field interventions.

18. The breakdown of the funding obtained does not include the allocation from the GAFSP, the breakdown of which will be available during the course of the final quarter of 2010 following the formulation mission.

19. Defined as maternal deaths per 100,000 live births. Maternal death itself is defined as the death of a woman while pregnant or within 42 days of termination of the pregnancy.

20. Government of Uganda and United Nations (2010), 'Uganda MDG Progress Report 2010'.

21. From the Uganda MDG Progress Report 2010, based on Mbonye, et al. (2007), Emergency obstetric care as the priority intervention to reduce maternal mortality in Uganda, International Journal of Gynecology & Obstetrics, Volume 96, Issue 3, March 2007, pp. 220-225.

22. Four ANC visits are recommended for a normal pregnancy. Whereas 94 percent of all pregnant women make one visit to antenatal clinics, only 42 percent make the recommended four visits. The greatest opportunity for improvement in Uganda is to focus on encouraging expectant mothers to start antenatal care early. Expectant mothers have their first antenatal visit late in the pregnancy—a median of 5.5 months—which is too late for some to benefit and to make follow-up antenatal visits (Source: Uganda MDG Progress Report 2010).

23. M. Bjorkman and Svensson, J. (2007) 'Efficiency and Demand for Health Services: Survey Evidence on Public and Private Providers of Primary Health Care in Uganda' cited in World Bank (2008).

24. Government of Ghana (2007), 'Road Map for accelerating the attainment of the MDGs related to maternal and newborn health in Ghana'.

25. Uganda MDG Progress Report 2010.

26. Target 7C calls for a reduction by half of the population without access to safe water and improve sanitation.

27. Government of Belize, represented by the Ministry of Rural Development; Ministry of Health; the water provider Belize Water Services Limited; representatives of the Village Councils; Rural Community Development Officers and Rural Water Board members. For the UN System: UNDP and UNICEF.

28. The average incidence of poverty in the poor districts is 55 percent, as compared with 23 percent in the others.

29. There are four dominant linguistic groups: the Lao-Thai, the Mon Khmer, the Sino-Tibetan and the Hmong lu-Mien.

30. Government of Lao (2010), 'Accelerating Progress Towards the MDGs: Innovative options for reaching the unreached', prepared with the technical support of the United Nations system in Lao PDR.

31. Mid-Term Review of the Sixth National Socio-Economic Development Plan (2006-2010).

32. At the primary level, the net enrolment ratio for girls ranges from 49 percent in rural areas without road access to 72.2 percent in rural areas with road access, and to 90.5 percent in urban areas (ADB, August 2009. Country Strategy and Program Mid-Term Review).

33. While there are almost many literate young women as young men among the Lao-Tai, the female literacy rate is one-third less than the male literacy rate among the Mon-Khmer, and over two-fifths less than that for the Chine-Tibet and Hmong-Iu Mien. For detailed information, see '2008 Socio-Economic Atlas of the Lao PDR an Analysis based on the 2005 Population and Housing Census', pp.55-66, available at: http://www.laoatlas.net/

34. The net enrolment ratio for girls in these districts is lower than the national average.

35. It may be noted that Lao PDR was one of the first countries in which the MAF was piloted, which also provided raw inputs for the formulation of the Framework. As a result, some of the analysis may appear to focus more on the constraints of the entire sector rather than on the constraints for implementing key interventions within the sector policy.

36. Government of Colombia (2005), 'Document Conpes 91 Social: Colombia goals and strategies for achieving the Millennium Development Goals 2015', available at: http://www.dnp.gov.co/PortalWeb/Portals/0/archivos/documentos/Subdireccion/Conpes%20 Sociales/091.pdf

37. Departamento Nacional de Planeación y Sistema de las Naciones Unidas en Colombia (2005), 'Hacia una Colombia Equitativa e Incluyente: Informe de Colombia Objetivo de Desarrollo del Milenio'.

38. Ministerio de Hacienda y crédito público (2009). Informe sobre la viabilidad fiscal de los departamentos (Report on the fiscal viability of the departments), Junio de 2009.

39. The transfer for other purposes only applies to municipalities. It includes public utilities, housing, agriculture, transportation, environment, prisons, local economic development, attention to vulnerable groups, and institutional strengthening and capacity development.

40. A special feature of the MAF experience in Colombia is the engagement of local academic bodies. For example, in Cundinamarca, apart from the departmental and presidential agencies and national experts, the College of Public Administration (ESAP), the University of Rosario and the University of the Savannah were involved in all steps of the process.
41. The University of Nariño and the College of Public Administration (Escuela de Administración Pública, ESAP) and representatives from the departmental and sub-provincial women's committee joined the Departmental Secretariats of Agriculture, Planning and Social Development in the preparation of the analysis of priority interventions, bottlenecks, and solutions that could feed into the MDG Action Plan.
42. The departmental Assembly of Nariño unanimously approved the public policy on gender equality by Order No.15, July 29, 2009.
43. The participatory budget process involves the departmental and municipal governments in Nariño, jointly deciding on public investments with the community. About 50 percent of the total departmental budget for public investment is allocated through participatory budgets, with decisions being made through town hall meetings. These resources are invested in health, education, income generation and social projects. During 2008-2009, 2750 spokesperson and 42,000 people participated in the town hall meetings, 26 billion pesos from the provincial government were allocated, and the municipalities and the community provided additional funding of 15 billion and 10 billion pesos, respectively.
44. The NBI is one of the localized indicators used to track progress on the poverty target of MDG 1. It is used in this comparison as it is available for all municipalities. The principal poverty indicators, on the other hand, are only available at the departmental level and for the 13 major cities, making them less useful for intra-departmental analysis.
45. This is the case of the 25 worst off municipalities in the department, identified as 'Millennium Municipalities' and the focus of special attention by the Government of Cundinamarca.
46. The Municipios del Milenio initiative builds on the work carried out by local governments, mobilizes efforts and resources both from the public and private sectors and international cooperation agencies to focus and prioritize on the needs of the most poor and vulnerable people in these territories. The Municipios del Milenio aims to (1) develop projects to achieve the MDGs, in response to the needs of each municipality, and in line with the Local Departmental Plans and public policies; and (2) implement quick win actions, or MDG acceleration initiatives to meet the 2015 target deadline.
47. It is observed that the relative importance of bottlenecks itself can change over time, sometimes as a result of MDG progress. For example, while the inequitable distribution of schools is a major bottleneck that reduces the enrolment rate of girls, once their distribution has been made more equitable, cultural factors and attitudes that make it difficult for girls to attend might become a higher priority. Some elements of the MAF analysis are therefore quite flexible to adapt to the complex dynamic of development, and solutions that appear to be longer term at one point may turn out to be of more immediate relevance when other bottlenecks have been addressed and an enabling environment is generated.
48. This report is based on the reports of the following MAF pilot countries. Belize: Ministry of Local Government, Belize and UNDP (forthcoming), 'Belize 2010 MDG Acceleration Framework Country Action Plan'; Colombia: Gobierno de Cundinamarca y PNUD Colombia (2010), 'Documento Territorial de Aceleración de los ODM' & Gobierno de Nariño y PNUD Colombia (2010), Documento Territorial de Aceleración de los ODM; Ghana: Government of Ghana (forthcoming). 'Accelerating Progress Towards Achieving MDG 5 on maternal health in Ghana'; Lao PDR: Government of Lao and United Nations (2010), 'Accelerating Progress Towards the MDGs: Innovative options for reaching the unreached, prepared with the technical support of the United Nations system in Lao PDR'; Papua New Guinea: Government of Papua New Guinea (forthcoming), 'Comprehensive Report on the Status of the Millennium Development Goals in Papua New Guinea' in 2010; Tajikistan: UNDP (forthcoming), 'Accelerating Progress Towards the MDGs'; Tanzania: Government of Tanzania and UN (forthcoming), 'Accelerating Progress Towards the MDGs – Country Action Plan (2010-20150); Togo: Togo et Nations Unies (2010), 'Cadre D'Acceleration des OMD, OMD1 Réduire la pauvreté: Amélioration de la productivité agricole des petits' and Uganda: Government of Uganda and UN (2010), 'Uganda MDG Progress Report 2010'.
49. The UNDG Policy Network for the MDGs, an inter-agency mechanism, facilitated the identification of external experts at regional and global levels to support country level work in Togo, Tanzania, Colombia and Belize under the MAF pilot roll-out. For more information on the Policy Network, please visit: http://www.undg-policynet.org/

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