



# **The United Nations Development Assistance Framework (UNDAF)**

## ***Process and Instruments***

**Guidance for  
WHO Country Teams**

**October 2010**



**World Health  
Organization**



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# The United Nations Development Assistance Framework

## *Process and Instruments*

### Guidance for WHO Country Teams

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## Acronyms

CA	Convening Agency
CCA	Common Country Assessment
CCS	Country Cooperation Strategy (of the World Health Organization)
CPAP	Country Programme Action Plan
DaO	"Delivering as One"
EFW	Expanded Delivering as One Funding Window
ExCom Agencies	UNDG Executive Committee agencies (UNDP, UNFPA, WFP & UNICEF)
MDGs	Millennium Development Goals
M & E	Monitoring and Evaluation
MTSP	Medium-Term Strategic Plan
NRA	Non-Resident Agency
OHCHR	(United Nations) Office of the High Commissioner for Human Rights
OSER	Office-Specific Expected Result
OWER	Organization-Wide Expected Result
PSG	Peer Support Group
QSA	Quality Support and Assurance
RBMF	Results-Based Management Framework
RER	Regional Expected Result
RC	(United Nations) Resident Coordinator
SIDA	Swedish International Development Cooperation Agency
SA	(United Nations) Specialized Agency
TCPR	Triennial Comprehensive Policy Review
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDOCO	United Nations Development Operations Coordination Office
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSSC	United Nations System Staff College
WFP	(United Nations) World Food Programme
WHO	World Health Organization



## Overview

### Intended audience

This Guidance Note is intended for Country Teams of the World Health Organization (WHO).

### Purpose

The purpose of this Guidance Note is to provide WHO Country Teams with an update on important and recent developments on programming, monitoring and reporting at country level in the context of the United Nations Development Assistance Framework (UNDAF). It also aims to give guidance in response to the need for providing a coherent and unified approach for WHO's contribution and engagement in the UNDAF.

The Guidance Note covers recent developments regarding the United Nations Development Group (UNDG) in relation to the UNDAF and based on:

- ◆ experiences and lessons learned from the "Delivering as One" (DaO) initiative;
- ◆ the expected roll-out of new UNDAFs, and
- ◆ orientations and specific guidance to WHO Country Teams concerning WHO contribution to the UNDAF.

### Key messages

1. Current international cooperation features two interlinked and major commitments:
  - ◆ achieving the Millennium Development Goals (MDGs); and
  - ◆ improving aid effectiveness.
2. Working together, harmonizing and fostering synergies is the way forward in order to provide effective support to countries for achieving the MDGs and to take forward the aid effectiveness agenda. This collaboration has been anticipated within the framework of United Nations reform since the 1990s. It is now accelerating with efforts towards improved UN System coherence; "Delivering as One" pilot experiences and the roll out of the revised UNDAF guidelines – while allowing for the rich and needed diversity of the UN System serving member states.
3. This situation has a particular significance for health since:
  - ◆ the importance of health, as a key aspect of development, is widely acknowledged by the international community;
  - ◆ health is central to the MDGs;
  - ◆ international actors in the health sector have multiplied.
4. Engaging in the UNDAF process is part of WHO's core business. WHO's contribution to the UNDAF is an integral part of its work and should be fully reflected in the Organization's workplans.

# 1. What is the UNDAF about?

## 1.1 Evolution of UN programming at country level

Since the 1990s, the Common Country Assessment (CCA) and the UNDAF have formed a driving force in efforts to improve United Nations (UN) coherence at country level. In response to the call of the UN Secretary-General to articulate a coherent vision and strategy that allow for a unified approach to common development goals, CCA and UNDAF guidelines were issued in 1999 and have been revised on several occasions. The revision of the guidelines in May 2002 built on good practices from previous CCA/UNDAF experiences and placed special emphasis on further coordinating UN activities in relation to the Millennium Development Goals (MDGs) and cross-cutting issues.

At the 103rd session of the WHO Executive Board in 1999, WHO Member States recommended that the Organization should participate in the UNDAF. It was recognized that the UNDAF was an important mechanism for achieving collaboration at country level. Former Director-General of WHO, Dr Gro Harlem Brundtland, noted that the UNDAF "serves as a practical collaborative effort of the UN system" and "encouraged the integration of the specialized agencies in the approach". Following this, WHO prepared a fact sheet on the CCA and UNDAF in 2003, and on 29 May that same year a circular letter on the UN Resident Coordinator (RC) System and UNDAF was issued by the Department of Country Focus at WHO Headquarters providing updates and guidance to the heads of WHO country offices.

An important milestone for the work of the UN at country level was the issuance of the 2003 UNDG Guidance Note on Joint Programming<sup>1</sup>, which replaced the earlier version of June 2000. In the Agenda for Further Change (2002)<sup>2</sup>, the UN Secretary-General called for increased joint programming and pooling of resources to further enhance the effectiveness of the UN system in developing countries, and to ensure that the system's combined resources were put to best use. WHO participated in the elaboration of the 2003 Guidance Note on Joint Programming and in March 2004 issued the WHO Guidance and Orientation on the UNDG Guidance Note on Joint Programming.<sup>3</sup> Some updates were made in 2008 with the release of the UNDG Standard Joint Programme document which elaborates on inputs and provides structure for the joint programme document; however, the substance is largely consistent with the 2003 guidelines.

The aid effectiveness agenda, as driven by the Paris Declaration (2005) and Accra Agenda for Action (2008)<sup>4</sup>, provided a new push for accelerating efforts towards improved coherence and effectiveness of the UN system for its operational activities at country level.<sup>5</sup> Furthermore,

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1 Guidance Note on Joint Programming. New York, United Nations Development Group, 2003.

2 United Nations General Assembly A/57/387, Strengthening of the United Nations: an agenda for further change – Report of the Secretary-General, 2002, <http://unpan1.un.org/intradoc/groups/public/documents/un/unpan005675.pdf>

3 WHO Guidance and Orientation on the 2003 UNDG Joint Programming Guidance Note, 2004.

4 <http://www.oecd.org/dataoecd/11/41/34428351.pdf>

5 See also World Health Assembly Resolution WHA58.25 on the United Nations reform process and WHO's role in harmonization of operational development activities at country level, 2005.

inspired by the report of the High-level Panel on UN System-wide Coherence to the UN Secretary General in 2007, the UNDG launched the DaO initiative in eight pilot countries. The aim was to innovate and test new ways of working and programming for the UN system at country level, based particularly on the DaO principles of "One programme" and "One budgetary framework". Another important development was the establishment of the One UN Coherence Fund which is a country-level mechanism used by the UN Country Team (UNCT) to mobilize additional resources and to fund gaps in UNDAF and UN joint programmes. In addition there is the "Expanded Delivering as One Funding Window" (EFW) which is based on the concept of the One UN Coherence Fund and is potentially open to all countries that pursue more strategic and integrated programming in line with the DaO principles.

The UNDAF was quickly seen as the major programming and reporting tool for the UN system at country level and this was confirmed by the UN General Assembly resolution TCPR62/208<sup>6</sup> in December 2007.

Agreed lessons learned and best practices from the DaO pilot projects, together with key recommendations relevant to programming from the High-level Panel on UN System-wide Coherence, have now been incorporated into the most recent simplified UNDAF guidelines (January 2010). A new instrument, called the "UNDAF Action Plan", was also introduced to operationalize the UNDAF results matrix.<sup>7</sup> It should be noted that WHO has been actively participating in the development and updating of CCA/UNDAF guidance.

The evaluation of existing pilot projects and the roll-out of the UNDAF in the coming two years (2010–2011) should bring additional coherence of the UN system to ensure effectiveness of UN system support to country development.

The revision of the UNDAF guidelines is an important step in taking forward the UN reform at country level in the context of the aid effectiveness agenda.

## 1.2 Key features of the UNDAF

### Definition

The UNDAF is the UN's strategic programme framework that describes the collective response of the UN system to national development priorities. It is a practical and flexible tool for achieving the common contribution of the UN system to national development needs and priorities.

<sup>6</sup> UN General Assembly Resolution A/RES/62/208, Triennial comprehensive policy review of operational activities for development of the United Nations system, accessible at [www.un.org/esa/coordination/tcpr.htm](http://www.un.org/esa/coordination/tcpr.htm).

<sup>7</sup> UNDAF Action Plan Guidance Note, United Nations Development Group, New York, 2010 (accessible at <http://www.undg.org/docs/11096/UNDAF-Action-Plan-Guidance-Note.pdf>).

## Main components

The main components of the UNDAF are:

- ◆ a country analysis;
- ◆ a strategic plan of UN organizations' efforts and contributions in alignment with national priorities, strategies and development plans;
- ◆ a management and coordination tool to identify resource requirements, roles and responsibilities, and governance and accountability structures for the collective and joint efforts and contributions; and
- ◆ a mechanism for monitoring budget proposals, reporting on progress and evaluating the results of collective efforts against a results matrix.

The UNDAF incorporates the policy on harmonization of the UNCT practices, processes, procedures and information. Linking closely to the aid effectiveness principle of national ownership, the UNDAF – and the country analysis from which it emerges – needs to be based on and aligned with national development policies, strategies and plans. This requires government leadership and the engagement of all relevant stakeholders at all stages of the process in order to maximize the contribution that the UN system can make to country development through the UNDAF.

## UNDAF programming principles<sup>8</sup>

The UNDAF integrates the following five overarching UN programming principles which can be used to respond to and help shape national development priorities. They constitute a starting point and a guide for the analysis and for all stages of the UNDAF:

- ◆ Human rights-based approach
- ◆ Gender equality
- ◆ Environmental sustainability
- ◆ Results-based management
- ◆ Capacity development

For more detailed WHO and health-related guidance/references in relation to the UNDAF programming principles, please see Table Six on pages 20–22.

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<sup>8</sup> For more information see Guidance Note: Application of the Programming Principles to the UNDAF, UNDG, New York, 2010 (accessible at <http://www.undg.org/docs/11190/UNDAF-Guidance-Principles.pdf>).

### 1.3 The UNDAF accountability framework

Table One outlines the roles and responsibilities in the UNDAF process defined in the *The Management and Accountability System of the UN Development and Resident Coordinator System including the "functional firewall" for the RC System*<sup>9</sup>, as agreed by the UNDG.

**Table One: Roles and responsibilities in the UNDAF process**

Role	Responsibility
Resident Coordinator	<ul style="list-style-type: none"> <li>◆ Obtain endorsement of the road map by the highest authority in the government coordinating body</li> <li>◆ Engage and maintain inclusive teamwork of the UN system, including Specialized Agencies (SAs) and Non-Resident Agencies (NRAs)</li> <li>◆ Obtain full national ownership of the entire process</li> <li>◆ Ensure, together with the UNCT, participation of all relevant stakeholders</li> </ul>
UN Country Team	<ul style="list-style-type: none"> <li>◆ Develop and participate in the implementation and monitoring of the road map</li> <li>◆ Plan for the best use of the UN's comparative advantage</li> <li>◆ Support implementation of international norms and standards in the country</li> <li>◆ Design a high-quality UNDAF and develop a coherent results matrix in response to national development priorities</li> <li>◆ Monitor overall progress in the implementation of UNDAF outcomes</li> <li>◆ Evaluate the UNDAF</li> </ul>
Regional UNDG Team and Peer Support Groups	<ul style="list-style-type: none"> <li>◆ Provide strategic guidance and technical support to RCs and UNCTs throughout the entire process</li> <li>◆ Share knowledge of good practices and lessons learned from the UNDAF process and its implementation</li> <li>◆ Use the Quality Support and Assurance (QSA) system to help UNCTs to contribute effectively to country analysis and to develop strategic UNDAFs that maximize the comparative advantages of the UNCT</li> </ul>

<sup>9</sup> *Management and Accountability System of the UN Development and Resident Coordinator System including the "functional firewall" for the RC System*, <http://www.undg.org/docs/9424/Management-and-Accountability-system.pdf>

## 2 Important developments in relation to the UNDAF

### 2.1 UNDG simplified UNDAF Guidelines (January 2010)

In a continued effort to achieve more coherence and improve the delivery of the UNDAF results, the UNDAF guidelines issued in 2007 and 2009 now incorporate the DaO recommendations of the High-level Panel on UN System-wide Coherence. These recommendations relate to:

- ◆ programming at country level;
- ◆ country ownership, alignment with country priorities; and
- ◆ one integrated results-based management and budgetary framework.

Recent developments have also led to the further simplification of the UNDAF guidelines to assist UNCTs to achieve agreed results.

#### Aim

The aim of the simplified UNDAF guidelines is to:

- ◆ provide practical guidance to the UNCTs on the required steps of a UNDAF process;
- ◆ offer flexibility on how the process can be adapted to varying national contexts; and
- ◆ simplify the UNDAF process, while retaining the substantive content of the February 2009 guidelines.

#### Development process

The four main stages in the process of developing an UNDAF are:<sup>10</sup>

1. Development of a road map
2. Completion of a country analysis
3. Strategic prioritization/finalization
4. Monitoring and evaluation (M & E)

#### Parts

There are two parts to the guidelines, namely:

**Part 1:** Guidelines for UNCTs: strategic and user-friendly with hyperlinks to references and further guidance; and

**Part 2:** Technical guidance: substantive content, including the February 2009 UNDAF guidelines, with hyperlinks to references.

#### Key new features

Table Two summarizes the key new features of the simplified UNDAF guidelines.

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<sup>10</sup> For more detail, see Annex Five: *Strategy and Support for UN Country Teams Preparing UNDAFs in 2010* and cited reference documents.

**Table Two: Key features of the simplified UNDAF Guidelines<sup>11</sup>**

Feature	Explanation and Benefits
Flexible and shortened road map	<ul style="list-style-type: none"> <li>◆ Prescribed calendar months have been removed from the road map. This allows better alignment with national planning processes, as required by the Triennial Comprehensive Policy Review (TCPR) 2007.</li> <li>◆ There is flexibility for UNCTs to identify appropriate coordination mechanisms and consultative processes with all stakeholders for drafting, reviewing and validating the UNDAF.</li> </ul>
Country analysis built on existing analyses	<ul style="list-style-type: none"> <li>◆ Country analysis (previously the CCA) is no longer a heavy and stand-alone exercise.</li> <li>◆ UNCTs can use previous (recent and relevant) data and analyses, with current data available to the UNCT and partners, to build on and reinforce the country analysis.</li> </ul>
Simplified results matrix with two proposed options	<p>The two outcome levels of the former UNDAF Result matrix are merged into one set of outcomes. The UNCT has two options regarding the level of results in the UNDAF results matrix. With the government, it determines which option responds best to the country context. UNCTs have the flexibility either to keep the UNDAF results matrix at the outcome level (Option 1a) and complement with an UNDAF Action Plan or to develop a fuller results matrix that includes outputs (Option 1b) to strike a balance between being strategic and being focused enough to reflect specific UN contributions towards national development priorities, based on comparative advantage. Both options include indicators, baselines, targets, means of verification, risks and assumptions, role of partners and resources. The results chain and the accountability system have to be agreed by all stakeholders.</p>
M & E results included in the results matrix	<p>M &amp; E results are integrated into the results matrix, thus reflecting a full commitment to results-based management principles.</p>
M & E	<ul style="list-style-type: none"> <li>◆ The UNDAF annual review process is aligned with the national review process.</li> <li>◆ There are flexible modalities for evaluating the UN contribution by using national evaluations.</li> <li>◆ A minimum of one UNDAF progress report to national authorities must be produced for each UNDAF cycle at a time agreed by both the UNCT and national authorities.</li> <li>◆ Reporting on the UNDAF is in line with the standard operational format for UNDAF reporting.</li> </ul>
Links to references	<p>The guidelines provide best-practice examples and useful links to references and system-wide guidance tools.</p>

<sup>11</sup> The UNDAF guidelines form a living document that is reviewed regularly. The most recent electronic versions are listed in the references and can be found at the UNDG website at [www.undg.org](http://www.undg.org)

## 2.2 The UNDAF Action Plan

When elaborating a new UNDAF, the UNDAF Action Plan allows UNCTs that prefer option 1a for the UNDAF results matrix to:

- ◆ consider how the UNCT agencies will work with national partners and with each other to achieve the results identified in the UNDAF;
- ◆ assist UNCTs to develop a common operational plan for implementing the UNDAF; and
- ◆ jointly mobilize resources to fill the funding gap in the UNDAF Action Plan (or in the UN Common or One Country Programme), in particular through the EFW.

### Key Features

Table Three summarizes the key features of the UNDAF Action Plan.

**Table Three: Key features of the UNDAF Action Plan**

Feature	Explanation and Benefits: <i>The Action Plan</i>
Setting out the "how"	<ul style="list-style-type: none"> <li>◆ Complements the UNDAF by setting out how the UNCT agencies/UN system agencies will work with national partners and with each other to achieve the results identified in the UNDAF.</li> <li>◆ Focuses on resource requirements and indicative resource commitments, governance structures, management and implementation strategies, and M &amp; E.</li> </ul>
Replacing Country Programme Action Plans	<ul style="list-style-type: none"> <li>◆ Replaces UN system agency-specific Country Programme Action Plans (CPAPs) and other similar operational documents with a single document for the coordinated implementation of the UNDAF.</li> <li>◆ Does not replace legal frameworks for cooperation or bilateral agreements.</li> <li>◆ It is not intended to be a short-term document and does not set out specific tasks. (Workplans and project documents serve this purpose.)</li> </ul>
Time frames	<ul style="list-style-type: none"> <li>◆ Covers the same 3–5 year time period as the UNDAF.</li> <li>◆ Is aligned with the country strategic planning cycle.</li> <li>◆ Is drafted in year five (or the final year) of the programming cycle.</li> <li>◆ Is not intended as a short-term document or workplan.</li> </ul>
Basis for joint resource mobilization	<ul style="list-style-type: none"> <li>◆ Is the basis for joint resource mobilization by the UNCT or for accessing specific funds which require coordinated operationalization of the UNDAF (e.g. the EFW for achievement of the MDGs).</li> <li>◆ Is not a tool for approval or allocation of resources by governing bodies for UN system agencies' country programmes.</li> </ul>

## 2.3 UNDAF roll-out and UNDG support

From 2010 to 2011, more than 70 countries are expected to roll out their new UNDAFs. The roll-out is taking place in 46 countries in 2010 and 28 in 2011. (See Annex One, "UNDAF Roll-Out Countries (2010–2011)"; for a complete list.)

Scaling up the UNDAF roll-out is seen as critical for:

- ◆ compliance with the aid-effectiveness principles;
- ◆ improved coherence and harmonization among UN agencies at country level; and
- ◆ expanding the use of DaO agreed best practices and lessons learned.

### UNDG Support

The UNDG has elaborated a plan to support the UNDAF roll-out and is implementing this plan.<sup>12</sup> The plan focuses on enhancing support for the UNDAF in the following areas:

- ◆ stronger leadership and consistent messaging across the system to reinforce significance of the UNDAF to individual agency programming;
- ◆ collection and dissemination of lessons learned and good practices; and
- ◆ ensuring that UNCTs have the right skill mix at country level and a better access to technical expertise from available resources across the UN development system.

Other support currently being provided by the UNDG and the UN Development Operations Coordination Office (UNDOCO) includes:

- ◆ At a minimum, all UNDAF roll-out countries will receive support for planning an UNDAF roll-out. UNDG provides financial support to each UNCT for a two-year period for UNDAF development.
- ◆ All countries will participate in the regional training programmes planned throughout 2010.
- ◆ The Regional UNDG Teams (formerly known as "Regional Directors Teams") provide quality assurance support to the countries through the interagency QSA mechanism of Peer Support Groups (PSG) and Convening Agencies (CA).
- ◆ The UNDG/UNDOCO, UN System Staff College (UNSSC) and QSA groups provide technical support through global, regional and in-country workshops and training sessions, toolkits, policy guidance and off-site support. The support puts major focus on planning the UNDAF process and, in selected countries, on helping enable UNCTs to engage in a strategic prioritization process through the UNDAF.

### Regional UNDG Teams Support

The key role of the Regional UNDG Teams is to provide leadership, strategic guidance and support to RCs and UNCTs) for the achievement of country level results as agreed and defined in the UNDAF result matrix. The Regional UNDG Teams' core functions are focused

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<sup>12</sup> Implementation Plan for 2010 UNDAF roll-out: Strengthening UNCT capacity for quality UNDAFs.

on the provision of coherent and timely technical support to the UNCTs; quality assurance of UNDAFs/UNDAF Action Plans through the QSA mechanism, performance management through the RC/UNCT Performance Appraisal system and "trouble-shooting" in challenging country situations.

### **The Peer Support Group<sup>13</sup>**

The Regional Directors of UNDG agencies and the Executive Secretary of the relevant regional commission, in consultation with designated representatives of other agencies that do not have regional directors, nominate staff to serve on the Peer Support Group (PSG) for the duration of the preparation of the country analysis and the UNDAF development process in the concerned countries.

Membership of the PSG includes representatives of:

UN agencies (the United Nations Development Programme [UNDP], the United Nations Population Fund [UNPF], the United Nations Children's Fund [UNICEF] and the United Nations World Food Programme [WFP]);

- ◆ UN SAs;
- ◆ Regional Commissions;
- ◆ NRAs;
- ◆ the relevant geographical focal point of the UN DOCO; and
- ◆ the regional NRA coordination analyst (where present).

The regional CA for the QSA (selected by the Regional Directors Team) chairs the PSG. The CA provides the Secretariat for the work of the PSG.

**The major responsibility of the PSG is to accompany and support UNCTs during their analytical work and the UNDAF development process.** This responsibility should be discharged in continuous, full and transparent consultation with staff of the relevant regional offices/bureaux of all UNDG agencies, including SAs, Regional Commissions and NRAs.

See Annex Six, *"Terms of reference for the Regional Peer Support Group to the Common Country Programming Process (April 2007)."*

### **The Convening Agency<sup>14</sup>**

The CA in each region is selected each year by the Regional Directors of the UNDG Executive Committee (ExCom) agencies at their first annual meeting. The selection is taken in consultation with other UNDG agencies – including NRAs and Regional Commissions. Usually, the CA responsibility is assigned annually among the agencies in such a way that different agencies convene in different countries and/or regions or sub-regions each year.

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13 <http://www.undg.org/docs/10014/Peer-Support-Group-ToRs-April-2007---Final.doc>

14 <http://www.undg.org/docs/10014/Convening-Agency-ToRs-April-2007-Final.doc>

The major responsibility of the regional CA, which is accountable to the Regional Directors Team, is to oversee and support UNCTs in ensuring a high-quality and timely common country programming process. The CA must ensure full engagement of, and teamwork in, the UN system – including the UN SAs, the regional commissions and NRAs – in the analytical work and other stages of the UNDAF development process. This responsibility should be discharged in continuous, full and transparent consultation with the relevant regional offices of the UNDG agencies, where present, or with other designated offices for agencies without regional offices, and with UNDOCO.

It should be noted that WHO is playing an increasing role in the CA mechanism with the WHO African Region committing to be part of this for 2010-2011 in a few countries of that Region.

See Annex Seven, *"Terms of reference for the Convening Agency in quality support and assurance for UNCTs Common Country Programming Process (April 2007)"*.

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### **3 The UNDAF, WHO and the health agenda**

#### **3.1 WHO's involvement in and contribution to the UNDAF**

##### **Major opportunity for fostering a multisectoral contribution to health**

Since three of the eight MDGs are directly related to health, the UNDAF provides an important opportunity to foster a multisectoral approach to health, addressing key socioeconomic and environmental determinants. WHO collaborates closely with UNCTs to develop and deliver more coherent, effective and efficient support to countries seeking to attain nationally and internationally agreed development goals, including the MDGs.

It is important to stress that WHO has been actively contributing to the development and updating process of various UNDG guidelines related to UNDAF and UN programming at country level. In addition, WHO is increasingly involved in Regional UNDG Teams and regional quality assurance mechanisms.

##### **The Country Cooperation Strategy**

The WHO Country Cooperation Strategy (CCS) is a medium-term vision for the Organization's technical cooperation with a given Member State, in support of the country's national health policies, strategies and plans. As such, the CCS is WHO's main instrument for harmonizing WHO cooperation in countries with that of other UN agencies and development partners.

## Common features of the CCS and the UNDAF

Table Four shows the common features of the CCS and the UNDAF and includes a brief definition of each instrument that highlights the scope and potential opportunities for health cooperation as well as for scheduling timeframes.

**Table Four: Common features of the CCS and the UNDAF**

Item	CCS	UNDAF
Definition	The CCS is the medium-term vision for WHO cooperation with a given Member State, in support of the country's national health policy, strategy and plan. The CCS is the main instrument for harmonizing WHO cooperation in countries with that of other UN agencies and development partners.	The UNDAF is the UN's strategic framework that describes the collective response of the UNCT to the priorities of the national development policy/strategy/plan. The UNDAF is based on the following common UN programming principles: human rights-based approach, gender equality, environmental sustainability, results-based management and capacity development.
Scope and opportunities	The CCS specifically addresses health within the context of development. The CCS provides an opportunity to enrich the health dimension of the UNDAF, building on and reinforcing the country-owned health planning processes and systems. It provides a platform for the development community in the country to discuss cooperation for health, the role of the UN agencies and the particular contribution of WHO.	The UNDAF deals with the broader development agenda and with cross-cutting issues, including health. The UNDAF provides an opportunity to mobilize a multisectoral approach to health, addressing key socioeconomic and environmental determinants in order to support national health strategies and plans more effectively.
Scheduling timeframes	Duration and timing is synchronized with national cycles. The timeframe is generally medium-term (3–6 years)	
	Major changes in the country context and cycles, or in WHO, may require revision of the CCS. Otherwise, the CCS is revised at the end of the period it was intended to cover.	The UNDAF is to be completed by December in the penultimate year of the current cycle.

## Improved Quality CCS

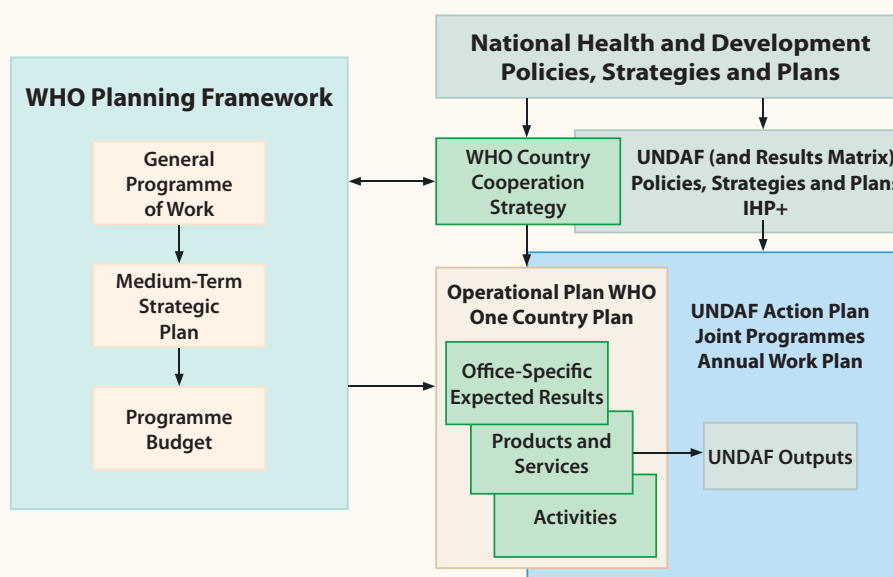
As the UN's specialized agency for health, WHO should support, through an improved quality CCS process<sup>15</sup>, a strategic dialogue on cooperation for health in the country. Building on and reinforcing national processes, the CCS should foster collaboration and synergies, avoid duplication and make sure that WHO's own contribution is discussed and supported. This strategic dialogue should:

- ◆ involve all development partners (particularly UN agencies);
- ◆ be carried out in the spirit of reinforcing national systems and capacities;
- ◆ take into account challenges and opportunities;
- ◆ take into account the contributions of the different agencies; and
- ◆ take into account compliance with principles of harmonization and alignment.

### 3.2 WHO planning framework at country level

Figure One shows the WHO planning framework at country level and how it interacts with national health development policies, strategies and plans. The critical importance of the relation between aid and cooperation platforms, including the CCS and the UNDAF, in support to the national development process in the country, cannot be stressed enough. The relation should generate effective support to national health and development policies, strategies and plans; reinforced country ownership; alignment with country priorities; increased harmonization and coordination among development partners and, in particular, among the UN system agencies at the country level.

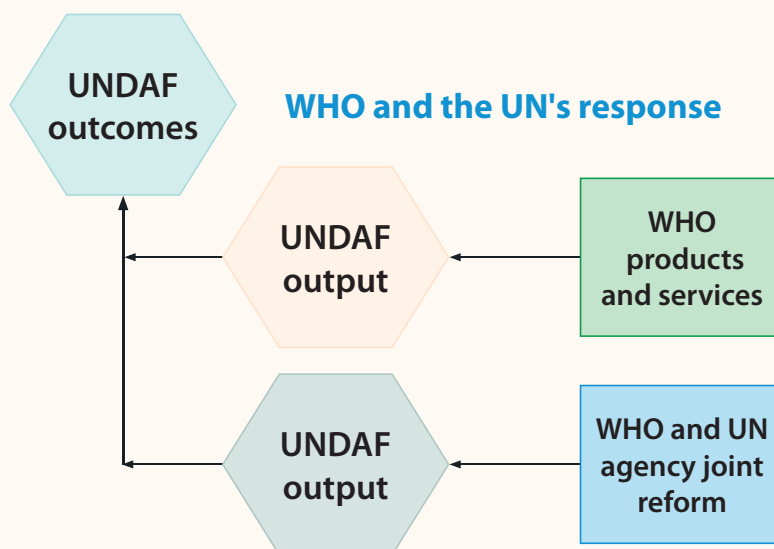
The CCS informs WHO's contribution to the UNDAF at a strategic level, contributing to defining the outcomes of the UNDAF results matrix, while WHO products and services contribute to the UNDAF outputs.



**Figure One: WHO planning framework at country level**

<sup>15</sup> Streamlined, simplified CCS corporate guidance (“WHO Cooperation Strategies Guide 2010”) has been developed for WHO Country teams in order to improve the quality of both the CCS process and the document.

Figure Two shows how WHO contributes to the level of UNDAF output through products and services contained within the WHO operational workplan (WHO One Country Plan). Similarly, through joint programming, WHO and other UN agency joint outputs also correspond to the level of UNDAF output.



**Figure Two: Where WHO fits into the UN response**

## 4 Guidance for WHO Country Teams

### 4.1 General guidance

Improving UN system coherence at country level and further harmonization is no longer an option; it is the way forward.

On the basis of an agreed commitment by its governing bodies<sup>16</sup> and senior management, WHO is engaged in, and is contributing towards, improved coherence of the UN at country level.

WHO's contribution to the UNDAF is part of WHO's core business. WHO country teams should proactively engage in the UNDAF roll-out process through effective participation in the key milestone events of the UNDAF development process. WHO country teams should maximize the use of the UNDAF in support of country-led processes towards achieving better health outcomes.

In the context of aid effectiveness and the collective effort to achieve the MDGs, WHO Country Teams should regard the UNDAF as a major opportunity for mobilizing multisectoral contributions to health in the following ways:

<sup>16</sup> World Health Assembly Resolution 58.25 on the "United Nations reform process and WHO's role in harmonization of operational development activities at country level", 2005.

- ◆ **Proactively engage in shaping the health dimension of the UNDAF, using the CCS as appropriate, reinforcing country ownership and aligning an effective UN system contribution with national health policies, strategies and plans.** Proactive engagement should be achieved through advocacy, strategic planning and technical advisory roles<sup>17</sup> that:
  - ensure inclusiveness in the process in order to mobilize multisectoral contributions to health and health outcomes; and
  - ensure a meaningful division of labour so that other UN agencies and other sectors, based on their comparative advantages, contribute to health and health outcomes.
- ◆ **Ensure that line ministries, and the Ministry of Health in particular, are adequately involved in the development and review of the UNDAF, starting from the country analysis stage.**
- ◆ Ensure that nationally owned processes and mechanisms are adequately used and reinforced during all stages of the UNDAF.
- ◆ **Seize the opportunity for UNCT joint resource mobilization in the context of the UNDAF and UNDAF Action Plan, and ensure that WHO's products and services contributing to the UNDAF outputs are costed and that funding gaps are reflected in UNCT joint resource mobilization efforts.**
- ◆ Be convinced that WHO's role in facilitating the process (particularly through a dedicated theme group[s] for health) is key to ensuring that health is adequately reflected and coordinated in line with aid effectiveness principles.<sup>18</sup>

The foundation of, and the basic instruments for, WHO's engagement are the CCS and WHO's workplans. WHO's contribution to UNDAF should be, and can be, fully identified in the Organization's workplans.

In order to take this process forward in a meaningful manner, the capacity of WHO Country Teams has to be developed in a way that ensures an effective contribution to the UNDAF process. In addition to the support to be provided by peers and at regional and headquarters levels, the following opportunities could be considered:

- ◆ capacity development for harmonization and alignment (country level);
- ◆ participation in the UNSSC regional/global training and training-of-trainers;
- ◆ improving sharing and peer-to-peer support;
- ◆ dedicated training sessions on WHO support to UNDAF and UN programming at country level.

<sup>17</sup> An analysis of 86 recent UNDAFs found that health is explicitly defined as a major outcome on its own in 15% of countries. For more guidance, see Annex Three: *WHO guidance note on using the WHO CCS to shape the health dimension of the UNDAF (June 2008)*. For a practical country case study on using the CCS to influence the health dimension of the UNDAF, see Annex Four: *Case study on using the NHPS-based CCS priorities to influence the health dimension of the UNDAF in Pakistan*.

<sup>18</sup> According to the WHO country presence 2010 report, thematic groups dedicated to health exist in 129 countries; WHO is actively participating (i.e. as chair or co-chair) in 84% of countries and contributing in 16% of countries.

The UNDAF is a key entry point for WHO to ensure adequate positioning of health within the national development agenda, to foster government ownership, to align the UN system contribution with national health policies, strategies and plans, to harmonize approaches and activities with those of other development agencies, and to mobilize additional resources for health through Joint Programmes and Multi-Donor Trust Funds.

## 4.2 Specific guidance

Table Five below provides guidance on how to address some specific issues at each stage of the UNDAF process.

**Table Five: Practical guidance for stages of the UNDAF process**

UNDAF Stage/Issues	Practical Guidance
Country Analysis	<ul style="list-style-type: none"> <li>◆ As the UN SA for health, and as part of the UN family, WHO should lead the health-sector country analysis in ways that use, support and reinforce a sound health analysis that is both country-led and country-owned. UNDG guidelines recognize that sectoral analysis should build on existing data and information, and should avoid duplication of efforts. WHO should play an important role in supporting and facilitating this process.</li> <li>◆ Where needed, the scope of the CCS analysis should be further elaborated and its relevance and accuracy improved.<sup>19</sup> Particular attention must be given to a health-related situation analysis of the MDGs, as well as to health-related human rights, health systems strengthening, and primary health care.</li> </ul>
Synchronization with country cycles	<ul style="list-style-type: none"> <li>◆ In the revised UNDG guidelines, the UNDAF cycle is aligned with the Government planning cycle (medium-term). However each result level of the UNDAF (outcome/output) has its own time frame that needs to be clearly stated.</li> <li>◆ The duration and timing of the CCS (the WHO medium-term vision for the cooperation with a given country,) should be synchronized with the national health and development cycles.</li> <li>◆ Not all UN system agencies have a CPAP or a country medium-term programme/plan covering the duration of the UNDAF Cycle. As such, the UNDG guidelines recognize that differences in planning and budgeting cycles are not a constraint on the full engagement of individual agencies in the common UNDAF Framework and the UNDAF Action Plan.</li> <li>◆ Because the CCS is sufficiently flexible and "high level", it can absorb changes provided that the country team takes a pragmatic and flexible approach. For example, as WHO workplans at country level are informed by the CCS, within any given CCS timeframe there could be two or three workplans. In addition, there is room to adjust the workplan at the time of the mid-term review. WHO thus has ample flexibility to adapt its approach.</li> </ul>

<sup>19</sup> Streamlined, simplified CCS corporate guidance (*WHO Cooperation Strategies Guide 2010*) has been developed for WHO country teams in order to improve the quality of both the CCS process and document.

<p>Strategic planning/priorities</p>	<p>In practical terms, the strategic planning process leads to the agreed results matrix. This is based on a "strategic prioritization" by the UNCT. WHO should lead dialogue on health-sector priorities, in line with the national health policy/strategy/plan.</p> <p>While preparing the UNDAF (as well as the UNDAF Action Plan), it is important to keep in mind the timeframes for delivering WHO's planned results. For instance:</p> <table border="1" data-bbox="459 443 1366 658"> <thead> <tr> <th>Results</th> <th>Nature</th> <th>Timeframe</th> </tr> </thead> <tbody> <tr> <td>Organization-wide expected results (OWER)</td> <td>Outcomes</td> <td>Six years</td> </tr> <tr> <td>Regional expected results (RER)</td> <td>Outcomes</td> <td>Six years</td> </tr> <tr> <td>Office-specific expected results (OSER)</td> <td>Outcomes</td> <td>Two years</td> </tr> <tr> <td>Products and services</td> <td>Outputs</td> <td>Two years</td> </tr> </tbody> </table> <p>It should be highlighted that although WHO has a two-year planning cycle, this is not an impediment to our full involvement in the country analysis and the UNDAF, and where relevant, the UNDAF Action Plan. A results matrix that is used iteratively will expand easily to include contributions to outcomes and outputs from WHO cooperation with a given country.</p>	Results	Nature	Timeframe	Organization-wide expected results (OWER)	Outcomes	Six years	Regional expected results (RER)	Outcomes	Six years	Office-specific expected results (OSER)	Outcomes	Two years	Products and services	Outputs	Two years
Results	Nature	Timeframe														
Organization-wide expected results (OWER)	Outcomes	Six years														
Regional expected results (RER)	Outcomes	Six years														
Office-specific expected results (OSER)	Outcomes	Two years														
Products and services	Outputs	Two years														
<p>Positioning health in the results matrix</p>	<ul style="list-style-type: none"> <li>◆ With regard to the two options (1a and 1b) of the results matrix, WHO strongly recommends using option 1a (a results matrix with only UNDAF outcomes, supplemented by the UNDAF Action Plan). This keeps the results matrix at strategic level, while the Action Plan is the instrument for operationalizing the UNDAF.<sup>20</sup></li> <li>◆ The health dimension of the UNDAF should be explicitly reflected in the results matrix, preferably as UNDAF outcomes. To date, UNDAF outcomes dedicated to health appear in only a few UNDAFs (15% in the UNDAF developed during the past few years) despite the acknowledged importance of health for development and in spite of commitment to the MDGs.</li> <li>◆ UNDAF health-related outcomes should flow from and capture WHO's strategic agenda as outlined in the CCS. The strategic priorities can be reformulated to comply with UNDG guidance on UNDAF outcomes, as necessary.</li> </ul>															
<p>UNDAF outputs</p>	<p>"Outputs" are defined in the simplified UNDAF guidelines as "a change or a deliverable". This is not the usual definition in results-based management; outputs are deliverables (products and services) in WHO's Results-Based Management Framework (RBMF). It is strongly recommended to consider UNDAF outputs as "changes in skills or abilities" (and not as products and services). Accordingly, UNDAF outputs would be equivalent to expected results in WHO's RBMF.</p> <p>It is essential to make clear that the contribution of WHO to achieving the UNDAF output is a series of products and services delivered by WHO. These must be:</p> <ul style="list-style-type: none"> <li>◆ clearly identified in WHO workplans;</li> <li>◆ costed in the UNDAF results matrix and UNDAF Action Plan; and</li> <li>◆ reported as part of the UNDAF monitoring process.</li> </ul>															

<sup>20</sup> Option 1b is not in line with the principles of Results-Based Management. Outputs are consolidated from the existing agency CPAPs and workplans. It should be noted too that the UNDAF Action Plan that is complementing the option 1a is more likely to mobilize additional funding through joint UNCT efforts..

**Table Five: Practical guidance for stages of the UNDAF process (continued)**

<p>UNDAF indicators, baseline &amp; targets</p>	<ul style="list-style-type: none"> <li>◆ UNDAF outcome indicators are equivalent to strategic objective indicators in the WHO Medium-Term Strategic Plan (MTSP), or regional indicators set at the strategic objective level, if any.</li> <li>◆ If UNDAF outputs are defined as "a change" (see above), then the related indicators are equivalent to indicators at "expected" level, referred to as Office-Specific Expected Results (OSERs), Organization-Wide Expected Result(OWERs) and Regional Expected Results (RER) in the WHO RBMF.</li> </ul>
<p>Defining resources</p>	<p>The results matrix now includes information on resource requirements (estimated financial resources needed to achieve the UNDAF outcomes). This conforms to the principles of results-based management.</p> <p>In addition, estimates of resources that each agency would contribute to each UNDAF outcome will be provided. These figures are particularly important for estimating funding gaps and for targeting common resource mobilization.</p> <p>In practical terms, the financial figures to be provided by WHO include:</p> <ul style="list-style-type: none"> <li>◆ resources required to achieve WHO's contribution to planned results (UNDAF outputs and the planned costs of this contribution)</li> <li>◆ resources likely to be available for delivery of contributing products and services (derived from the best estimate of budget income); and</li> <li>◆ actual resources (funds in the workplan: award budgets/allotted amounts).</li> </ul>
<p>Estimating resource requirements &amp; indicative budget contribution</p>	<ul style="list-style-type: none"> <li>◆ Resource requirements are projections of planned costs in WHO workplans (includes staff costs and all indirect costs).</li> <li>◆ The indicative budget contribution (or indicative commitments) refers to projected income that would be allocated to the WHO contribution to the UNDAF.</li> <li>◆ Actual resources available are funds budgeted in workplans for products and services contributing directly to the UNDAF outputs (indicated on a yearly basis).</li> </ul>
<p>UNDAF Action Plan</p>	<p>As indicated above, WHO clearly recommends and strongly encourages the adoption of the UNDAF Action Plan as a complementary instrument to the UNDAF results matrix. This is consistent with and necessary in the context of a real RBMF. It is the instrument that captures detailed common programming and budgetary elements and that will be referred to for monitoring/reporting and resource mobilization.</p> <p>The UNDAF Action Plan should include the UNDAF outputs. A clear connection should be established between WHO workplans and the UNDAF Action Plan. The planned products and services that contribute directly to UNDAF outputs will be included/identified in WHO workplans. This will allow joint accountability requirements to be met and will form the basis for monitoring and reporting on the UNDAF.</p>

<p>UNDAF Action Plan (continued)</p>	<p>WHO workplans cannot be replaced by the UNDAF Action Plan. This is acknowledged in UNDG guidelines. Apart of the time frame difference, the main reason for this is that the work of WHO, as a specialized agency for health, is not necessarily limited to its contribution to the UNDAF.</p> <p>Implementation is, and remains, an agency-specific responsibility. Within the existing and agreed UNDG accountability framework, the heads of WHO country offices report to the WHO Regional Director. However, WHO should fairly and seriously contribute to the UN RC System collective activities, to monitoring and reporting, and to the UNCT performance assessment mechanism. The coordinating and leadership role of the UN RC for UN common activities in the countries should be acknowledged.</p> <p>Specific arrangements are considered in the context of “Joint Programmes”. Different options are considered in the agreed UNDG Guidance Note on Joint Programming (2004). UNDG/WHO guidance on Joint Programming (issued in 2003 and 2004) provides detailed and still valid guidance regarding Joint Programmes, noting that some generic memoranda of understanding were updated in the year 2008.</p>
<p>Annual review</p>	<ul style="list-style-type: none"> <li>◆ The UNDAF annual review is an essential process. Firstly, it is important from the point of view of mutual accountability among all UNCT members. Secondly, the annual review is the time for updating the UNDAF Action Plan, including the actual financing status and resource gap. The common budget framework is updated annually, and also serves for preparation of common resource mobilization.</li> <li>◆ It is important to ensure that the annual review is effectively articulated with national reviews, and in particular with the annual national health review.</li> </ul>
<p>Monitoring and reporting</p>	<ul style="list-style-type: none"> <li>◆ Monitoring is required at both outcome and output levels of the UNDAF. UNDAF outcomes are monitored on the basis of the agreed indicators in the results matrix.</li> <li>◆ UNDAF outputs and the specific contributions of WHO are basically monitored through the WHO system, including during the annual review.</li> <li>◆ WHO’s Global Management System should be fully used for reporting on WHO’s contribution to UNDAF outputs. This will require identification of UNDAF-related products and services in WHO workplans, which can be done using a classification at top task level.</li> <li>◆ Reporting in the context of UNDAF and/or in the context of WHO should build on and reinforce national processes.</li> </ul>

Table Six provides guidance and useful references with regard to UN programming principles and how these can be applied to health within the context of the UNDAF.

**Table Six: Guidance/references for UNDAF programming principles as applied to health**

UN Programming Principle	Practical Guidance	References
Human rights-based approach	<p>Together with the UN Office of the High Commissioner for Human Rights (OHCHR), WHO has developed an information sheet explaining what a human rights-based approach to health means.</p>	<p>A human rights-based approach to health  <a href="http://www.who.int/hhr/news/hrba_info_sheet.pdf">http://www.who.int/hhr/news/hrba_info_sheet.pdf</a></p> <p>The Right to Health. Fact Sheet  <a href="http://www.who.int/mediacentre/factsheets/fs323_en.pdf">http://www.who.int/mediacentre/factsheets/fs323_en.pdf</a></p>
	<p>Also with the OHCHR, fact sheets on the "right to health" have been developed.</p>	<p>The Right to Health. Fact sheet No. 31  <a href="http://www.ohchr.org/Documents/Publications/Factsheet31.pdf">http://www.ohchr.org/Documents/Publications/Factsheet31.pdf</a></p>
	<p>Another tool developed together with the OHCHR is a guide to how health policy-makers can apply a human rights-based approach in the development and implementation of poverty reduction strategies (it can also be used in the development of other health-related strategies)</p>	<p>Human Rights, Health and Poverty Reduction Strategies  <a href="http://whqlibdoc.who.int/hq/2008/WHO_HR_PUB_08.05_eng.pdf">http://whqlibdoc.who.int/hq/2008/WHO_HR_PUB_08.05_eng.pdf</a></p>
Human rights & gender equality	<p>Together with the OHCHR and the Swedish International Development Cooperation Agency, WHO has developed a tool on how to assess policy coherence in human rights and gender equality in health-sector strategies. This tool is intended for use by the various actors involved in health planning and policy-making, and in implementation or monitoring of health-sector strategies, to ensure that national health-sector strategies are consistent with obligations and commitments on human rights and gender equality.</p>	<p>Cross-cutting issues in health. An analytic tool-human rights and gender equality dimensions in health sector plans and policies  <a href="http://www.who.int/hhr/news/Flyer_WHO_Sida_tool.pdf">http://www.who.int/hhr/news/Flyer_WHO_Sida_tool.pdf</a></p>

Gender equality	<p>The WHO gender mainstreaming strategy will implement actions to ensure that gender equality and health equity are incorporated into the Organization’s work, including the planning and management processes. In other words, WHO will strengthen its capacity to analyse and address the role of gender and sex in all its functional areas – building evidence, setting norms and standards, developing tools and guidelines, making policies and implementing programmes.</p>	<p>Strategy for integrating gender analysis and actions into the work of WHO</p> <p><a href="http://whqlibdoc.who.int/hq/2008/WHO_FCH_GWH_08.1_eng.pdf">http://whqlibdoc.who.int/hq/2008/WHO_FCH_GWH_08.1_eng.pdf</a></p>
Gender equality	<p>WHO has developed a tool on how to assess policy coherence in human rights and gender equality in health-sector strategies. This tool is intended for use by the various actors involved in health planning and policy-making, and in implementation or monitoring of health sector strategies, to ensure that national health-sector strategies are consistent with obligations and commitments on human rights and gender equality.</p>	<p>Cross-cutting issues in health. An analytic tool - human rights and gender equality dimensions in health sector plans and policies</p> <p><a href="http://www.who.int/hhr/news/Flyer_WHO_Sida_tool.pdf">http://www.who.int/hhr/news/Flyer_WHO_Sida_tool.pdf</a></p>
Gender equality	<p>WHO has developed a tool to help programme managers and health-care providers in the public and private sectors to integrate gender into HIV/AIDS programmes that they set up, implement and evaluate – making the programmes more responsive to women’s needs.</p>	<p>Integrating gender into HIV/AIDS programmes in the health sector: Tool to improve responsiveness to women’s needs</p> <p><a href="http://www.who.int/gender/documents/gender_hiv/en/index.html">http://www.who.int/gender/documents/gender_hiv/en/index.html</a></p>

**Table Six: Guidance/references for UNDAF programming principles as applied to health (continued)**

Environmental sustainability		<p>Protecting health from climate change: Top 10 actions for health professionals  <a href="http://www.who.int/globalchange/publications/factsheets/10_actions_final.pdf">http://www.who.int/globalchange/publications/factsheets/10_actions_final.pdf</a></p> <p>Protecting health from climate change: Top 10 actions for national and local policy-makers  <a href="http://www.who.int/globalchange/publications/10_actions_Policy_Makers_en.pdf">http://www.who.int/globalchange/publications/10_actions_Policy_Makers_en.pdf</a></p>
Results-based management		<p>Various guidance documents can be found at this link:  <a href="http://intranet.who.int/homes/prp/">http://intranet.who.int/homes/prp/</a></p>
Capacity development	<p>Although capacity development is WHO's main business at country level, WHO's contribution to capacity development is often fragmented, not sufficiently visible, and often diluted or marginalized within the context of specific targets/ programmes to be achieved. It should be possible to make this dimension more strategic so that it explicitly contributes to country ownership and other aid effectiveness principles.</p>	

# Annexes

## Annex One

### UNDAF Roll-Out Countries (2010–2011)

*Please note that this list is indicative and, consequently, subject to change.*

2010	Current Cycle	New UNDAF Commencing	Comments
<b>Asia &amp; Pacific</b>			
1. Bangladesh	2006–2010	2012	UNDAF extension until end 2011
2. Lao People's Democratic Republic	2007–2011	2012	
3. Mongolia	2007–2011	2012	
4. Thailand	2007–2011	2012	
5. Philippines	2005–2009	2012	UNDAF extension (transition) until end 2011
6. Viet Nam	2006–2010	2012 *	UNDAF extension until end 2011 * One Plan 2012–2016
<b>Latin America &amp; the Caribbean</b>			
7. Barbados & OECS		2012	
8. Belize	2007–2011	2012	
9. Brazil	2007–2011	2012	
10. Dominican Republic	2007–2011	2012	
11. El Salvador	2007–2011	2012	
12. Guyana		2012	UNDAF extension until 2011 (TBC by RDT)
13. Honduras	2007–2011	2012	
14. Jamaica	2007–2011	2012	
15. Peru	2007–2010	2012	UNDAF extension until 2011
16. Suriname		2012	
17. Trinidad & Tobago	2008–2011	2012	
18. Haiti	2009–2011	2012	
<b>Arab States</b>			
19. Algeria	2007–2011	2012	
20. Egypt	2007–2011	2012	
21. Morocco	2007–2011	2012	
22. Djibouti	2008–2011	2012	
23. Syrian Arab Republic	2007–2011	2012	
24. Tunisia	2007–2011	2012	
25. Yemen	2007–2011	2012	
<b>Europe &amp; CIS</b>			
26. Albania	2006–2010	2011	UNDAF extension until 2011
27. Kyrgyzstan	2005–2010	2012	UNDAF extension until 2011
28. Montenegro			
29. Republic of Moldova (Kosovo)	2007–2011	2012	2008–2010 UNCT Strategic Approach

<b>Africa</b>			
30. Cape Verde	2006–2010	2012	UNDAF extension until end 2011
31. Central African Republic	2007–2010		
32. Chad	n/a	2012	
33. Eritrea	2007–2011	2012	
34. Ethiopia	2007–2011	2012	
35. Gabon	2007–2011	2012	
36. Gambia	2007–2011	2012	
37. Ghana	2006–2010	2012	UNDAF extension until end 2011
38. Guinea	2007–2011	2012	
39. Madagascar	2008–2011	2012	
40. Malawi	2008–2011	2012	
41. Mauritania	2009–2010	2012	UNDAF extension until end 2011
42. Sao Tome & Principe	2007–2011	2012	
43. Senegal	2007–2011	2012	
44. Zimbabwe	2007–2011	2012	
45. Mozambique	2007–2009	2012	UNDAF extension until end 2011
46. South Africa	2007–2010	2012	UNDAF extension until end 2011
<b>Rollouts/Year</b>			
		<b>2010</b>	
Asia & Pacific		6	
Latin America & the Caribbean		12	
Arab States		7	
Europe & CIS		4 + (1)	
Africa		17	
<b>Total</b>		<b>46</b>	

<b>2011</b>	<b>Current Cycle</b>	<b>New UNDAF Commencing</b>	<b>Comments</b>
<b>Asia &amp; Pacific</b>			
1. Bhutan	2008–2012	2013	
2. Fiji	2008–2012	2013	
3. India	2008–2012	2013	
4. Nepal	2008–2012	2013	RDT approved 2-year extension (2011–2012)
5. Papua New Guinea	2008–2012	2013	UN Country Programme
6. Pakistan	2008–2010	2013	RDT approved 2-year extension (2011–2012)
7. Samoa	2008–2012	2013	Sub-regional UNDAF
8. Sri Lanka	2008–2012	2013	

<b>Latin America &amp; the Caribbean</b>			
9. Bolivia (Plurinational State of)	2008–2012	2013	
10. Columbia	2008–2012	2013	
11. Costa Rica	2008–2012	2013	
12. Cuba	2008–2012	2013	
13. Mexico	2008–2012	2013	
14. Nicaragua	2008–2012	2013	
<b>Arab States</b>			
15. Algeria	2008–2012	2013	
16. Egypt	2008–2012	2013	
<b>Africa</b>			
17. Cameroun	2008–2012	2013	
18. Comoros	2008–2012	2013	
19. Democratic Republic of Congo	2008–2012	2013	(CAF 2007–2010) + UNDAF RM (2008–2012)
20. Equatorial Guinea	2008–2012	2013	
21. Guinea-Bissau	2008–2012	2013	
22. Lesotho	2008–2012	2013	
23. Liberia	2008–2012	2013	
24. Mali	2008–2012	2013	
25. Nigeria	2009–2012	2013	
26. Namibia	2006–2010	2013	
27. Rwanda	2008–2012	2013	
28. Togo	2008–2012	2013	
<b>Rollouts/Year</b>		<b>2011</b>	
Asia & Pacific		8	
Latin America & the Caribbean		6	
Arab States		2	
Europe & CIS		–	
Africa		12	
<b>Total</b>		<b>28</b>	

<b>Rollouts/Year</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Asia & Pacific	2	5	6	8
Latin America & the Caribbean	1	2	12	6
Arab States	–	1	7	1
Europe & CIS	8	4	4	–
Africa	2	4	17	13
<b>Total</b>	<b>13</b>	<b>16</b>	<b>46</b>	<b>28</b>

## Annex Two

### **Brief on the proposed simplification of UNDAF guidelines (background paper for UNDG meetings)**

#### **Background**

The draft guidelines aim to empower UNCTs to engage in programming processes with national counterparts in a more strategic and dynamic manner that responds to the local context. The TCPR 2007 urges the UNDG to simplify common country programming processes, which includes the CCA–UNDAF. In recognition of the feedback from many UNCTs and multiple stakeholders, the UNDG and the UNDG Advisory Group have requested the Working Group on Programming Issues (WGPI) to urgently prioritize the simplification of the CCA–UNDAF guidelines and the UNDAF process for review by the UNDG by end of 2009. A sub-group of the WGPI deliberated on the scope of the simplification exercise. The draft guidelines were developed as a product of an inter-agency retreat, involving country and regional representation. Feedback from a reference group of UNCTs and the Regional Directors Teams (RDTs) on preliminary working notes also guided the draft. This draft will be further refined based on feedback from the current round of agency and field consultations.

#### **Simplification**

The draft guidelines aim to provide strategic guidance to the UNCTs on the required steps of a CCA–UNDAF process and offer flexibility on how the process can be adapted to varying national contexts. The draft guidelines simplify the CCA–UNDAF process, while retaining the substantive content of the February 2009 guidelines, which will be both hyperlinked and presented separately to complement the guidelines. In the draft guidelines, there are four main steps in the process of developing an UNDAF: (i) roadmap; (ii) country analysis; (iii) strategic planning; and (iv) monitoring and evaluation (M & E). While these steps are mandatory, UNCTs may undertake each step in a flexible manner in response to the national context and with a view to meeting the minimum requirements. More specifically, the proposal for simplification includes the following.

#### **Roadmap**

- ◆ **Simplified timeline:** The draft guidelines have removed the prescribed calendar months from the UNDAF roadmap in order to closely align the UNDAF with national planning processes, as required by the TCPR 2007. The four key steps of the process, while mandatory, allow UNCTs the flexibility in terms of how to achieve them, with a potentially significant reduction in the current timeline of 24 months. A major potential time saving can come from a reduced timeframe for the ExCOM country programme approval process, which is currently under discussion.
- ◆ **Flexible mechanisms:** UNCTs are given flexibility to identify appropriate coordination mechanisms and consultative processes, with all stakeholders for drafting, reviewing and validating the UNDAF.

- ◆ **Country analysis:** Country analysis is not seen as restricted to a specified calendar month before the UNDAF nor confined to one document. Analysis is an important contribution that the UN system can and does make on an ongoing basis, throughout a programming or development cycle. The draft guidelines, therefore, give the UNCTs an additional option of summarizing the relevant findings from the recent years of data collection and analytical processes, with the most up-to-date data available for use by UNCT and partners.
- ◆ **Strategic Planning:** In this round of consultations, agencies are specifically asked to provide feedback on the results matrix.
  - **Integrated results matrix:** Instead of two separate matrices on results and M & E, the UNDAF results matrix now integrates both the results and monitoring and evaluation elements, with a full commitment to the principles of the results-based management framework.
  - **Simplified results matrix:** The draft guidelines merge the two levels of outcomes into one set of outcomes. The outcomes now strike a balance between being strategic on the one hand, and focused enough to reflect the specificities of the UN's contribution towards the national development priorities, based on comparative advantage.
  - **Options for results matrix:** UNCTs are given two options for the results matrix: either keep the UNDAF results matrix at the higher strategic outcome level, or develop a results matrix with outputs. Specific guidance is provided on each option.
- ◆ **M & E:** The draft guidelines align the UNDAF annual review process with the national review process. Reporting on the UNDAF is in line with the standard operational format for UNDAF reporting. While the UNCT is required to identify a process whereby the UN contribution is evaluated and linked with national evaluations, the modalities are left flexible.

## Annex Three

### **WHO Guidance Note on using the WHO CCS to shape the health dimension of the UNDAF (June 2008)**

#### **Context**

Current international cooperation is marked by two interlinked and major commitments: achieving the Millennium Development Goals (MDGs) and improving aid effectiveness. In this context, agencies have no other choice but to work together for effective support to countries. For the United Nations (UN) system, this driving force has been anticipated within the framework of UN reform since the 90's and is now accelerating with the reform of the Resident Coordinator (RC) system at country level through the "Delivering as One" initiative while preserving its rich and needed diversity.

This context has a particular significance for health: the importance of health as a key factor of development is widely acknowledged by the international community; health is central to the MDGs, and international actors in the health sector have multiplied.

#### **Aim of this Note**

This note aims to show that within this context, the Country Cooperation Strategy (CCS) and the UN Development Assistance Framework (UNDAF) can foster cohesion in the form of support from WHO and the UN family to national priorities and national systems while taking advantage of the rich diversity of the UN presence at country level. It also shows possible steps on how the CCS could shape the health agenda of the UNDAF

#### **Congruence between the CCS and UNDAF**

The CCS is a medium-term strategic framework that defines WHO's strategic agenda in a particular country. It guides WHO's work in a given country and orients its results-based workplan.

The UNDAF is the strategic framework, also medium-term, for the resident coordinator system to describe the collective contribution of the whole UN in a given country. The UNDAF is based on the following common UN overarching principles: human rights-based approach, gender equality, and environmental sustainability, results-based management and capacity development.

The CCS is specifically about health within the development context while the UNDAF deals with the broader development agenda.

The elaboration processes and contents of the CCS and UNDAF share many common features, which promote the principles of aid effectiveness:

- ◆ national ownership – with the country setting the agenda – and alignment: support to national priorities, increasing use and reinforcement of national systems and processes;
- ◆ harmonization: considering the contribution of major external development partners, encouraging common approaches, using comparative advantages for defining respective roles, and prioritization for defining what each agency – and the UN system – should focus on; and
- ◆ in support of the above, consultation and strategic dialogue during the elaboration process, involving national authorities and organizations as well as external partners.

### **Opportunities for health cooperation**

The CCS and UNDAF frameworks provide two major opportunities for health cooperation, in order to achieve better health outcomes and progress towards the MDGs:

1. The CCS provides an opportunity to enrich the health dimension of the UNDAF; it provides a platform for the development community in the country to discuss cooperation for health, the role of the UN agencies and the particular contribution of WHO.
2. The UNDAF provides an opportunity to mobilize a multisectoral approach to health, addressing key socio-economic and environmental determinants.

The major conditions required from WHO for making full use of these opportunities include:

- ◆ improving the quality of the CCS, and
- ◆ being more proactively involved in the UNDAF.

### **Improving the quality of the CCS**

As the UN specialized agency for health, WHO should support, through the CCS process, a strategic dialogue on cooperation for health in the country. This dialogue should consider challenges and opportunities, contributions of the different agencies, and compliance with the alignment and harmonization principles. The CCS should also foster collaboration and synergies and make sure WHO's own contribution is discussed and supported. This dialogue has to involve all development partners - and in particular the UN agencies. This should be done in the spirit of reinforcing national systems and capacities.

The duration and timing of the CCS should be synchronized with the national health and development cycles and processes (generally medium-term 3-6 years). Putting this principle in practice should be easy: the CCS is sufficiently flexible and "high level" to absorb changes that can be taken into account in revisiting workplans as required (reprogramming)<sup>21</sup>. The

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<sup>21</sup> If a national process of strategy development or planning is under way, then WHO – and other UN agencies – have to focus on that process. This is important for at least two reasons: one is that those are critical steps in national development that demand time and energy from both the nationals and their partners; the second is that the CCS – and the UNDAF – being aligned with national priorities, are best formulated once those priorities are defined.

WHO country team can adjust in a pragmatic way to ensure the CCS is articulated as appropriate within the UNDAF. The new WHO CCS e-guide provides guidance and resources on how to improve the quality of the CCS process and document.

### **Being more proactively involved in the UNDAF process**

WHO has to be proactive and actively engage in shaping the health agenda within the UNDAF process through active advocacy, strategic planning and technical advisory roles. This will help ensure other UN agencies, based on their comparative advantages – and thus other sectors – contribute to health and health outcomes.

Should the UNDAF evolve far beyond the strategic framework expected to ensure coherence and to enhance synergies of participating agencies,<sup>22</sup> it may lose the flexibility needed to manage the UN diversity and to adapt to change<sup>23</sup>. Diversity of the UN at country level should be an asset and not a constraint.

So far the UNDAF outcomes and related theme groups have been organized around overarching and cross cutting issues, whereas most national institutions and partnership platforms are organized around sectors ( Sector-Wide Approaches (SWAs) in particular). This practice has often not provided appropriate articulation with "line ministries" – in particular those with operational responsibilities in relation to the MDGs ( health, education). This may limit the effectiveness of the UNDAF by not being sufficiently aligned. Some UNDAF however (e.g. Pakistan, Rwanda), have set outcomes to correspond with important sectors in the context of MDGs (such as health) while human rights, gender equality and other UN are considered in a cross-cutting way<sup>24</sup>. In the humanitarian context, the cluster structure adopted by the UN is based on sectors and health is a full fledged cluster. WHO country teams should support such evolutions which contribute to a better articulation of the UNDAF with MDGs' line-ministries and SWAs, taking into account country specificities.

WHO participation in the quality assurance support mechanisms set by the UNDG at regional level should also help in taking forward the orientations proposed above.

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22 In some pilots there is a tendency to move towards a plan format.

23 The use of joint programming within the UNDAF framework appears so far to be the most appropriate way for participating agencies to move to more operational planning. Joint programming will improve over time, through learning by doing and improved harmonization of procedures. It is the right mechanism for organizing specific collaborations while supporting national systems. WHO Country Teams should increasingly pay attention to joint programming.

24 For example, the current UNDAF for Pakistan has five main themes and/or outcomes: 1) agriculture, rural development and poverty reduction; 2) education; 3) health and population; 4) environment; and 5) disaster management. The current UNDAF for Rwanda has also five: 1) governance; 2) health, population, HIV and nutrition; 3) education; 4) environment; and 5) social protection.

## Annex Four

### **Case study on using the NHPSP-based CCS priorities to influence the health dimension of the UNDAF in Pakistan**

Planning for the One UN pilot began in early 2007. The first target was to find a common starting point. The UNCT agreed on the UNDAF as a common platform to be the starting point for the UN reform in Pakistan. After analysing the existing UNDAF, it was felt that it needed revision and extension of its expiry date. WHO and UNICEF co-chaired the Thematic Working Group on Health and Population to revise the health chapter of the UNDAF. The WHO Country Office immediately proposed to use the CCS 2005-2009 as a basis to identify the priorities health issues based on the strategic agenda of the CCS. This was because the strategic priorities listed in the CCS were identified through a joint iterative process with the Ministry of Health and partners. The idea was bought by all other participating UN agencies on the Technical Working Group (TWG) on Health & Population.

Since the CCS was the basis of WHO/MOH Joint Programme Review Meeting (JPRM) work plans existing at the time of the UN pilot process, further process of developing the UN Joint Programme Components was mostly based on the JPRM work plans. The WHO team proposed a broad categorization of health issues which were:

1. Primary Health Care;
2. Communicable Diseases;
3. Health Promotion and Nutrition;
4. HIV/AIDS; and
5. Health System Development.

These categories later formed the "Joint Program Components" as workable units for Inter-Agency programme implementation. Primary health Care was later changed after long negotiations into Maternal, Neonatal & Child Health including Reproductive Health and Family planning in the context of Primary Health Care to accommodate the needs of specialized agencies.

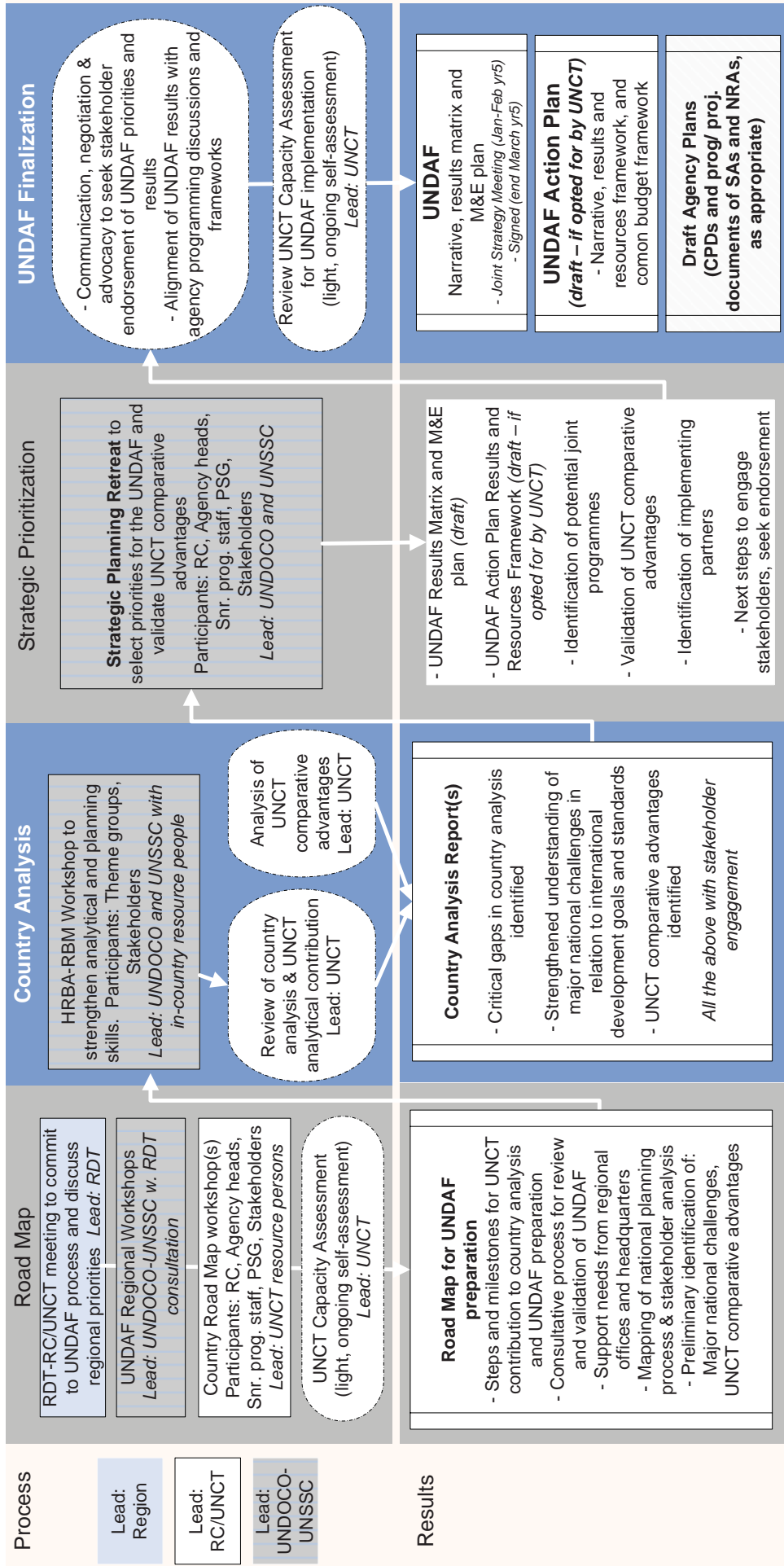
WHO then linked internally all products and activities from the collaborative programs to objectives and sub-objectives in a CCS-One UN Matrix to ensure not only the full integration of the CCS into the One UN TWG on Health, but also to look for partners in Health and from other sectors to implement the CCS more effectively. Another logic and instrument which we used was to devise health interventions according to the comparative advantage of Agencies. WHO was at the same time a honest broker while advancing the CCS strategic agenda through evidence-based inter-sectoral negotiations.

For example the One UN Health System Development Joint Programming Component was seen as an embryonic National Health Plan providing linkages to Health Systems Strengthening interventions of other Health Development Partners. Through the Joint Programming Components the ideas and values of CCS were channelled into a wider network of players and agendas.

Intensive negotiation with partner UN Agencies were necessary to bring about consensus on the Joint Programming Components and the products and activities within them. WHO was successful to maintain the agenda as laid down in the CCS in most of the Joint Programming Components and rallied other UN agencies around it. Other UN agencies also felt a sense of direction and ready made outcomes, products and activities to work with.

## Annex Five

### Strategy and support for UNCTs preparing UNDAFs in 2010



→ Regional Directors Team (RDT): Strategic advice and coordination to ensure UNDAFs respond to national priorities and alignment with agency programming processes  
 → Regional Peer Support Group (PSG): Technical support as well as oversight for the development, implementation, M&E of UNDAFs; Engage in planning process; Respond to requests for technical support to enhance country capacity; Provide overall assessment of quality of country analysis and UNDAF  
 → UNDOCO: Policy guidance; Overall strategy for support to UNDAF countries; Respond to requests for support; Roll-up quality lessons from PSGs; Financial support  
 → UNSSC (Staff College): Training methodology to support UNDAF countries; Train trainers and resource persons; Prepare and support teams for UNDAF workshops; Roll-up training lessons from UNDAF workshops

**Suggested Timeline**

By **October 31**, yr 4

By **Dec 31**, yr 4

Source: UN Development Operations Coordination Office, 2010

## Annex Six

### **Terms of reference for the Regional Peer Support Group to the Common Country Programming Process (April 2007)**

The Regional Directors of UNDG agencies and the Executive Secretary of the relevant Regional Commission, in consultation with designated representatives of other agencies that don't have Regional Directors, nominate staff to serve on the Peer Support Group (PSG) for the duration of the preparation of the Country Analysis and UNDAF development process in the concerned countries.

Membership of the PSG includes representatives of:

- ◆ UNDG Executive Committee (ExCom) agencies (UNDP, UNFPA, WFP and UNICEF)
- ◆ Specialized Agencies (SAs)
- ◆ Regional Commissions
- ◆ Non-Resident Agencies (NRAs)
- ◆ relevant geographical focal point of the UN Development Operations Coordination Office (UNDOCO)
- ◆ regional NRA Coordination Analyst (where present)

The regional Convening Agency (CA) for the quality support and assurance, selected by the Regional Directors Team (RDT), shall chair the PSG. The CA will provide the Secretariat for the work of the PSG.

**The major responsibility of the PSG is to accompany and support UNCTs during their analytic work and UNDAF development process.** This responsibility should be discharged in continuous, full and transparent consultation with staff of the relevant regional offices/ bureaus of all UNDG Agencies, including specialized agencies, regional commissions and non-resident agencies. More specifically, this responsibility includes, but is not necessarily confined to the following:

1. Seeking early involvement in the UNCT led process, preferably at the work planning stage. This will enable the PSG to provide inputs into the UNCT work plan for its contribution to the country analysis and UNDAF preparation, and help to develop a timeline that is feasible for both Country Teams and the PSG.
2. Review the support needs of the UNCT, including that of SAs and NRAs, to effectively participate in the development and support of the national development framework through its analytical contribution and the UNDAF.
3. Ensure/facilitate the realization of necessary support identified by the UNCT, including expertise, tools and training activities.
4. Ensure application of current CCA/UNDAF guidelines.

5. Review and comment on the proposed Plan of Engagement and the analytical option selected by the UNCT, especially with respect to coherence, effectiveness and inclusion of regional/sub regional perspectives (while respecting national ownership).
6. Seek face-to-face consultations, as much as possible, with UNCTs with a view to assisting them develop appropriate solutions for meeting country development objectives and develop a working relationship built on trust.
7. Ensure that QSA missions to countries include more than one agency, and include expertise to address cross-cutting issues (e.g. human rights-based approach, gender equality, environmental sustainability, results-based management and capacity development).
8. Support the CA in monitoring progress in the completion of the UN contribution to the country analysis and the UNDAF preparation. The PSG will also provide early alerts of slippages against quality or/and time expectations to the convening agency.
9. Prepare a final report and assessment of the quality of the UN contribution to the country analysis and the UNDAF after each revision by the PSG and disseminate good examples and lessons learned.
10. Adopt recommendations that fully reflect the current CCA/UNDAF guidelines and help build consensus among the UNCT and other partners on strategic prioritization rather than project agency-specific mandates or interests.

### **PSG Procedures**

11. The Chair of the PSG will initiate and seek inputs from the other members of PSG for the formulation of the PSG Work Plan, which will be submitted to the CA for monitoring of implementation.
12. The Chair of the PSG will receive, from the UNCT, first drafts of the UN contribution to country analysis and the UNDAF, and will invite comments from all PSG members on the same. The Chair will provide a consolidated written commentary to the UNCT within two weeks of receipt of the drafts from the UNCTs (copied to UNDOCO).
13. The Chair will ensure that the PSG comments and recommendations are addressed by the UNCT.
14. The PSGs may choose to organize themselves as they see fit to ensure the effective functioning of the commenting process and delivery of synthesized comments back to the UNCT, e.g. through virtual meetings, e-mail, video/teleconference as well as face-to-face consultations. They also may agree on methods of sharing work between their members.
15. The Chair of PSG, in consultation with the other members, will prepare periodic reports on the work of the PSG, including constraints and challenges, to be submitted to the CA, the RDT Chair and UNDOCO, as appropriate.

## Annex Seven

### **Terms of reference for the Convening Agency in quality support and assurance for UNCTs Common Country Programming Process (April 2007)**

The Convening Agencies (CA) in each region are agreed to annually by the Regional Directors of the UN Executive Committee (ExCom) agencies at their first annual meeting in consultation with other UNDG Agencies including UN Specialized Agencies (SAs), Non-Resident Agencies (NRAs) and Regional Commissions. Usually, the CA responsibility is assigned annually amongst the agencies in such a way that different agencies convene in different countries, and/or regions or subregions each year.

The major responsibility of the regional CA, which is accountable to the Regional Directors' Team, is to oversee and support UNCTs to ensure a quality and timely common country programming process in accord with the 2009 UNDG CCA/UNDAF Guidelines. The CA must ensure full engagement and teamwork of the UN System, including the SAs, NRAs and Regional Commissions, in the analytical work and other stages of the UNDAF development process of the UNCTs in the countries concerned. This responsibility should be discharged in continuous, full and transparent consultation with the relevant regional offices of the UNDG agencies, where existing, or other designated offices for agencies without regional offices, and the UN Development Operations Coordination Office (UNDOCO).

More specifically, this responsibility includes, but is not necessarily confined to the following:

1. Ensure the effective functioning of the Peer Support Group (PSG), including development and implementation of PSG work plans (see TORs for PSGs), in order to provide value-added services to UNCTs.
2. Ensure early assessment of the capacity of the UNCT to engage in a common country programming process, upholding quality standards, and likelihood of presence of all substantive Agency Heads as well as the contribution of NRAs, including through efforts by the NRA coordination analysts, where present, during the CCA/UNDAF development period.
3. Identify support to filling specific critical capacity needs identified by the UNCT, such as a need for specific expertise and tools in HRBA, RBM, gender analysis, emergency preparedness and conflict analysis, and capacity development.
4. Oversee, with UNDOCO support, the provision of inter-agency training and other support to the UNCTs concerned for the preparation of the common country programmes as well as for the implementation, monitoring and evaluation of the UNDAFs.

- 5.** Monitoring progress in the UN's contribution to the country analytic work and the development of the UNDAF and providing early alerts of slippages against quality and/or time expectations to the Regional Directors Team and designated representatives of other agencies without Regional Directors, relevant regional offices of UNDG agencies, DOCO and the UNDG's Working Group on Programming Issues.
- 6.** Promote participation of Regional Commissions and all UNDG Agencies including SAs and NRAs at all stages of work.
- 7.** Arrange field missions to support the common country programming process on request from the UNCT or, exceptionally, when the regional directors, or the designated representatives of other agencies without regional directors, are concerned that quality or/and time expectations risk being compromised. Such missions should normally include relevant staff from at least two agencies of the UNDG.
- 8.** Organize a review of the UNCT's Plan of Engagement in the country analytic work, results of the Country Analytic work and the first draft of the UNDAF by a PSG and provide timely feedback to the UNCT, with copy to UNDOCO.
- 9.** Provide periodic reports and assessments of the quality of the UN contribution to the country analysis and the UNDAF after each revision by the PSG and disseminate lessons learned. Ensure that quality concerns (particularly in relation to UNDAF results matrix) raised by the country PSG are addressed by UNCT.
- 10.** Keep an inventory/database of available multi-lingual expertise in the region especially in areas of HRBA, RBM, gender analysis and capacity development.
- 11.** Liaise with other focal points and regional and sub regional expertise to ensure that (sub) regional priorities are given due consideration in the common country programming process, while respecting national priorities.
- 12.** In carrying out these responsibilities, the CA may agree with other regional offices of UNDG agencies to share the workload among several agencies. Any such arrangements should be agreed beforehand and communicated to the UNCT, UNDOCO and all agencies concerned.

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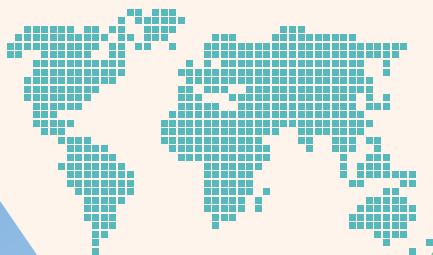
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*All references are available on demand from [countryfocus@who.int](mailto:countryfocus@who.int)*



# The United Nations Development Assistance Framework (UNDAF)

## *Process and Instruments*



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