UN Volunteers
inspiration in action

Programme Document

Programme Title: Basic Social Service Global Programme

Strategic Framework Outcome(s): Outcome 1: UN entities are more effective in delivering their results by integrating high quality and well supported UN Volunteers and volunteerism in their programmes.
Outcome 2: Countries more effectively integrate volunteerism within national frameworks enabling better engagement of people in development processes.

Expected Programme Outcome(s): Outcome 1: Increased effectiveness of UN agencies to build national capacity in basic social services, especially in primary health care, personal safety, water and sanitation, and social inclusion
Outcome 2: Enhanced local capacities for delivery of and access to basic social services, especially in primary health care, personal safety, water and sanitation, and social inclusion

Start Date: 1 November 2014

End Date: 31 December 2017

Implementing Partner: UNV

Brief Description

Based on the global context and UNV's expanded mandate, track record and expertise, the Strategic Framework (2014-2017) of the UN Volunteers (UNV) programme intentionally directs efforts and programme resources into five priority areas where volunteerism has a transformational and cumulative impact on the lives of people: (i) basic social services; (ii) community resilience for environment and disaster risk reduction; (iii) peace building and peace keeping; (iv) youth; and (v) national capacity development through volunteer schemes.

The overall goal of this Global Programme is to enhance access to basic social services through volunteerism. It has two interrelated outcomes: First, it aims to increase effectiveness of UN agencies and government partners to build national capacity in basic social services, especially in primary health care, personal safety, water and sanitation, and social inclusion, through capacity building in local communities, using innovative solutions, research and applied technology. Second, it will enhance national capacities for delivery of and access to basic social services, especially in primary health care, personal safety, water and sanitation, and social inclusion.

Programme Period:	Nov. 2014 – Dec. 2017
SF Outcome:	Outcome 1 and 2
Atlas Project/Output ID:	
PAC Meeting Date:	16 July 2014

Total resources required:	USD 12.3 million
To be mobilized:	USD 6.5 million
Total allocated resources:	
Special Voluntary Fund	USD 3.3 million
Fully Funded	USD 2.5 million

Agreed by UNV: Date: 17 November 2014

Richard Dictus, Executive Coordinator

Basic Social Services Global Programme 2014-2017

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I. Situation analysis

1. The UN General Assembly resolution in 1997 for basic services emphasised that universal access to education, health, water supply and sanitation, social protection and justice are required to ensure that all individuals attain a minimum standard of living and can live a life of dignity. The 2013 Report of the Secretary-General to the United Nations General Assembly stated "no person should go hungry, lack shelter or clean water and sanitation, face social and economic exclusion or live without access to basic health services and education. These are human rights, and form the foundations for a decent life"[1]. The effective and equitable provision of such essential services is critical for enabling the poor to overcome the deprivations of poverty, including lack of capabilities, allowing one to live the life one values[2].

2. Access to basic social services is essential for human development and all governments are mandated to achieve universal access to basic services. Based on these facts and because the United Nations Volunteers (UNV) has significant experience in this area, the United Nations Volunteers (UNV) programme has prioritized its efforts and resources through this Basic Social Services Global Programme (henceforth, 'Global Programme').

3. Basic social services should be seen as the cluster of related services that deliver a minimum set of 'inputs' needed by communities to build their capabilities, access employment and livelihoods, and live in an environment that is healthy, safe and secure. For this to happen, services must be accessible on an equitable and non-discriminatory basis, affordable, and of good quality, with the foundation of social inclusion, protection and justice. When and where this happens, governance systems succeed in delivering tangible development dividends to the public and, as a consequence, meet a core test of both their effectiveness and legitimacy.

4. For this programme, the term 'access to basic social services' includes three inter-related levels or pillars: **basic human needs** (nutrition and primary health care, water and sanitation, shelter and personal safety[3]), **foundations of well-being** (access to basic education and information, access to a healthy environment and advanced health care), and **opportunity** (personal rights, personal freedom and choice, tolerance and inclusion, access to advanced education).[4] As such, it includes the provision of and the right to basic education, basic life skills, early childhood education, primary health care including reproductive health care, basic nutrition services, infectious and sexually transmitted diseases control (including HIV and AIDS, TB and malaria), population policy and family planning, health education, safe drinking water supply and basic sanitation.

5. While the overall access to basic social services has significantly improved globally, most MDG targets focused on access to basic social services for population in developing regions will not be met by 2015.[5] Twenty seven countries have reached the child mortality MDG target ahead of 2015, including five countries that had very high child-mortality levels in 1990. This suggests that rapid improvements are possible in a range of settings

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1. UNGA Report of the Secretary General. A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond, 2013, p.3.
2. UNESCAP, 2007, cited in Basic Services and Volunteerism: Considerations for post-2015 development agenda (UNV, http://www.unv.org/fileadmin/docdb/pdf/2014/resources/UNV_Post2015_Brief__Basic_Services_and_Volunteerism.pdf , accessed June 2014.
3. Personal safety is defines as: Relative freedom from danger, risk, or threat of harm, injury, or loss to personnel and/or property, whether caused deliberately or by accident.
4. Social Progress Index, http://www.socialprogressimperative.org/data/spi#map/countries/dim1/dim1,dim2,dim3, accessed June 2014.
5. MDG Report 2013.

that vary in their geographical characteristics, level of economic and social development, population size, epidemiological patterns, and level of commitment of authorities and communities.[6] Globally average life expectancy is 70 (68 for men and 72 for women). Regionally, the lowest life expectancy is approximately 50 in Africa.

6. According to the World Health Report 2013, universal access to basic social services remains a long way off. Access to the health facilities with skilled health personnel and essential medicine in Africa and south-east Asia remains low, while the people of Europe have at least 10 times more access to such health services, on average. According to the MDG Report of 2013, 1.2 billion people live in extreme poverty with income less than USD 1 per day, mostly in sub-Saharan Africa, eastern and southern Asia (including China and India). One in eight people still go to bed hungry and nearly one sixth of children under age of five are underweight and one fourth are stunted.

7. Spending on basic social service varies enormously, with total government expenditure on health per capita in south-east Asia (USD 21) and Africa (USD 42) the lowest, and the US (USD 1,682) and Europe (USD 1,679) the highest.

8. The official development assistance (ODA) landscape has changed markedly over recent years based on the amount, recipient country, implementing agency, and modality.[7] ODA stood at USD 126 billion in 2012 (6% less than in 2010), the first time since 1996 that it has fallen in two consecutive years. However, South-South cooperation (SSC) and triangular cooperation models have become much more prominent over the last decade. The largest developing country providers of development aid are China, Saudi Arabia, the Bolivarian Republic of Venezuela, and India. Between 2002 and 2011, ODA for health rose from USD 6.2 billion to USD 18.4 billion.

9. Fifty seven million children are out of school; more than half of these are in sub-Saharan Africa. This means that only half the target, of primary education for all children by 2015, has been achieved. Globally 123 million youth (aged 15-24) lack basic reading and writing skills (61% are female). Despite steady progress on the elimination of gender disparity in access to education at all levels, only 2 out of 130 countries have achieved this goal, with southern Asia making the least progress.

10. Globally, significant progress has been made in reducing levels of mortality among children less than five years of age, which declined 41% during the period of 1990 to 2011 (87 to 51 deaths per 1000 live births). Still, efforts must be redoubled to meet the global target of reduction of child mortality rate by two thirds. Some 6.9 million child deaths in 2011 were mostly due to preventable diseases (19,000 a day), with the highest child mortality levels in southern Asia and sub-Saharan Africa (where one in nine children die before age of five).

11. Maternal mortality rate has been nearly halved since 1990, but this rate remains far from a reduction by three quarter. The sub-Saharan region is massively lagging behind, with approximately one quarter of countries in this region, with the highest maternal mortality ratio in 1990 (100 or more maternal deaths per 100,000 live births), making no or insufficient progress.[8] Only half of the pregnant women in developing countries received the recommended minimum of four antenatal care visits. In the sub-Saharan region, less than half the deliveries are attended by skilled personnel, which is crucial for reducing neonatal and maternal deaths. Globally, about 140 million women of child bearing age have unmet needs for family planning. About 16 million adolescent girls (15-

6. The World Health Report 2013.
7. Toward Sustaining MDG progress in an age of economic uncertainty, 2010.
8. World Health Report 2013.

19 years old) give birth annually, 95% of whom are in developing countries, where pregnancy related deaths are the leading cause maternal mortality.

12. Globally, an estimated 35.3 (32.2–38.8) million people were living with HIV in 2012. At the same time the number of AIDS deaths is also declining, with 1.6 (1.4–1.9) million AIDS deaths in 2012, down from 2.3 (2.1–2.6) million in 2005.[9] As access to antiretroviral therapy in low- and middle-income countries improves (8 million people in such countries received treatment in 2011) it is expected that the population living with HIV will continue to grow, since fewer people die from AIDS-related causes. Although HIV incidence rate has slowed drastically, still 2.3 million people are newly infected annually (in 2012)[10], mostly in Africa and then, by a large margin, in the Caribbean. However trends in some regions are worrisome. For instance, although absolute levels are low compared to Africa, in the Caucasus and Central Asia, the incidence has more than doubled since 2001.

13. In the past century, tuberculosis (TB) affected nearly two billion people, mostly in Asia and Africa. In 2011, 5.8 million were diagnosed and 1.4 million (24%) died of TB. About half the world's population is at risk of contracting malaria[11], and it affected 219 million in 2010, leading to the death of over half a million people, mostly children under five (80%). On the positive side, in all regions, the incidence of tuberculosis (TB) is falling. Some MDG targets have been met, but continued support is needed to sustain the gains.

14. In 2010, an estimated 89% of the world's population used an improved source of drinking-water. Despite significant progress towards the MDG goal for access to the improved water resources, quality and safety remains a serious concern. Worldwide, 768 million people still do not have access to an improved water source and 180 million relied on rivers, ponds and lakes in 2011, mostly in rural areas. Surprisingly, despite progress in the rest of the world, the Caucasus and Central Asia experienced a 3% reduction in access to safe water resources compare to access rate of 89% in 1990. Based on the current rate of progress, sub-Saharan Africa and the Middle East will fall short of the 2015 target for access to improved source of drinking water.

15. Although 1.9 billion people gained access to sanitation facilities since 1990 (almost one third of this in eastern Asia), still only 67% of population globally had improved sanitation in 2011. The World Health Organization (WHO) reports that some 2.4 billion people – one-third of the world's population – will remain without access to improved sanitation in 2015.[12]

16. UNV's State of the World's Volunteerism Report (2011) notes the evidence that, where service delivery to poor communities is weak due to scarce resources, or where governments simply fail to provide for their citizens, volunteer-based community initiatives often emerge in response. The response may take the form of a collective voice to advocate on behalf of citizens and insist that governments carry out their obligations. Fragile economic conditions, poor health, limited or non-existent access to healthcare systems, and poverty, in general, are powerful incentives for people to help one another and to find a common voice.[13]

17. There are many humanitarian and development areas that require the widespread volunteer contribution of communities, and, in many cases, have only been possible

9. Global Report: UNAIDS Report on the Global AIDS Epidemic 2013, p4.
10. Ibid.
11. The World Health Report 2013.
12. World Health Organization, UNICEF, Progress on sanitation and drinking-water, 2013 update.
13. UNV, State of the World's Volunteerism Report, 2011, p40.

through creating and engaging community volunteers. In the area of basic social services, these include: eradication of vaccine preventable diseases; access to improved water and sanitation; eradication of illiteracy; awareness of good health and hygiene practices; ending violence and discriminations against women, minorities and marginalized groups. "Never has the spirit of volunteerism been demonstrated more eloquently than in the global effort to eradicate polio."[14] Today, only five countries are still struggling with polio virus circulation. In the remaining countries, it was eradicated through national campaigns, largely through volunteers. For example, the networks of Red Cross and Red Crescent form the largest volunteer networks globally, which are indispensable for local responses to basic social service needs.

II. Past cooperation and lessons learned

18. UNV has developed solid knowledge and expertise in application of volunteerism in basic service delivery, particularly in promoting the consultative processes of identifying community needs and local capacity development, as well as increasing communities' accountabilities.

19. From 2000 and 2014, with other UN agencies, UNV supported 42 countries, mostly in Africa and South and East Asia, through 58 projects in the areas of health, education, strengthened governance for improved basic social services, and gender equity and women's empowerment. In 2012, 10% (USD 860,000) of UNV-administered funds were spent on projects in basic social services, and 28% (1,934) of the UN Volunteers deployed in 2013 worked in this priority area.

20. By December 2013, more than 115,000 UN Online Volunteers, facilitated by UNV, provided technical support to some 1,300 organizations, including 34% in basic social services. In some projects UN Online Volunteers support on site volunteers for better implementation of projects that require large numbers of people in different locations, for example in conducting censuses, surveys, data collection, compilation and analysis, and other forms of crowdsourcing.

21. Since 2000, approximately 36% of UNV-supported projects (where UNV provided funds) included volunteer activities related to primary health care. One of the UNV's strengths has been mobilizing thousands of community volunteers and health workers for health promotion and combating communicable diseases, like tubercolosis. One of the most significant achievements in primary health care for UNV has been the deployment of UNV doctors and medical specialists to underserved areas of developing countries. Since the 1990s, UNV, in partnership with UNDP, UNICEF and WHO and several governments and NGOs, has deployed hundreds of doctors and specialists to strengthen the health system in more than 15 countries (including Malawi, Viet Nam, Guyana, Zimbabwe, Papua New Guinea, Ethiopia, South Africa, Mongolia, Trinidad and Tobago, Uzbekistan, Afghanistan, Pakistan, Sudan, Kenya and Somalia). These UNV health experts have supported the health sectors' planning and strategy development, and generated evidence for policy making.

22. Evaluations of such projects demonstrate that UNV medical personnel have often successfully bridged the practices between the international and national health communities, bringing the experiences of other countries, supporting the health system development and reform of host countries. For instance, one of the commendable projects included the deployment of UNV doctors to the rural areas of South Africa. Between 1997-2001, with the aim of strengthening the health system by establishing a community health workers' network for peer to peer health education and hygiene promotion. With a target population of 4.9 million, the project was shown to have significant impact. With a

14. Jonathan Majiyagbe, President, Rotary International, in *Bulletin of the World Health Organisation*, Jan, 2004.

budget of USD 1.2 million over five years, an evaluation concluded that project contributed to a 1% drop in infant mortality and an increase in the adult life expectancy. The project was also shown to have enhanced the capacity of local health personnel by bringing international expertise into the remote areas, as well as building a network of Community Health Workers (CHWs), which in turn, noticeably stimulated local volunteerism efforts. The project was recommended for replication in other underserved areas, which later occurred in other parts of the country.

23. In HIV and AIDS programmes, UN Volunteers have played critical role in improving and strengthening services through providing technical assistance for policy development, decentralization and improved health governance systems. One key approach used by UNV was to engage people living with HIV as national UN Volunteers for social mobilization for behaviour change, awareness raising, and combatting the stigma and discriminations. Within a rapidly changing context UNV with other UN agencies, supported the relevant programmes in more than 17 countries (including Swaziland, Botswana, Malawi, Zimbabwe, Guyana, Zambia, Ukraine, Mongolia, Papua New Guinea, South Africa, Sudan, Viet Nam, Burundi, Cambodia, Ethiopia, and Indonesia) primarily by addressing the issue of social inclusion.

24. Since 2001, UNV, partnering with UNDP, UN Women and UNFPA, has invested in the promotion of gender equality and women's empowerment projects in several countries. These projects initially targeted deployment of UNV gender specialists, to promote gender-sensitive humanitarian and development programming in all five regions. Specifically, UNV has supported gender responsive budgeting and planning, women's participation in decision making process and planning, equitable distribution of resources, social mobilization for behaviour change toward gender-based violence (GBV) and prevention of violence against women (in 10 countries of Asia-Pacific region), and combating genital mutilation (in Sudan, Morocco and Egypt). Some projects, for example in Rwanda and Argentina, Bolivia, Ecuador, and Peru, aimed to improve women's capacities through literacy trainings and micro credit. It is recognized that establishing solid partnerships and engagement of civil societies are crucial for promoting gender equality and women's empowerment programmes and a multi-sector/multi-agency approach is an essential element of success. It must be noted that national UN Volunteers played a key role in social mobilization of communities, consolidation of data and information for research and supporting the evidence-based policy making and advocacy in these programmes. It should also be noted that UNV lacks the consolidated analysis of GBV and volunteer prevention programme, and such an evaluation is recommended.

25. With different UN entities, during the period 2000-2014, UNV supported projects for strengthening democratic governance, community development and social inclusion of marginalized groups, for example, in India, Nepal, and Jordan, Laos, Zambia, Tanzania (Zanzibar), Mauritius, Croatia and Guatemala. Of these, most were multi-agency projects which applied different social mobilization methods to raise awareness, share knowledge and encourage communities to volunteer and participation in their own development processes. For instance, in Croatia, UN Volunteers reached out to unemployed Roma people with disabilities and mobilized resources for their social inclusion and access to the basic services. In Jordan, radio programmes for engaging the communities from remote areas to learn and voice their demands. Student projects were funded for awareness raising and fighting discrimination against people with disabilities, which resulted in enrolment of people with disabilities in subsidised and free physiotherapy sessions.

26. UNV also successfully invested in promotion of the democratic governance for service delivery, for example, in Peru, Laos, Haiti, Papua New Guinea, Senegal, Maldives, Albania, Mali, Gambia, Ecuador, El Salvador, Kyrgyzstan, and Brazil. Institutional capacity building through deploying UN Volunteers at the national and district level, led to the decentralized management and decision makings, and more gender-sensitive planning. It also supported localized monitoring tools and indicators to track MDG progress,

including Community Monitoring Charts and District Human Development Reports, through the mobilization of local volunteers. Project evaluations demonstrated the value of national UN Volunteers, in terms of sustainable capacity building, showed that effective social mobilization leading to strengthening of the local governance are vital for achieving improved services and livelihoods.

27. UNV has supported several South-South initiatives between the neighbouring low income countries in Africa and Latin America for enhancing democratic governance for service delivery. For example, the multi-sector project Southern Africa Capacity Initiative (SACI), 2005-7, implemented in partnership with UN agencies, NGOs, as well as the respective ministries in Botswana, Namibia, Mozambique, Malawi and Swaziland, deployed UN Volunteers to build the capacity of senior civil servants for strategic leadership, planning, and policy implementation for enhance service delivery. The SACI framework was noted as an effective mechanism for capacity enhancement, especially to countries challenged by scarcity of skilled human resources. The tools and methodologies developed for the programme were recommended for adaptation in other UNDP capacity building efforts.

28. The most recognised and sustainable UNV-supported projects have had capacity development at their core. For example, in 2010, UNV, in collaboration with UNDP and WHO, made substantive contributions through the Empowering Communities through Local Volunteerism to address Poverty and Tuberculosis (TB) in Karakalpakstan Uzbekistan project – a community-based programme designed to tackle the high incidence of tuberculosis (TB). During the year, the project mobilized a total of 2,436 community volunteers, 20 Youth Trainers, and 29 Community Volunteer Trainers, with the assistance of six national UN Volunteers and one international UN Volunteer. A mid-term assessment undertaken to gauge implementation trends showed that, among project target communities, there were improvements in the knowledge on tuberculosis (TB). This project continues as a part of a joint UN Programme addressing livelihoods in communities affected by the Aral Sea disaster.

29. A synthesis of evaluations conducted for UNV-supported projects during the period 2000-2009 identified some major areas for improvement. These areas include: such projects must present clear and realistic objectives based on a situational analysis and stated community needs; UNV's added value in addressing the development priorities must be identified by all partners and remain clear throughout the project, in order to distinguish itself from other development actors working towards similar goals; such projects must explicitly integrate the promotion of volunteerism throughout the project, foreseeing specific activities and concrete indicators to assess achievements; there should be an allocation for capacity development on monitoring and evaluation for counterparts, especially civil society organizations, to ensure the sustainability.

30. Another key lesson learnt from these evaluations relates to the duration of UNV-supported projects. UNV should consider longer project duration - possibly building on better integration within longer-term UNDP or other partner programmes – to allow more time for implementation and for activity results to take hold, and local stakeholders to take them over. In view of the sustainability of project results, UNV-supported projects have often been too short in duration for change to take root. For instance, community groups need to acquire capacity, and independent problem-solving skills which can only be achieved once a trusting relationship with the UN Volunteers has been established, and that takes time. In fact, it is noted in some evaluation, that the time factor is one key advantage of volunteers over other short-term technical assistance.

31. From the summary of evaluations of previous basic social services projects, the need for thematic technical expertise available as support for UN Volunteers and UNV-supported projects is also noted. Specialist advice on the use of volunteerism in basic social services and capacity development is seen as essential for successful volunteer

projects in this focus area. This could be in the form of knowledge products that demonstrate successful practices, research that demonstrates the value of volunteers, or specialist personnel who can build on previous initiative.

32. Lessons learnt from previous UNV projects highlight some weaknesses in addressing essential cross-cutting issues during implementation. Evaluations highlight the need to recall the engagement principles: including national ownership and capacity; a human rights-based approach, sustainable human development; gender equality and women's empowerment, ensuring participation and voice for all.[15]

III. Proposed programme

33. Building on UNV's past experience and the stakeholder consultations analysis during the programme development phase, this Global Programme responds to the challenges and opportunities set out above, the priorities set out in UNV's Strategic Framework and UNV's continued contribution to the achievement of the MDGs (and to be advocated in the SDGs). It also supports areas of work in UNDP's Strategic Plan (2014-2017), particularly in contributing to its area of work on "How to build and/or strengthen inclusive and effective democratic governance".[16]

34. The overall goal of this Global Programme is to enhance access to basic social services through volunteerism. As stated in the situation analysis section, this Global Programme will consider basic social services as a broad spectrum of services to contribute in fulfilment of entitlements of individuals in societies, highlighted by the UN GA resolution (A/Res/67/226): basic human needs (nutrition and primary health care, water and sanitation, shelter and personal safety), foundations of well-being (access to basic education and information, access to a healthy environment and advanced health care); and opportunity (personal rights, personal freedom and choice, tolerance and inclusion, access to advanced education).[17]

35. Through this Global Programme, the individual project focus, within the above definition, will be narrowed down and based on the regional and national development priorities highlighted by government and other development partners, particularly other UN entities. Projects within the Programme will aim to integrate volunteerism at three levels: by using volunteerism in the formulation of national development policies and programs; mobilizing UN Volunteers for improvement of delivery of basic social services at national and subnational level; and promotion of volunteerism in community-focused initiatives.

36. Most of UNV-supported projects and UN Volunteers in basic social services have been in Africa, where key development indicators on service delivery are clearly worse than in all other regions. As a result, this Global Programme will focus its efforts and resources in Africa, including funding a Project Support Specialists (Basic Social Services), an international UN Volunteer, in UNV's Regional Office in Nairobi. Nevertheless, noting the ongoing need and demands, as stated above, particularly in Asia-Pacific and some Arab States, while prioritising Africa, the Programme will also consider initiatives from other regions.

37. An overview of the Programme's goal, outcomes and outputs, with indicative initiatives, is shown here:

15. UNDP Strategic Plan (2014-2017), p5.
16. Ibid, p. 11.
17. Social Progress Index, http://www.socialprogressimperative.org/data/spi#map/countries/dim1/dim1,dim2,dim3, accessed June 2014.

Goal: Enhance access to basic social services through volunteerism		
Outcomes	**Outputs**	**Indicative Initiatives**
<u>Outcome 1</u>: Increased effectiveness of UN entities to build national capacity in basic social services, especially in primary health care, personal safety, water and sanitation, and social inclusion	**Output 1.1: Community, volunteer-based responses** to health care and prevention in UN agency programmes implemented in LDC countries	The successful community-based TB project in Uzbekistan (WHO), where 3000 community volunteers where trained on prevention and treatment of TB, is replicated in neighbouring Kyrgyzstan.
	Output 1.2: Enhanced access to basic social services for marginalized groups achieved through volunteerism in 20 LDC countries	With UNDP, mobilize disabled youth in East Africa to use social media and online volunteers to monitor, collate and document the status of services for disabled youth.
	Output 1.3: Women's empowerment, equality, and protection are enhanced through volunteerism in 18 communities in Africa, Asia and the Arab States	With UNFPA, UNDP, UNICEF and UN Women, build on successful, regional gender-based violence programme in Asia.
	Output 1.4: Accurate and detailed information UN agency' **project results monitored** and reported	National UN Volunteers, with UN Online Volunteers, train community volunteers to carry out door-to-door surveys to assess behaviour change due to a UNICEF nutrition programme.
<u>Outcome 2</u>: **Enhanced local capacities for delivery of and access to** basic social services, especially in primary health care, personal safety, water and sanitation, and social inclusion	**Output 2.1: Capacities of local communities** to access basic social services enhanced in 10 countries	With Civil Society Organisations (CSOs), raise awareness, encourage voluntary participation and empower poor communities to give voice to their rights (to primary health care, personal safety and water and sanitation)
	Output 2.2: Policies and mechanisms at national, sub-national and local levels to foster volunteer engagement in basic social services are **strengthened**	Policy to guarantee inclusion of women's volunteer organisations in local council budgeting developed in LAC
	Output 2.3: Volunteer schemes to address preventive health issues **established or strengthened** in 5 countries in Sub-Saharan Africa	The experience of the Togo volunteer scheme replicated in Cote D'Ivoire to create a volunteer corps for vaccination campaigns.
	Output 2.4: Evidence gathered and communicated on the contribution of community volunteerism to delivery of basic social services in Africa	With VSO, WHO, and Drugs for Neglected Diseases Initiative, a pilot programme in Africa that deploys volunteers to gather data for research on cures for neglected diseases.

Outcome 1: Increased effectiveness of UN entities to build national capacity in basic social services, especially in primary health care, personal safety, water and sanitation, and social inclusion

38. Building on previous experience in basic social services programmes, largely implemented with other UN agencies, this Global Programme aims to create a platform to support the mandates of UN partners, particularly in primary health care, personal safety, water and sanitation, and social inclusion. It will do this through expanding and replicating successful volunteer programmes, focusing on equal access to basic social services, supporting women's empowerment and equality, and deploying volunteers to help facilitate and partner in monitoring UN project results.

39. In this outcome, priority thematic areas will be identified at the country and regional level based on UN agency and government priorities, identified through the UN-wide programming cycle, including through United Nations Development Assistance Frameworks (UNDAF), or regional priority mappings with other UN entities.

40. **Output 1.1** aims to facilitate **community, volunteer-based responses to health care and prevention**. Through the capacity development of thousands of national volunteers, the Programme will continue to build on and replicate South-South exchanges in the health sector. The prime objective will be to strengthen national ownership and, thus, sustainability. It will build on this success and replicate previous basic social services projects like the Empowering Communities through Local Volunteerism to address Poverty and Tuberculosis project in Uzbekistan that mobilized and trained over 3,000 community volunteer. Such initiatives will be documented, scaled-up and replicated where appropriate.

41. Improved access to basic social services depends on an inclusive environment. **Output 1.2** focuses on **enhanced access to basic social services** for marginalised groups through volunteerism. This will include, for example, support to projects that develop awareness and capacity of service providers to improve access to basic services for people with a disability.

42. “In this first year of our new four-year programme period, UNV reiterates its commitment to helping ensure equality for women, based not only on our commitment to fundamental human rights but also in our explicit recognition of the role of women as a driving force for peace and development efforts, and societal transformation across all areas of focus. We are more determined than ever that our volunteering opportunities will be equally accessible to women and men, and to helping women and girls with opportunities to use their expertise to serve their communities, to learn and practice new skills, take on new roles, and inspire others.”[18] Investing in the development of women and girls has a multiplier effect, because, for example, educated women have more economic opportunities and engage more fully in public life, which can improve productivity, efficiency and sustained and inclusive economic growth[19], especially in key areas such as agriculture, industry and services. Thus, gender mainstreaming will be a deliberate and conscious aspect of the design and implementation of the projects in this Programme. Gender Equality Markers in planning and budgeting[20] will be applied. The enhancement of women’s empowerment, equality, and protection through volunteerism are the objective of **Output 1.3**. A minimum of 15 per cent of the Programme funds will go be used to address women’s specific needs, advance gender equality or empower women, and only those project that can demonstrate the mainstreaming of gender within the narrative, results and resource framework will be considered for funding.

43. In addition to large-scale primary health campaigns, like vaccination initiatives, a focus of national capacities will be in monitoring service levels, disaggregated data collection and analysis, reporting, monitoring and evaluation. Such initiative will include the mobilization of online volunteers, particularly to support the capacity building efforts of community organisations through crowd sourcing. **Output 1.4** aims to assist, with volunteers, **monitoring the progress of UN agency’ projects**.

18. UNV Deputy Executive Coordinator, Ms Rosemary Kalapurakal, 8 March 2014.
19. UN Backgrounder, International Women’s Day 2008, http://www.un.org/events/women/iwd/2008/pdf/IWD%20rev%20E.pdf, accessed 8 July 2014
20. Following the UN GA resolution (A/Res/67/226), the Gender Equality Working group of UNDG in September 2013 disseminated the UN programme guide sets for “Gender Equality Markers”, and “Financing for Gender Equality and Tracking Systems”.

Outcome 2: Enhanced local capacities for delivery of and access to basic social services, especially in primary health care, personal safety, water and sanitation, and social inclusion

44. Capacity development, at individual, community and institutional levels is at the core of Outcome 2. **Output 2.1** will focus on the **capacities of communities** to access to basic social services. The Global Programme will support national stakeholders to become more engaged in development initiatives at national, sub-national and local levels to create enabling environments for enhanced basic social services delivery. Building on examples like the gender budgeting programme in South America, where women gained knowledge and strengthened their "voice" to the local authorities in order to achieve increased budgets for gender-specific projects, similar projects will encourage greater participation in the development process of their own societies. Employing UNV's unique modalities of UN Volunteers, both national and international, UN Youth Volunteers, and UN Online Volunteers, in close collaboration with CSOs, such projects will aim to strengthen the role of both duty bearers and rights holders, leading to better service delivery.

45. Through supporting efforts in the area of democratic governance, the Global Programme will complement the programmes of other UN partners, to contribute to the creation of policies and other mechanisms to build national capacity for inclusive, equitable, participatory, transparent and accountable service delivery. For example, a policy on the deployment and support of volunteers for public health campaigns may be included. Using a rights-based approach, **Output 2.2** aims to enhance **capacities of local and national authorities** to work with communities to better deliver basic social services.

46. The ability to mobilize thousands of people required for vaccination or literacy campaigns, for example, is essential for any country. Through its ongoing support for national volunteer schemes, like those is Togo, Burkina Faso, Niger, and Mali, volunteers can be mobilized for service delivery and/or volunteer-led awareness raising activities in a wide range of sectors, including health, education and protection. Building on UNV's experience in this area, **Output 2.3** will aim to establish or **strengthen volunteer schemes** to address preventive health issues in sub-Sahara Africa. This output will link closely to the Capacity Development through National Volunteer Schemes Global Programme.

47. This Programme, in **Output 2.4**, will build on the **evidence that volunteers are central to the delivery of basic social services** in any community. UNV will collaborate with academic and policy institutions, and WHO, to carry out research on basic service standards and issues, as well as on the proven benefits of volunteers in basic social services. Recognizing the importance of measuring the results of volunteer contribution in development programmes, evidence of the nature of these contributions will be used as inputs into such research. Such findings will provide more convincing foundations for advocacy for policy debates, resource mobilization, building programmatic partnerships and contributing to the post-2015 development agenda.

48. Going beyond gathering evidence and producing knowledge products in this thematic area, this Global Programme will facilitate programmatic knowledge sharing and networking. For example, the Basic Social Services advisory team advisory team (see below), which will including UN Volunteers and some external specialists, will facilitate knowledge sharing within and between the Global Programmes. "Tagging" each UN Volunteer to a specific Global Programme will bring relevant technical expertise and a new dimension to UNV's capacity to connect and share knowledge. This will broaden UNV's approach to knowledge sharing and, at the same time, bring UN Volunteers closer to UNV and its programmatic approach.

49. UNV will also engage with CSOs to generate knowledge products to demonstrate the innovative role and benefits of volunteerism in delivery of basic social services. Deploying volunteers to gather data, collate, analyse and present information, this Programme will support governments and national bodies to better track and document trends in basic social services and, thus, feed into policy discussions. UNV will contribute knowledge and resources to facilitate this work, and will promote the use of UN Online Volunteers available to assist with such activities.

50. To encourage innovation and experimental learning, in combination with the other four Global Programmes, this Global Programme will include an Innovation Facility. UN Volunteers will submit ideas/proposal and, if successful, receive seed funding to implement innovative ideas and solutions to problems related to the different programme outputs. This facility will be closely linked to the UNV learning fund. It will help identify innovative practices by creating incentives for motivated volunteers with creative ideas.

51. UNV will partner with other UN actors in promoting communications campaigns for basic social services. An emphasis on Communications 4 Development will be addressed in the general communications work planning and resourcing of the Global Programme.

IV. Programme management, monitoring and evaluation

Programme Management

52. The Programme will be implemented over a period of three and a half years (July 2014-December 2017), aligned to the duration of UNV's Strategic Framework (2014-2017).

53. It will be implemented through a coherent set of national, regional and global projects, which will align with the Programme goal, contribute to the Programme's results, and be funded, at least partially, from Programme resources. These projects, many of which will be joint projects with other entities, will be managed at either the country office, in relevant regional institutions for some regional projects, or at UNV headquarters.

54. The implementation and management arrangements for the Global Programme with respect to programme actions identification, selection, development, funding and implementation will be guided by the Global Programme Implementation Guidelines (link).

55. A Programme Board will provide strategic direction and guidance for effective programme implementation and will reinforce the oversight and accountability responsibilities of the Chief Programme Coordinator and the Programme Specialist (Basic Social Services). Chaired by the Deputy Executive Coordinator, with the assistance of the Chief Programme Coordinator, the Board will also include: Chief, Development Programming Section; Chief, Peace Programming Section; Chief, Finance Section; Chief, Knowledge and Innovation Section; Chief, Results Management Support Section; Chief, Partnerships Section; and Chief, Communications Section. The Programme Board will oversee the Programme by reviewing progress reports of the Programme, approving any revisions to the Programme Document, annual work plans (AWPs), including budget, and staffing plans.

56. To ensure and facilitate synergies and consistency of approach between the UNV's five global programmes, the Programme Board for this Global Programme will be the same for the other four Global Programmes (peace-building, youth, community resilience for environment and disaster risk reduction, and capacity building through national volunteer schemes). Further, Programme Board will also perform functions of the Project Board for the Global Projects within respective Global Programmes.

57. As there is strong connection between all five of the UNVs Global Programmes, priorities, implementation methodologies, target groups and beneficiaries, actors and resources are often overlapping. For example, a youth-led national volunteer scheme may present the most innovative solution for a national literacy campaign. This Global Programme, through the Programme Specialist will, thus, collaborate closely and inform the other Global Programmes. The five UNV Global Programmes will “share” resources, including personnel to work on monitoring and evaluation, as well as communications.

58. The full-time Programme Specialist (Basic Social Services), located at UNV headquarters, will be responsible for the day-to-day management of the Global Programme: Programme implementation; strategic planning; oversight of project implementation, including M&E and contribute to knowledge management. More specifically, the Programme Specialist will: facilitate the preparatory phase of the Programme, including setting up of management, financial and monitoring and evaluations systems; oversee the recruitment of the Programme team as approved by the Programme Board; convene regular meetings and discussions to develop a Programme implementation strategy, including communications and resource mobilization strategies; prepare and share narrative and financial reports in accordance with UNDP/UNV policies and procedures for submission to the Programme Board; monitor for results of Programme activities against indicators established for the Programme; raise red flags to the Programme Board if progress has not been made or is unsatisfactory, and recommend remedial action. The Programme Specialist will report to the Chief Programme Coordiantor.

59. Programme, administrative as well as communication and M&E support will be shared with the other global programmes. To this extent, Communication Specialist and Adminsitrative Assistant will be mainstreamed within the Programme Coordination Section under the guidance and supervision of the Chief Programme Coordinator and Programme Support Associate will be mainstreamed within Programme Support Pillar of the Results Management Support Section.

60. Three Project Support Specialists (Basic Social Services), international UN Volunteers with specialization in the sector, will be deployed in UNV Regional Offices, and support the Programme Specialist implement the Programme, primarily through supporting UNV Field Units and other partners to seek out and develop project proposals for the Global Programme. They will also play a role in promoting the Programme at the regional level to potential programme partners and for resource mobilization. The Project Support Specialists (Basic Social Services) will be based in UNV Regional Office in Bangkok and Nairobi, initially, and potentially in the Arab States when a UNV regional office is established.

61. To support the Programme Specialist a Basic Social Services Advisory Team will be established. This team, with self-selected membership, will include representatives from different sections of UNV HQ, field-based personnel and advisors from the UN, donors and other partners with a common interest in the Programme. Essential members will include the respective UNV primary health, WASH, informal education, and HIV/AIDs focal points (Portfolio Managers with a thematic focal point role), a representative of the gender action team, and field-based personnel with background in the sector and/or potential programming opportunities in their respective country. The Advisory Team will provide guidance and suggestions, virtually, for improving the programme’s strategies, products and partnerships.

62. To ensure the Programme is implemented according to UNDP programming standards, UNV’s Programme Management Specialist, in the Results Management Support Section, will monitor implementation practices and standards, and provide

feedback and support to the Programme Specialist and the Programme Board with respect to these standards.

63. To ensure synergies with UNV's corporate communications approach (spelled out in the UNV Communications Strategy for the Strategic Framework period), a communications plan will accompany the implementation plan of the Programme. Communications will be integrated into all resourcing, work plans and progress reports.

64. The resources for the implementation of the Global Programme are expected to amount to USD 12.3 million over the 2014-2017 period. Of this, USD 3.3 million will be allocated from the Special Voluntary Fund. Some USD 2.5 million from fully-funded UN Volunteers will also be assigned to this Programme. Five per cent of allocated resources will be reserved for monitoring and evaluation and a further five per cent allocated to the communication of objectives and results.

Monitoring and Evaluation

65. Monitoring and evaluation of the global programme will be grounded in the programming arrangments set out in the UNDP programme and operations policies and procedures, and guided by the UNV Strategic Framework 2017-2017. This includes aspects related to programme/project monitoring and evaluation, the regionalization process and strengthening of the RBM in UNV.

66. To this extent, Programme Specialist, under the guidance of the Chief Programme Coordinator will prepare a detailed Monitoring and Evaluation Framework, including risks matrix. Evaluation plan, as part of the Monitoring and Evaluation Framework will be developed and approved the Programme Board.

67. A mid-term evaluation and review of the programme will be carried out mid-2016 and an external, end of programme evaluation will be undertaken at the end of the Programme period, with input from project evaluations of the constituent projects.

68. To support the Programme Specialists in each of the Global Programmes, an online volunteer M & E team will be established, and managed by the Programme Specialist. This team will help ensure external validation of activities and results in the Global Programmes. Following a briefing, online volunteers will conduct online research and analysis using UNV defined methodology and questionnaires. Online volunteers' assessments will also be cross-checked with those of on-site UN Volunteers' through an exchange ideas and feedback on their respective answers to reach consensus.

V. Partnerships

69. From February to May 2014, programme development consultants carried out a desk review of hundreds of programme documents, interviewed key informants, held focus group discussions and surveys with some 140 technical experts from 11 UN entities in different sectors, including health and nutrition, education, women's empowerment, water and sanitation, protection, housing and environment (see the Annex 3). The results fed into this Global Programme document.

70. To maximise the results of the Global Programme, adopting strategic engagement with key government ministries, donors, UN agencies, and CSOs is essential. As part of the roll out of UNV's Strategic Framework, UNV is preparing a Partnership Strategy and related Partnership Implementation Plan to formulate a partnership and resource mobilization strategy at the outset of programme implementation.

71. Because this Global Programme aims to affect change through enhanced basic social services at the community level, partnerships with local CSOs and international CSOs/NGOs, particularly those focusing on basic social service and/or volunteerism will be key partners. Programmatic collaboration as well as joint research and advocacy initiatives will be common objectives. Likewise new partnerships with research and academic institutions are planned.

72. UNV is administered by UNDP, which hosts most UNV Field Units and closely collaborates in many of its programmes and projects. In UNDP's Strategic Plan 2014-2017, UNDP recognizes UNV's 'good fit' with the upstream policy work of UNDP'. In particular, UNDP notes that UNV is 'a key resource for community-level presence, organization and action; reinforcement of social cohesion through volunteers and voluntary work; development of volunteerism in local-level service delivery; specific aspect of South-South and triangular cooperation based on exchanges of skilled people to close critical gaps; outreach through deeper use of online volunteerism; and creation of opportunities for youth in volunteering.' [21] UNDP will be UNV's foremost partner in this Global Programme, specifically in the areas of democratic governance for better delivery of basic social services.

73. UNV has Memorandums of Understanding (MOUs) with the United Nations Environment Programme (UNEP), United Nations Population Fund (UNFPA), UN-Habitat, United Nations High Commissioner for Refugees (UNHCR), and United Nations Office for Drugs and Crime (UNODC). For this Global Programme, potential partners are UN entities with mandates for improving basic social services, such as the Food and Agriculture Organization (FAO), United Nations Education, Science and Culture Organization (UNESCO), United Nations High Commissioner for Refugees (UNHCR), United Nations Fund for Children (UNICEF), United Nations Fund for Women (UN Women), the World Food Programme (WFP), World Health Organization (WHO), United Nation Fund for Population Agency (UNFPA), and United Nations Environment Programme (UNEP).

74. The partnership building and joint programming will require extensive networking at the global, regional and country level with government bodies and other lead development partners to win support and buy-in into the project idea, and ideally, to forge partnerships that would ensure a greater integration of the volunteerism-oriented programme into existing development strategies and programmes. Effective networking with the advisory group of UNDG at global level, and regional UNDG team could play a vital role for integration of volunteerism in development programmes. UNV's regional offices will play a key role in both programmatic partnerships with regional UN entities, and in resource mobilization with regionally based donors, including multilateral, private sector and foundation partners.

75. The Programme Specialist will develop communications and resource mobilization strategies to strengthen partnerships and ensure visibility of the Programme's achievements.

76. In June 2014 and in June 2016, UNV will report to the Executive Board (EB), where this Global Programme will be introduced to EB members. In September 2014 and potentially on an annual basis, this Global Programme will be presented to a Partnership Forum. For this event, a corporate video that includes a component on UNV's achievements in basic social services will be produced and shown.

[21] United Nations Development Programme, 'UNDP Strategic Plan, 2014-2017' (2014), p. 13.

77. Partnerships will be built with emphasis on strengthening of technical and scientific cooperation, including North-South, South-South and triangular cooperation[22], and will emphasise the importance of exchange of experience and expertise, knowledge transfer and technical assistance for capacity-building. UNV will build on, document success and grow its South-South experience in this sector.

22. Triangular cooperation involves a traditional donor from the ranks of the OECD's Development Assistance Committee (DAC), an emerging donor in the South, and a beneficiary country in the South.

Annex 1. Results and resources framework of Global Programme for Basic Social Services

Global Programme Goal: Enhance access to basic social services through volunteerism			
Global programme outcomes: baseline, indicator(s), targets, and sources of data[23]	**Indicative Global Programme outputs**	**Indicative output indicators**	**Indicative Resources by Outcome**
<u>**Outcome 1**</u>**:** Increased effectiveness of UN entities to build national capacity in basic social services, especially in primary health care, personal safety, water and sanitation, and social inclusion MDG 1,2,3,4,5,6,7,8 <u>**Indicative outcome indicators**</u>**:** **OCI.1.1** Percentage of partner UN Entities reporting on effective contribution to their programme on BSS by UN Volunteers and volunteerism (UNV SF Outcome 1 Indicator 1) Baseline: TBE, Target (2017): TBE	**Output 1.1: Community, volunteer-based responses** to health care and prevention in UN agency programmes implemented in LDC countries	**1.1.1**: Number of community, volunteer-based responses to health care and prevention in UN agency programmes implemented Baseline: TBE, Target (2017): TBE	USD 9.5 million
	Output 1.2: Enhanced access to basic social services for marginalized groups achieved through volunteerism in UNV-supported projects in 20 LDC countries	**1.1.2:** Percentage of projects that specifically incorporate marginalized groups in planning, implementation, monitoring and evaluation of programmes for basic social services, disaggregated by: youth, women, people with disabilities, other marginalized groups Baseline: TBE, Target (2017): TBE	
	Output 1.3: Women's empowerment, equality, and protection are enhanced through volunteerism in 18 communities in UNV-supported projects in Africa, Asia and the Arab States	**1.3.1:** Percentage of UNV-UN partner joint programmes on basic social services that applied Gender Marker. Baseline: TBE, Target (2014 onwards): 100% of all joint projects compliant (gender marker value 1 or 2); 35% specifically target gender equality (gender marker value 3)	
	Output 1.4: Accurate and detailed information on UN agency' **project results monitored** and reported	**1.4.1:** Percentage of UN partners who provide positive feedback on perceived added value of UN Volunteers in results monitoring Baseline: TBE, Target (2017): TBE	
<u>**Outcome 2**</u>**: Enhanced local capacities for delivery of and access to** basic social services, especially in primary health care, personal safety, water and sanitation, and social inclusion MDG 1,2,3,4,5,6,7,8	**Output 2.1: Capacities of local communities** to access basic social services enhanced in 10 countries	**2.1.1:** Number of UNV-supported communities with evidence of enhanced access to basic social services Baseline: TBE, Target (2017): TBE	USD 2.8 million

[23] MDG Progress report, Annual Health Report, Social Progress index report, UNDAF baseline data and annual report

Indicative outcome indicators: **OCI.2.1:** Evidence of improved and more inclusive access to BSS in communities supported by the Programme.	**Output 2.2: Policies and mechanisms** at national, sub-national and local levels to foster volunteer engagement in basic social services are **strengthened**	**2.2.1:** Number of national-level policies that include volunteerism in the delivery of BSS. Baseline: TBE, Target (2017): TBE	
	Output 2.3: Volunteer schemes to address preventive health issues **established or strengthened** in 5 countries in Sub-Saharan Africa	**2.3.1:** Number of volunteering schemes for basic social services established or strengthened with the support of UNV Baseline: TBE, Target (2017): TBE	
	Output 2.4: Evidence gathered and communicated on the contribution of community volunteerism to delivery of basic social services in Africa	**2.4.1:** Number of UNV-supported studies on volunteerism in basic social services (UNV SF Indicator 2.1.1.) Baseline: TBE, Target (2017): TBE	

Annex 2. Acronyms and abbreviations

AWP	Annual Work Plan
CHW	Community Health Worker
CSO	Civil Society Organizations
DIM	Direct Implementation Modality
FAO	Food and Agriculture Organization
GBV	Gender-based Violence
MDG	Millennium Development Goal
MOU	Memorandum of Understanding
NGO	Non-Government Organisation
ODA	Official Development Assistance
QPR	Quarterly Progress Report
SDG	Sustainable Development Goal
SF	(UNV's) Strategic Framework
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Education, Science and Culture Organization
UN GA	United Nations General Assembly
UNICEF	United Nations Fund for Children
UNFPA	United Nations Population Fund
UN-Habitat	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNODC	United Nations Office for Drugs and Crime
UNOPS	United Nations Office for Project Services
UNV	United Nations Volunteers
UN Women	United Nations Fund for Women
USD	United States Dollars
WFP	World Food Programme
WHO	World Health Organisation