

Terms of Reference

United Nations Population Fund (UNFPA)
East and Southern Africa Regional Office

Evaluation of UNFPA Regional Programme, 2018-2021

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Acronyms

AADPD	Addis Ababa Declaration on Population and Development
AU	African Union
CSOs	Civil Society Organizations
DSA	Daily subsistence allowance
DAC	Development Assistance Committee
EAC	East Africa Community
ESA	East and Southern Africa
ESARO	East and Southern Africa Regional Office
ERG	Evaluation Reference Group
EQA	Evaluation Quality Assessment
EQAA	Evaluation Quality Assurance and Assessment
GBV	Gender-based Violence
ICPD	International Conference on Population and Development
M&E	Monitoring and Evaluation
MPoA	Maputo Plan of Action
NGO	Non-Governmental Organization
OECD	Organization for Economic Co-operation and Development
RECs	Regional Economic Communities
RIAP	Regional Interventions Action Plan
RO	Regional Office
RPE	Regional Programme Evaluation
RH	Reproductive Health
SADC	Southern Africa Development Community
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
ToR	Terms of Reference
UPR	Universal Periodic Review
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCO	United Nations Development Coordination Office
UNESCO	United Nations Educational and Scientific Organization
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization



1. INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities of women and young people to lead healthy and productive lives. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality”.¹ In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. UNFPA East and Southern Africa Regional Office (ESARO) adopted a fourth transformative result: elimination of sexual transmission of HIV and sexually transmitted infections. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular, good health and well-being (Goal 3), gender equality and the empowerment of women and girls (Goal 5), reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one will be left behind and that the furthest behind will be reached first.

UNFPA ESARO has been operating in East and Southern Africa (ESA) since 2014. UNFPA ESARO's support to the governments of 23 countries it covers and regional institutions under the current Regional Integrated Action Plan (RIAP) (2018-2021) builds on regional as well as national development needs and priorities. These priorities are articulated in the SDG/Agenda 2030, Agenda 2063 of the African Union and regional and national plans and strategies on population, sexual and reproductive health and rights, HIV/AIDS, gender, and youth, among others. Working with and for women and young people is central to the implementation of the ESA regional programme. ESARO supports regional organizations, institutions, and networks as well as Country Offices and national governments with the aim to:

- i. empower women and youth, girls, and boys, with skills to fulfil their potentials, think critically, negotiate risky situations, and express themselves freely.
- ii. provide access to quality integrated sexual and reproductive health information and services that are youth-friendly and gender-sensitive.
- iii. uphold the rights of women and young people, specifically adolescent girls, to grow up healthy and safe.
- iv. encourage women and young people to participate fully in design, planning, implementation, monitoring and evaluation of development and humanitarian programmes.
- v. leave no one behind in national development plans, policies, and programmes.

UNFPA ESARO follows the modes of engagement and business model recommended in the UNFPA strategic plan, 2018-2021. The modes of engagement, constituting the programme implementation strategy in each country, include policy dialogue and advocacy, knowledge management and innovation, capacity building, and partnership and coordination strategies.

The regional programme evaluation (RPE) will provide an independent assessment of the relevance and performance of the UNFPA ESARO RIAP 2018-2021, including an analysis of various factors facilitating or constraining programme delivery and the achievement of intended results. The RPE will also draw key lessons and provide actionable recommendations for the next programme cycle. The evaluation will be implemented in line with the *Handbook on How to Design and Conduct Country Programme Evaluations at UNFPA* (UNFPA Evaluation Handbook), which is available at: <https://www.unfpa.org/EvaluationHandbook>. The consultants will use the guidance for country program

¹ UNFPA Strategic Plan 2018-2021.



evaluations and adapt it to meet the Regional Program evaluation objectives, ensuring adherence to the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. The Handbook offers a step-by-step guidance for methodologically robust evaluations and defines roles and responsibilities of key evaluation stakeholders at all stages in the evaluation process. The handbook includes several tools, resources and templates on specific activities and tasks of evaluators and the Evaluation Manager in the different phases of an evaluation exercise.

The main audience and primary users of the evaluation are: UNFPA ESARO; UNFPA Country Offices in the region; and the United Nations System and donors operating in the region.

The evaluation results will also be of interest to a wider group of stakeholders, including:

- a. Regional economic communities (SADC and EAC)
- b. Implementing partners of UNFPA ESARO.
- c. UNFPA headquarters divisions, branches, and offices.
- d. UNFPA Executive Board.
- e. Academia.
- f. Local civil society organizations and international NGOs; and
- g. Beneficiaries of UNFPA regional programmes on SRHR/HIV, including key populations.

The evaluation results will be disseminated to these audiences as appropriate, using traditional and new channels of communication and technology. The evaluation will be managed by the Regional M&E Adviser as the Evaluation Manager, with guidance and support from the Evaluation Adviser and focal person at the Evaluation Office in UNFPA Headquarters, and in consultation with the Evaluation Taskforce/Evaluation Reference Group (ERG). A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

2. REGIONAL CONTEXT

This section presents the regional context in which UNFPA support takes place and includes relevant economic, social, and political indicators. It also provides a description of the UNFPA strategic priorities and programmatic interventions within the region. The UNFPA ESA region comprises 23 countries (Figure 1), with a combined population of 561 million. The region is characterized by diverse economic, social, political, and humanitarian conditions, justifying the need for continued attention to the unfinished business of the ICPD agenda and the realization of universal access to sexual reproductive health and rights

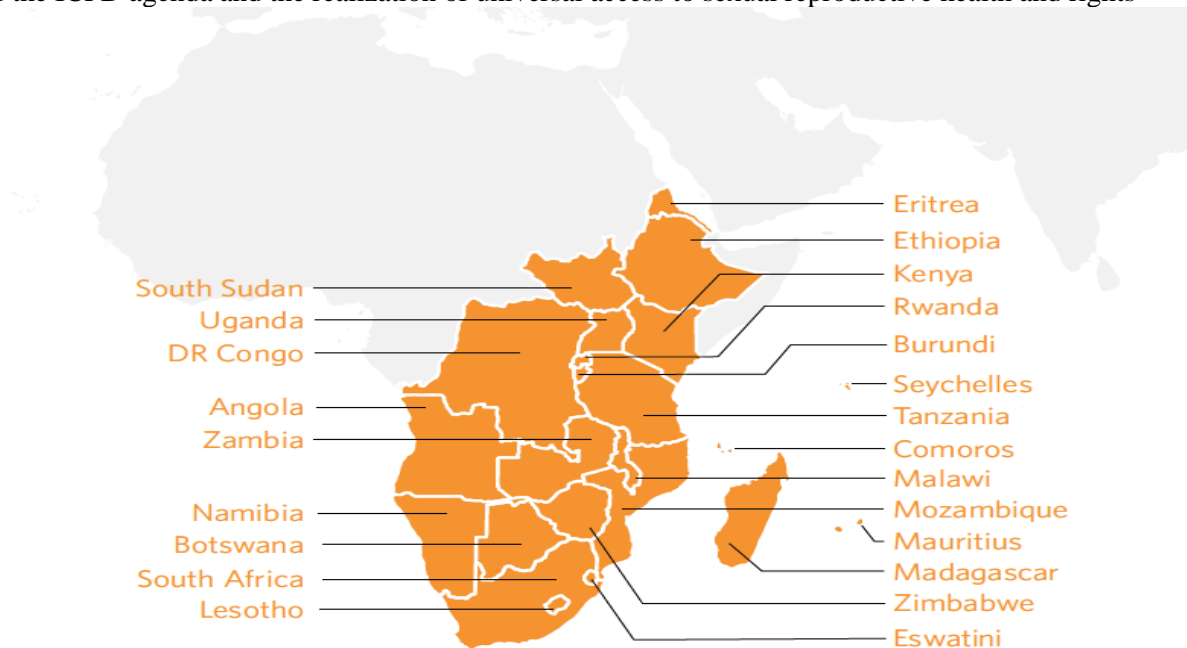


Figure 1. East and Southern Africa Regional Coverage

2.1 – Political / Institutional Framework – African Union, EAC, SADC.

UNFPA ESARO pursues its strategic objectives in collaboration with the African Union, the regional economic communities, SADC and EAC, and other regional institutions. Some of the initiatives are described below.

UNFPA ESARO has collaborated with and supported the African Union and Regional Economic Commissions. In particular, it supported the Africa Union Commission (under the umbrella of the African Union Agenda 2063), in the implementation, review, and revision of three major continental policies relevant to the ICPD Programme of Action: 1) the Maputo Plan of Action on Sexual and Reproductive Health and Rights 2016-2030; 2) the Africa Health Strategy 2016-2030; and 3) the catalytic Framework on the Ending AIDS, TB and Malaria. These policy frameworks build upon other previous thematic policy and legal frameworks, commitments and initiatives, such as the African Youth Charter (2006); the ESA Commitment on CSE and youth friendly services (endorsed by 21 countries in 2013); and the African Union 2017 Summit on Harnessing the Demographic Dividend through investments in youth and the corresponding roadmap.

UNFPA has also supported the development of the Addis Ababa Declaration on Population and Development in Africa beyond 2014 (AADPD), which not only aligns with the SDGs Agenda (80% of its commitments are connected to specific sustainable development goals), but also places more emphasis on issues core to the UNFPA mandate, such as the demographic dividend, SRHR needs of adolescents and young people, including Comprehensive Sexuality Education (CSE) and access to adolescent and youth friendly health services, as well as the integration of SRH and HIV services.

In the EAC and the SADC, UNFPA support has created a regional political impetus on the ICPD Agenda, ensuring that the ICPD commitments are infused in regional institutions' and national member states' policy instruments. A highlight of these was the development of the SADC Model Law on Eradicating Child Marriage and Protecting Children. In addition, UNFPA ESARO, in collaboration with UNAIDS, UNDP, UNICEF, WHO and civil society, supported the SADC Secretariat to coordinate the development and reporting on two regional scorecards on Sexual and Reproductive Health and Rights (SRHR) and HIV prevention. These scorecards serve as peer review accountability tools for tracking progress in meeting the 2030 targets, and advocacy tools to accelerate action by the 14 Member States of SADC, which is home to over 350 million people. UNFPA ESARO, through its partnership with the East African Community (EAC), SADC, governments, development partners, civil society organizations, professional bodies, research institutions and other UN agencies, has engaged in both up-stream and down-stream evidence-based policy dialogue to situate comprehensive SRHR within the country-specific Universal Health Coverage (UHC) frameworks (i.e., UHC benefit packages, and financing and financial protection mechanisms).

2.2 Trends in Areas Relevant for The Regional Programme's Strategic Interventions

In East and Southern Africa, there has been significant progress in national **family planning** programmes in the past few decades, but serious challenges remain. Unmet need for family planning is high, at 25 per cent, representing 49 million women who wish to avoid pregnancy but either use traditional family planning methods or no method at all. Despite a decrease in fertility rates in countries in the region, the average of 4.8 children per woman of reproductive age remains relatively high. The adolescent birth rate in the region is 110 births per 1,000 women, which is double the global average and young adolescents face significantly higher rates of maternal morbidity, including obstetric fistula. Adolescent fertility reflects unmet need for contraception among girls aged 15-19 years², due to limited access to comprehensive sexuality education, adolescent and youth-friendly health services, and persistent negative socio-cultural norms.

² MPoA Review



Four countries in the region have reached low fertility levels (Mauritius, Seychelles, Botswana, and South Africa), at an average of 2.4 children per woman of reproductive age. Fertility has started decreasing in four more countries (Lesotho, Namibia, Swaziland, and Zimbabwe), where the average is 3.3 children per woman. Fertility is high in the remaining 15 countries of the region (Angola, Burundi, Democratic Republic of the Congo, Comoros, Ethiopia, Eritrea, Kenya, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Uganda and Zambia), at an average of 5.2 children per woman. With young people between 10 and 24 comprising about a third of the population, ESA region's population is expected to grow to 1.1 billion by 2050, representing an overall regional growth rate of 2.58 percent.

The ESA region is home to more than half the global population of **people living with HIV**. The annual AIDS-related mortality translates to over 1300 deaths per day. Nearly two-thirds (59%) of all adults living with HIV in the region are women; young women (aged 15-24 years) account for 26 percent of new infections in the region. High-risk behavior is prevalent, with less than half (45%) of young women (aged 15-24 years) and only a third of young men of the same age reporting using a condom during their last high-risk sexual intercourse. Reaching SDG target 3.3 and ending the epidemic of AIDS by 2030 requires increased efforts to develop prevention interventions for the most affected groups, mainly youth in general and adolescent girls and young women, as well as key populations. At the same time, considering that over 90 percent of HIV transmission is sexual, and mainly heterosexual, efforts to ensure sexual and reproductive health will continue to be substantially dented if the HIV epidemic is not addressed. This also calls for upscaling existing efforts to integrate HIV and SRH services.

Most of the women in the region remain unprotected against violence, and the risk of facing **sexual and intimate partner violence** is exacerbated in humanitarian settings. Five countries Eritrea, Ethiopia, Kenya, Uganda, and Tanzania, in East Africa, recognize and report the existence of Female Genital Mutilation (FGM) practices, with the highest percentages recorded in Eritrea (88.7%) and Ethiopia (74.3%)³. Available data show that between 15 to 32 percent of women in the region report having experienced physical violence at the hands of their intimate partner in the year preceding the survey. This highlights the need for increased investment in the prevention and response to violence, including supporting efforts to change negative social norms, enforcing existing laws, putting in place multi-sectoral responses to reach SDG targets 5.2 and 5.3 and eliminating all forms of violence against women, including harmful practices. Finally, 11 out of the 23 ESA countries are at high to extremely high risk of a humanitarian emergency in the coming years, which translates into increased sexual and reproductive health risks. This requires UNFPA to invest in humanitarian preparedness and response, as well as resilience building, targeting the most vulnerable women, girls, and youth in fragile settings to ensure they are not left behind.

3. REGIONAL PROGRAMME PRIORITIES FOR THE PERIOD 2018 - 2021

UNFPA ESARO has been working since 2014 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality and the elimination of gender based violence and traditional harmful practices, realizing rights and choices for young people, and strengthening the generation and use of population data for development. Thematic areas of focus are: Integrated Sexual and Reproductive Health and Rights and HIV, Maternal Health, Sexual and Reproductive Health Commodities, and family planning, Adolescents Sexual and Reproductive Health and Rights, Gender Equality and empowerment of women and girls, population data systems and demographic intelligence.

The ESARO second RIAP 2018-2021 is aligned with the UNFPA Strategic Plan 2018 – 2021 and its business model, the United Nations Sustainable Development Goals/Agenda 2030, the African Union Agenda 2063, which is the continental strategic framework for delivering on Africa's goal for inclusive and sustainable development, the Africa Health Strategy and policy framework 2016 – 2030 and African Union

³ These countries are Eritrea, Ethiopia, Kenya (21%), Tanzania (10%), Uganda (1.4%) – latest DHS



Sexual and Reproductive Health and Rights Continental Policy Framework and its extended Maputo Plan of Action (2016-2030). The RIAP was developed in consultation with government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

ESARO delivers its regional programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery. The overall goal of the regional programme (2018-2021) is, “Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality, to accelerate progress on the agenda of the International Conference on Population and Development and to improve the lives of women, adolescents and youth as articulated in the UNFPA Strategic Plan 2018-2021”. The regional programme contributes to the following outcomes of the UNFPA Strategic Plan 2018-2021:

Outcome 1. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination, and violence.

Outcome 2. Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

Outcome 3. Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

Outcome 4. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

The UNFPA ESARO Regional Programme 2018-2021 has four thematic areas of programming with 10 distinct outputs that are structured according to their corresponding outcomes in the Strategic Plan 2018-2021.

Outcome 1: Sexual and Reproductive Health and Rights

Output 1: *Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to SRHR information and services*

The focus of this output is on evidence-based policy dialogue and advocacy, harmonizing and standardizing protocols, guidelines and legal frameworks at regional level for integrated SRH and HIV/AIDS services, policy framework on generic contraceptives and other RH medicines focusing on adolescents, women and key populations. It particularly emphasizes on improving quality of care and equitable health care to ensure no one is left behind in progress made on relevant SDG targets.

Output 2: *National capacities are strengthened to deliver quality integrated SRH services and information, for adolescents and in humanitarian settings*

This Output emphasizes building national capacity to improve quality of care and equitable health care for maternal health, integrated SRH/HIV and FP to ensure no one is left behind with respect to relevant SDG targets. It focuses on identifying gaps and building national capacity for improved access to quality and equitable SRH and HIV services among adolescents and young people, disadvantaged women, including those in humanitarian contexts, through evidence-based planning and system building, including but not limited to RMNCAH workforce, maternal death surveillance and response, complemented by outcome 2.

Output 3: *National capacities are strengthened to effectively forecast, procure, distribute, and track the delivery of sexual and reproductive health commodities, including in humanitarian settings:* The programme focuses on continued strengthening of logistics and supply chain management through national capacity building for forecasting, procuring, and monitoring of RH medicines, regional harmonization and regulation, innovation for enhanced efficiency and effectiveness and advocacy for domestic resource



allocation. This output leverages the power of UNFPA Supplies to maximize use of limited resources and build country-driven sustainability for universal access to human rights-based Family Planning.

Outcome 2: Youth and Adolescents

Output 4: *The legal and policy environment at regional and national levels is improved to address adolescents' and young people's sexual and reproductive health and rights:* UNFPA ESARO works with the Africa Union Commission, the Regional Economic Communities, SADC Parliamentary Forum, and relevant UN Agencies such as UNESCO, WHO, UNAIDS and UNICEF for further endorsement of the harmonized legal framework, advocacy for acceleration of implementation of the ESA commitment CSE, Child Marriage Youth Friendly Services, GBV and HIV/AIDS, dissemination of regional studies to inform national level policies and implementation of guidelines in the region. An increased focus is on advocacy with and capacity strengthening of parliamentarians, RECs, and youth organizations in the areas of laws and policies on AYSRHR to support country-level implementation.

Output 5: *Adolescents and young people are empowered with knowledge and skills to make informed decisions and maintain healthy sexual behaviors:* In collaboration with UNESCO and relevant CSOs, under the auspices of the ESA Ministerial Commitment on CSE and AYFHS, the programme has focused on strengthening institutional capacity to implement, monitor and report on the quality of both in- and out-of-school CSE.

Output 6: *Functional systems are in place to improve adolescents' and young people's leadership and participation in programme planning, implementation and evaluation in development and humanitarian contexts:* The programme continues to strengthen youth participation in national, regional and international development forums through regional level coordination and capacity strengthening in policy, decision making and programming.

Outcome 3: Gender Equality

Output 7: *Gender equality and empowerment of women and girls:* The programme supports and ensures national human rights protection systems are strengthened to advance gender equality and empowerment of women and girls. ESARO provides technical support to countries in the development of Action Plans on SRHR, including the integration of recommendations from Universal Periodic Reviews (UPR) and human rights into SRH and GBV laws, policies and programmes

Output 8: *Gender-based violence and harmful practices:* The programme seeks to improve national- and regional-level multi-sectoral capacity to prevent and address gender-based violence and harmful practices in both development and humanitarian contexts. To this end, ESARO provides technical assistance for the development, dissemination, and implementation of multi-sectoral essential services standards on GBV and strengthens strategic partnership with AU, RECs, FBOs, Men and Boys networks, and Parliamentarians on positive social norms change.

Outcome 4: Population dynamics and data availability

Output 9: *Improved national population data systems to map and address inequalities, advance achievement of the SDGs and ICPD and inform interventions in humanitarian settings:* To achieve this output, the RP's strategy focuses on capacity strengthening at national and regional levels to ensure that relevant population and geospatial data and information are produced and disaggregated at various levels to inform advocacy, policy and programmes related to the achievement of the SDGs and other frameworks for monitoring the ICPD PoA.

Output 10: *Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes, and advocacy and reach in those left behind:* Through this output, the RP seeks to strengthen capacity for mainstreaming demographic intelligence into population policies and programmes.



The detailed RIAP results framework is provided in Annex A. The theory of change that describes the rationale for the planned activities is presented in Annex B. The theory of change is an essential building block of the evaluation methodology.

4. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

4.1. Purpose

This evaluation will serve the following three main purposes as outlined in the 2019 UNFPA Evaluation Policy:

- i. demonstrate accountability to stakeholders on performance in achieving development results and on invested resources.
- ii. support evidence-based decision-making; and
- iii. contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2. Objectives

Broadly, the objectives of this RPE are:

- i. to provide the UNFPA ESARO, regional and national stakeholders, UNFPA Headquarters and a wider audience with an independent assessment of the UNFPA ESARO RIAP 2018 - 2021.
- ii. to broaden the evidence base for the design of the next programme cycle.

The specific objectives of this RPE are to:

- i. Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA ESARO support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.
- ii. Provide an assessment of the efficacy of the stakeholder engagement and consultation (with RECs, governments, development partners, civil society, young people, etc.) upon which the RIAP is developed, in the realization of its outputs and outcomes.
- iii. Provide an assessment of the effectiveness of UNFPA ESARO's institutional arrangements, operations, and management structure in the implementation of the RIAP
- iv. Provide an assessment of the role played by the UNFPA regional office in the coordination mechanisms of the UN System at the regional level, the UNDCO, with a view to enhancing the United Nations collective contribution to national development results.
- v. Draw key lessons and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

4.3. Scope

Geographical Scope

The evaluation will entail secondary data review and consultations with stakeholders in the region, including the regional office's technical advisers, specialists and operations staff in Johannesburg, the humanitarian adviser in Nairobi. The evaluators will also conduct interviews of key management and programme staff in ESAR country offices as well as with RO and Implementing/strategic partner staff involved in delivering programme results. Interviews will also be conducted with the RP beneficiaries as well as with the personnel of other agencies that contribute to, and partner in UNFPA interventions at regional and national levels.

Thematic Scope

The evaluation will cover all the thematic areas of the RIAP 2018 – 2021 - sexual and reproductive health, maternal health, family planning, adolescents and youth, gender equality and the empowerment of women and girls and population and development data, policies and strategies. In addition, the evaluation will cover cross-cutting issues such as human rights and gender equality, emergencies, humanitarian crises,



displacement and migration status relevant in countries affected by humanitarian crisis in the region, as well as innovation, knowledge management, resource mobilization, communication and organizational efficiency and effectiveness, programme coordination and results based management, monitoring and evaluation.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the period of the current RIAP 2018 – 2021.

5. EVALUATION CRITERIA AND PRELIMINARY EVALUATION QUESTIONS

5.1. Evaluation Criteria

In accordance with the methodology for evaluations outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency, and sustainability. It will also use the evaluation criterion of coordination to assess the extent to which UNFPA ESARO in the pursuit of its strategic objectives, promotes cooperation and partnerships in order to enhance synergies and avoid duplication. Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across the humanitarian-peace-development nexus and contribute to building resilience.

Relevance	The extent to which the objectives of the UNFPA ESA Regional Programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with regional and national priorities and with UNFPA strategies strategic plan, business model and modes of engagement
Effectiveness	The extent to which Regional Programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the Regional Programme outcomes.
Efficiency	The extent to which Regional Programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time and administrative costs).
Sustainability	The continuation of benefits from a UNFPA donor funded intervention after its termination, linked to their continued resilience to regional risks.
Coordination	The extent to which UNFPA has been an active member of, and contributor to existing regional coordination mechanisms in the respective thematic areas – SRH, Maternal Health, Family Planning, Adolescents and Young People, Gender and Population Data, Policies and Strategies.
Coverage	The extent to which major population groups at risk with life-threatening suffering were reached by SRHR, HIV/AIDS, and humanitarian action.
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

5.2. Preliminary Evaluation Questions

The regional programme evaluation is expected to provide answers to several evaluation questions which are derived from the above criteria. The evaluation questions will delineate the thematic scope of the RPE and are meant to formulate key areas of inquiry that are of interest to various stakeholders, thereby optimizing the focus and utility of the RPE. The evaluation questions presented below are indicative and

the evaluators are expected to develop a final set of evaluation questions based on these preliminary questions, in consultation with the Evaluation Manager and the Evaluation Reference Group (ERG).

Relevance

1. To what extent is the regional programme adapted to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups; ii) regional and national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs?
2. To what extent has the regional office been able to respond to changes in regional and national needs and priorities, including those of at-risk populations - vulnerable or marginalized communities, or to shifts caused by emergencies, crisis, or major political changes? What was the quality of the response?
3. To what extent has UNFPA ESARO ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, and those with disabilities have been considered in both the planning and implementation of all UNFPA-supported interventions under the regional programme?

Effectiveness

4. To what extent have the interventions supported by UNFPA ESARO contributed to the achievement of the expected results (outputs and outcomes) of the regional programme? In particular: i) increased access to and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and the empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based regional and national development plans, policies and programmes?
5. To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation, and monitoring of the regional programme?

Efficiency

6. To what extent has UNFPA ESARO made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the regional programme?

Sustainability

7. To what extent has UNFPA ESARO been able to support implementing partners and beneficiaries (women and adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

Coordination

8. To what extent has the UNFPA ESARO contributed to the functioning and consolidation of UNDCO coordination mechanisms in the region?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. METHODOLOGY AND APPROACH

6.1. Evaluation Approach

Theory-based approach

The regional programme evaluation will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA ESARO are expected to contribute



to a series of results (outputs and outcomes) that lead to the overall goal of UNFPA. The theory of change also identifies the causal mechanisms, risks and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why, as it focuses on the analysis of causal links (assumptions) between changes at different levels of the results chain described by the theory of change, and explores how these assumptions and contextual factors affected the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA ESARO regional programme results framework 2018 - 2021 (see Annex B) and use this theory of change to determine whether changes at output and outcome levels occurred and whether the assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient, and sustainable the RIAP 2018 – 2021 was.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference made by the UNFPA ESARO RIAP 2018 - 2021.

Participatory approach

The regional programme evaluation will be based on an inclusive, transparent, and participatory approach, involving a broad range of partners and stakeholders at regional, national, and sub-national levels. The UNFPA ESARO has developed a stakeholders' mapping template to identify stakeholders who have been involved in the preparation and implementation of the regional programme and those partners who do not work directly with UNFPA ESARO and yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include representatives from government, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, beneficiaries (women and adolescents and youth). They can provide insights and information, as well as referrals to data sources that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of programming of the regional programme. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized communities.

The Evaluation Manager in the UNFPA ESARO shall establish an ERG comprised of key stakeholders of the regional programme at regional level, SADC, EAC, UNFPA Country Representatives from selected countries, and the UNFPA ESARO M&E Adviser – (See Handbook: section 2.3., pp. 37-38). The ERG will provide inputs at different phases of the evaluation. They will review the inception report, the design report, the report of the field phase and the draft final report.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, and focus group discussions with various teams of technical advisers and specialists as well as programme and operations staff at ESARO, as appropriate. The qualitative data will be complemented with quantitative data to minimize bias. Quantitative data will be compiled through desk review of documents, websites, and online corporate databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human rights principles throughout the evaluation process, including, to the extent possible, participation



and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries (women and adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. The handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once selected by ESARO, the evaluators will acquire a solid knowledge of the handbook.

The regional programme evaluation will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*⁴, *Ethical Guidelines for Evaluation*⁵, *Code of Conduct for Evaluation in the UN System*⁶, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*⁷. When contracted by the UNFPA ESARO the evaluators will be requested to sign the UNEG *Code of Conduct* prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA's technical support in the region. The methodological design of the evaluation shall include in particular: (i) a review of the theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed work plan.

The evaluation team is always strongly encouraged to refer to the Handbook and use the provided tools and templates at all stages of the evaluation process.

6.3 The evaluation matrix

The evaluation matrix is the centerpiece of the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 and the evaluation matrix template in Annex C). It contains the core elements of the evaluation: (i) what will be evaluated (evaluation questions for all evaluation criteria and key assumptions to be examined as part of the evaluation questions), and (ii) how it will be evaluated (data collection methods, sources of information and analysis methods for each evaluation question and associated key assumptions). By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

In the design phase, the matrix helps evaluators to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and direct observation at sites visited. During the field phase, the evaluation matrix serves as a reference document to ensure that data are systematically collected for all evaluation questions and that data are documented in a structured and organized way. At the end of the field phase, the matrix is useful to verify whether sufficient evidence has been collected to answer all evaluation questions and identify data gaps that require additional data collection. In the reporting phase, the evaluation matrix facilitates the drafting of findings per evaluation question and the identification and articulation of conclusions and recommendations that cut across different evaluation questions.

⁴ <http://www.unevaluation.org/document/detail/1914>

⁵ <http://www.unevaluation.org/document/detail/102>

⁶ <http://www.unevaluation.org/document/detail/100>

⁷ <http://www.unevaluation.org/document/detail/980>



As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require attention from both the evaluation team and the Evaluation Manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes to the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

6.4 Finalization of the evaluation questions and assumptions

Based on the preliminary evaluation questions presented in the present terms of reference (see section 5.2), the evaluators are required to finalize the set of questions that will guide the evaluation. The final set of evaluation questions will need to clearly reflect the evaluation criteria and key areas of inquiry (highlighted in the preliminary evaluation questions). The evaluation questions should also draw from the theory of change underlying the regional programme. The final evaluation questions will structure the evaluation matrix (see Annex D) and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur based on the theory of change of the regional programme. This will allow evaluators to assess whether the preconditions for contribution to results at output and outcome levels are met. The data collection for each of the evaluation questions and assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

6.5 Sampling strategy

The UNFPA ESARO will provide a resume of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA ESARO produced a stakeholder mapping template to identify the whole range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the RIAP (see Annex C)

Based on information gathered through desk review and discussions with the ESARO staff, the evaluators will refine the initial stakeholders map and develop a comprehensive stakeholder's map. From this stakeholders' map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it may not be possible to obtain a statistically representative sample.

The final sample of stakeholders to be consulted and sites to be visited will be determined in consultation with the Evaluation Manager/Regional M&E Adviser based on the review of the design report.

6.6 Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in RPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus group discussions with service providers and beneficiaries (women and adolescents and youth).

Secondary data will be collected through desk review, primarily focusing on annual and mid-year reviews of the regional programme, annual plans, quarterly and annual reports and monitoring data, evaluations and



research studies (incl. previous RPE reports, assessments of the regional programme thematic areas, and units, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations etc.), housing census and population data, and records and data repositories of the UNFPA ESARO and its implementing partners, such as health clinics/centers. Particular attention will be paid to compiling data on key performance indicators of the UNFPA ESARO 2018 – 2021.

The evaluation team will ensure that data collected is disaggregated by sex, age, location, and other relevant dimensions (e.g., disability status) to the extent possible. The evaluation team is expected to dedicate a total of 3 weeks for data collection in the field. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and virtual group discussions, a checklist of documents for review, shall be presented in the design report.

6.7 Data analysis

The evaluation matrix will be the major framework for analyzing data. Once all data will have been entered into the evaluation matrix for each evaluation question, the evaluators should identify common themes, patterns and relationships in the data, as well as areas that should be further explored to answer the evaluation questions (see Handbook, sections 5.1 and 5.2, pp. 115-117).

6.8 Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data, including (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2., pp. 94-95).
- Regular exchange with the Evaluation Manager/Regional Monitoring and Evaluation Adviser at the ESARO.
- Internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence (an important internal validation mechanism will take place when the evaluation team gets together to prepare the debriefing with the ESARO and the ERG); and
- The debriefing virtual meeting with the ESARO technical advisers and specialists including operations staff and the taskforce/ERG at the end of the field phase where the evaluation team present the preliminary findings and emerging conclusions.

Additional validation mechanisms may be established, as appropriate. Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of data and verify the robustness of findings at each stage in the evaluation, so they can determine whether they should further pursue specific hypotheses or disregard them when there are indications that these are weak (contradictory findings or lack of evidence).

The validation mechanisms will be presented in the design report.

7. EVALUATION PROCESS

The regional programme evaluation process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and facilitation of use and dissemination phase. Quality assurance must be performed by the Evaluation Manager and the evaluation team leader throughout all phases to ensure the production of a credible, useful and timely evaluation.



7.1. Preparatory Phase (*Handbook, pp.35-40*)

The Evaluation Manager at the UNFPA ESARO will lead the preparatory phase of the regional programme evaluation, which includes:

- Establishment of the ERG.
- Drafting the terms of reference (ToR) for the regional programme evaluation with support from the in consultation with the Evaluation Office.
- Selection of consultants by the regional office, pre-qualification of the consultants selected by the Evaluation Office, and recruitment of the consultants by the regional office to constitute the evaluation team.
- Compilation of background information and documents on the regional context and regional programme for desk review by the evaluation team.
- Preparation of a first stakeholders map (Annex C) and list of Atlas projects (Annex D).
- Development of a communication plan by the Evaluation Manager in consultation with the communications officer at the UNFPA ESARO to support dissemination and facilitate the use of evaluation results. This plan should be updated as the evaluation process evolves, so it is ready for immediate implementation when the final evaluation report is issued.

7.2. Design Phase (*Handbook, pp.43-83*)

The evaluation team will conduct the design phase in consultation with the Evaluation Manager/regional M&E Adviser and the ERG. This phase includes:

- Desk review of initial background information and documents on the regional context and regional programme, as well as other relevant documentation.
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a comprehensive stakeholders' map and sampling strategy to select sites to be visited and stakeholders to be consulted in ESARO through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete work plan for the field and reporting phases (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that includes the results of the above-listed steps and tasks. The design report will be developed in consultation with the Evaluation Manager, the ERG and the ESARO M&E Adviser. The template for the design report is provided in Annex E.

7.3. Field Phase (*Handbook, pp. 87 -111*)

Depending on the COVID-19 situation and unless the situation changes for international travel and quarantine, the evaluation shall be conducted remotely, the evaluation team will undertake remote contact with country offices, regional and country office stakeholders, partners and beneficiaries as well as a field mission to ESARO to collect the data required to answer the evaluation questions. The evaluation team should recommend in the design report the most effective approaches for obtaining the required data to answer the evaluation questions should field missions be unfeasible. Towards the end of the field phase, the evaluation team will also conduct a preliminary analysis of the data to identify emerging findings and conclusions to be validated with the RO and the ERG, which includes country representatives, regional stakeholders and partners and technical advisers and specialists in the regional office. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the RPE. A period of three weeks is foreseen for data collection; however, the Evaluation Manager will determine the optimal duration of the field mission in consultation with the evaluation team during the design phase. The field phase includes:



Interviews with key informants: Respondent categories for the key informant interviews will include the following:

- UNFPA ESARO program and management staff;
- Key staff from ESARO country offices;
- Key staff from Regional Program implementing partners;
- Key staff from Regional Program strategic partners;
- Program beneficiaries at the regional and national levels; and
- Other agencies that contribute to and partner in UNFPA interventions at regional and national (refer to Annex B for a comprehensive stakeholder map).

Country case studies: The evaluation team will conduct an in-depth assessment of a small number of country offices (at least 4) to illustrate the regional program support at country level and the extent of UNFPA ESARO's support to country offices in terms of guidance, technical, programmatic and operational support. The evaluation team will develop the selection criteria for these countries, which may include the scale of regional program interventions in the country, socio-economic status (distinguishing middle income countries from other countries), country needs and any other relevant factors, in collaboration with the ERG and propose the countries in the design report. The case studies will involve field visits or remote interviews as determined by the prevailing COVID-19 situation and containment measures in the selected countries. The design report must specify the scope and approach to conducting the case studies.

Survey of country offices: To assess achievements, adequacy of guidance and technical support, challenges and needs, program expenditures, among others, the evaluators will undertake a survey of all country offices in the region. The survey will be used to generate additional information from program countries for the evaluation. The scope and data collection approaches for the survey must be included in the design report.

At the end of the field phase, the evaluation team will hold a debriefing meeting with the representatives of country offices, RO and the ERG to present the preliminary findings and emerging conclusions from the data collection. The meeting will serve as an important validation mechanism and will enable the evaluation team to develop credible and relevant findings, conclusions, and recommendations.

7.4. Reporting Phase (*Handbook, pp.115 -121*)

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a draft evaluation report, taking into account the comments and feedback provided by the RO and the ERG at the debriefing meeting at the end of the field phase.

This draft evaluation report will be submitted to the Evaluation Manager for quality assurance purposes. Prior to the submission of the draft report, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (Annex F). The Evaluation Manager and the ESARO M&E Adviser will subsequently prepare an EQA of the draft evaluation report, using the EQA grid. If the quality of the report is satisfactory (form and substance), the draft report will be circulated to the ERG for comments and feedback. If the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a new version.

The Evaluation Manager will collect and consolidate the written comments and feedback provided by the members of the ERG. Based on the comments, the evaluation team should make appropriate amendments, prepare the final evaluation report, and submit it to the Evaluation Manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly be built on the findings of the evaluation.



Conclusions need to clearly reference the specific evaluation questions from which they have been derived, while recommendations need to reference the conclusions from which they stem. The evaluation report is considered final once it is formally approved by the Evaluation Manager and management at the UNFPA ESARO.

7.5. Facilitation of Use and Dissemination Phase (*Handbook, pp.131 -133*)

In the facilitation of use and dissemination phase, the evaluation team will develop a PowerPoint presentation for the dissemination of the evaluation results that conveys the findings, conclusions, and recommendations of the evaluation in an easily understandable and user-friendly way.

The Evaluation Manager, together with the ESARO communications officer, will implement the communication plan to share the evaluation results with the ESARO ERG, implementing partners and other stakeholders. The Evaluation Manager will also ensure that the final evaluation report is circulated to relevant business units in the ESARO, invite them to submit a management response, and consolidate all responses in a final management response document (see Annex G). The UNFPA ESARO will subsequently submit the management response to the UNFPA Policy and Strategy Division in HQ. It is also highly recommended that the Evaluation Manager, in collaboration with the communications officer at the UNFPA ESARO, develop an evaluation brief that makes the results of the RPE more accessible to a larger audience

The final evaluation report, along with the management response and the independent EQA of the final report will be published on the UNFPA evaluation database by the Evaluation Office. The final evaluation report will also be made available to the UNFPA Executive Board and will be published on the UNFPA ESARO website.

8. EXPECTED DELIVERABLES

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) a stakeholders map; (ii) an evaluation matrix (incl. the final set of evaluation questions, indicators, data sources and data collection methods); (iii) the evaluation approach and methodology, with a detailed description of the agenda for the field phase; (iv) and data collection tools and techniques (incl. interview and group discussion protocols). For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the Evaluation Manager/Regional M&E Adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the ESARO and Taskforce/ERG.** The presentation provides an overview of key preliminary findings and emerging conclusions of the evaluation. It will be delivered at the end of the field phase to present and discuss the preliminary evaluation results with UNFPA ESARO staff (incl. senior management) and the members of the Taskforce/ERG.
- **Draft and final evaluation reports.** The final evaluation report (*maximum 70 pages plus annexes*) will include evidence-based findings and conclusions, as well as a full set of practical and actionable recommendations to inform the next programme cycle, A draft report precedes the final evaluation report and provide the basis for the review of the RO, ERG members, the Evaluation Manager/ Regional M&E Adviser. The final evaluation report will address the comments and feedback provided by the UNFPA ESARO, the ERG, the Evaluation Manager/ESARO M&E Adviser. For guidance on the outline of the final evaluation report (see Annex H).



- **PowerPoint presentation of the evaluation results.** The presentation will provide an overview of the findings, conclusions, and recommendations to be used for dissemination purposes.

Based on these deliverables, the Evaluation Manager, in collaboration with the communications officer at the UNFPA ESARO will develop an:

- **Evaluation brief.** The evaluation brief will be a short and concise document that provides an overview of the key evaluation results in an easily understandable manner, to promote use among decision-makers and other audiences. The structure, content and layout of the evaluation brief should be like the briefs that the UNFPA Evaluation produces for centralized (EO) evaluations.

All the deliverables will be developed in English language.

9. QUALITY ASSURANCE AND ASSESSMENT

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to monitor the quality of centralized and decentralized evaluations at UNFPA through two processes: quality assurance and quality assessment. While quality assurance occurs throughout the evaluation process and covers all deliverables, quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report only.

The EQAA of this RPE will be undertaken in accordance with the guidance and tools that the UNFPA Evaluation Office developed as part of the EQAA system of the evaluation function at UNFPA (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F) which defines a set of criteria against which draft and final evaluation reports are assessed to ensure the independence, impartiality, credibility and utility of evaluations. The EQA criteria will be systematically applied to this RPE.

The Evaluation Manager is primarily responsible for quality assurance of the key deliverables of the evaluation. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions and that the deliverables submitted to UNFPA ESARO comply with the quality assessment criteria outlined in the EQA grid.⁸ The evaluation quality assessment checklist (see below), which is based on the EQA grid, is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report.

1. Structure and Clarity of the Report

To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards and following the editorial guidelines of the UNFPA Evaluation Office (Annex I).

2. Executive Summary

To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.

3. Design and Methodology

To provide a clear explanation of the methods and tools used, including the rationale for the methodological approach. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)

⁸ The evaluators are invited to look at good quality RPE reports that can be found in the UNFPA evaluation database, which is available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA ESARO expects the evaluation team to meet.

4. Reliability of Data

To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. reports) data established, and limitations made explicit.

5. Findings and Analysis

To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.

6. Validity of Conclusions

To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritized and clustered and include summary, origin (which evaluation question(s) the conclusion is based on), and detailed conclusions.

7. Usefulness and Clarity of Recommendations

To ensure recommendations flow logically from conclusions, are targeted, realistic and operationally feasible, and are presented in order of priority. Recommendations include summary, priority level (very high/high/medium), target (administrative unit(s) to which the recommendation is addressed), origin (which conclusion(s) the recommendation is based on), and operational implications.

8. SWAP - Gender

To ensure the evaluation approach is aligned with SWAP (guidance on the SWAP Evaluation Performance Indicator and its application to evaluation can be found at <http://www.unevaluation.org/document/detail/1452> - UNEG guidance on integrating gender and human rights more broadly can be found here: <http://www.uneval.org/document/detail/980>).

The EQAA process for this RPE will be multi-layered and will involve: (i) the Evaluation Manager/the ESARO M&E Adviser, (ii) the UNFPA Evaluation Office, whose roles, and responsibilities with regard to EQAA are described in section 11. Management of the Evaluation in this ToR.



10. INDICATIVE TIMEFRAME AND WORKPLAN Plan

The table below indicates the specific activities and deliverables and their timelines (dates) at all stages of the evaluation. It also indicates where guidance and relevant tools and templates can be found in the UNFPA Evaluation Handbook.

Evaluation Phases and Activities	Deliverables	Dates/ Duration	Handbook
Preparatory Phase			
Preparation of letter for key stakeholders to inform them about the upcoming RPE	<i>Letter from the UNFPA Regional Director</i>	October	
Establishment of the Evaluation Reference Group (ERG)		October	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
	<i>Theory of change (include in Annex B of the ToR)</i>	October	Tool 2: The Effects Diagram, pp. 161-163
Compilation of background information and documentation for desk review by the evaluation team	<i>Creation of a Google Drive folder containing all relevant documents on regional context and RIAP</i> <i>List of Atlas projects</i>	October	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 Template 3: List of Atlas Projects by Regional Programme Output and Strategic Plan Outcome, pp. 253-254 Tool 3: List of UNFPA Interventions by Regional Programme Output and Strategic Plan Outcome, pp. 164-165
Development of a first stakeholders map	<i>Stakeholders map</i>	October	Tool 4: The Stakeholders Mapping Table, p. 166-167 Template 4: The Stakeholders Map, p. 255
Drafting the terms of reference (ToR) based on ready-to-use ToR produced by the Evaluation Office (in consultation with the Regional M&E Adviser and with input from the ERG)	<i>Draft ToR</i>	October	Evaluation Office Ready-to-Use ToR (and Template 1: The Terms of Reference for RPE, p.245)
Review and approval of the ToR by the Evaluation Office	<i>Final ToR</i>	October	
Selection of consultants by the RO	<i>Summary assessment table</i>	November 2020	Template 2: Assessment of Consultant CVs, pp. 249-252
Pre-qualification of consultants by the Evaluation Office		November 2020	

Recruitment of the evaluation team by the RO		November 2020	
Development of a communication plan by the Evaluation Manager (in consultation with the communications officer at the RO)	<i>Communication plan</i>	November 2020	Template 16: Communication Plan for Sharing Evaluation Results, p. 279
Debriefing meeting with RO staff, and the ERG; Submission of Inception Report	PowerPoint presentation for debriefing meeting with the RO, country office the ERG	<i>December 2020</i>	Example of PowerPoint presentation (for a centralized evaluation undertaken by the Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf
Design Phase			
Desk review of initial background information and documents on regional context and the RP (incl. bibliography and resources in the ToR)		January 2021	
Drafting of the design report (incl. articulation of evaluation methodology, finalization of evaluation questions, development of evaluation matrix, methods and tools and indicators, development of comprehensive stakeholders' map and sampling strategy, and drafting the agenda for the field phase)	Draft design report	January 2021	<p>Template 8: The Design Report for RPE, pp. 259-261</p> <p>Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169</p> <p>Tool 1: The Evaluation Matrix, pp. 138-160</p> <p>Template 5: The Evaluation Matrix, pp. 256</p> <p>Template 15: Work Plan, p. 278</p> <p>Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187</p> <p>Tool 11: Checklist for Sequencing Interviews, p. 188</p> <p>Template 7: Interview Logbook, p. 258</p> <p>Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187</p> <p>Template 6: The RPE Agenda, p. 257</p>

			Tool 6: The RPE Agenda, pp. 170-176
Presentation of the draft design report to the ERG/Taskforce for comments and feedback	PowerPoint presentation of the design report	January 2021	
Review of the draft design report by the Evaluation Manager/ Regional M&E Adviser, ERG/Taskforce	<i>Consolidated feedback provided by Evaluation Manager to evaluation team leader</i>	January 2021	
Revision of the draft design report and submission to the Evaluation Manager for approval	Final draft design report	January 2021	
<i>Field Phase</i>			
Meeting of the evaluation team with the ERG	<i>Meeting between evaluation team/ERG</i>	<i>February 2021</i>	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Data collection	Interviews with key informants at regional and country office levels Survey of country offices Country case studies Entering data/information into the evaluation matrix	<i>February 2021</i>	Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202 Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262
Reporting Phase			
Drafting of the evaluation report and submission to the Evaluation Manager	Draft evaluation report	<i>February 2021</i>	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288

Review of the draft evaluation report by the Evaluation Manager, the ERG and the Regional M&E Adviser	<i>Consolidated Comments on the Draft Evaluation Report</i>	February 2021	Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209
Drafting of the final evaluation report (including annexes) and submission of the final evaluation report to the Evaluation Manager	Final evaluation report (including annexes)	February 2021	
Preparation of the management response by CO	<i>Management response</i>	March 2021	Template 12: Management Response, pp. 266-267
Submission of the final evaluation report to the Evaluation Office and the management response to the Policy and Strategy Division		March 2021	
Preparation of the independent EQA of the final evaluation report by the Evaluation Manager	<i>Final EQA of the evaluation report</i>	March 2021	
Dissemination and Facilitation of Use			
Development of the presentation for the dissemination of the evaluation results by the evaluation team	PowerPoint presentation of the evaluation results	March 2021	
Development of the evaluation brief by the Evaluation Manager, with support from the communications officer at CO	<i>Evaluation brief</i>	March 2021	Example of evaluation brief (for a centralized evaluation undertaken by the Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf
Publication of the final evaluation report, the EQA and the management response on the UNFPA evaluation database	<i>Evaluation Report</i>	March 2021	
Dissemination of the evaluation report and the evaluation brief to stakeholders	<i>Including (but not limited to): Communication via email; stakeholders meeting; workshops with implementing partners etc.</i>	March 2021	

Once the evaluation team leader has been recruited, she/he will develop a detailed work plan (see Annex J) in close consultation with the Evaluation Manager.



11. MANAGEMENT OF THE EVALUATION

Regional M&E Adviser at UNFPA ESARO is the Evaluation Manager at all stages of the evaluation process. The Evaluation Manager at the UNFPA ESARO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The Evaluation Manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of the use of the evaluation results. She/he will also coordinate the exchanges between the evaluation team and the ERG. The major task of the Evaluation Manager is to ensure the quality, independence, and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The Evaluation Manager has the following roles and responsibilities:

- Compile a preliminary list of background information and documentation on both the regional context and the UNFPA RIAP and file them in a Google drive to be shared with the evaluation team upon recruitment.
- Prepare a first stakeholders map and a list of Atlas projects and share them with the evaluation team.
- Prepare the ToR for the evaluation in line with the ready-to-use ToR from the Evaluation Office and submit the ToR to the Evaluation Office for approval.
- Establish the ERG.
- Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the Regional M&E Adviser.
- Identify potential candidates to conduct the evaluation, complete the consultant assessment matrix to assess their qualifications, and propose a final selection of evaluators with support from the Regional M&E Adviser, to be submitted to the Evaluation Office for pre-qualification.
- Provide evaluators with logistical support in planning for data collection (site visits, interviews, group discussions etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Review the design report jointly with the ESARO Evaluation Taskforce, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report jointly with the ESARO Evaluation Taskforce and jointly prepare an EQA of the draft evaluation report.
- Final review of the final evaluation report jointly with the ESARO Evaluation Taskforce.
- Follows up with the ESARO Management with the request for a management response.
- Coordinates the dissemination and use of the evaluation results jointly with the ESRAO regional Communications Adviser and the Evaluation Taskforce.
- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process (notably the design report: focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection, as well as the draft and final evaluation reports).
- Coordinate feedback and comments of the ERG on the deliverables produced by the evaluation team throughout the evaluation process and ensure that feedback and comments of the ERG are adequately addressed.
- Conduct an EQA of the draft evaluation report in collaboration with the UNFPA ESARO Evaluation Taskforce, in line with the EQA grid and its explanatory note.
- Develop a communication plan (in coordination with the RO communication officer) to guide the dissemination of the evaluation results and update the plan as the evaluation process evolves.
- Lead and participate in the preparation of the management response.
- Submit the final evaluation report, EQA and management response to the Evaluation Office.



At all stages of the evaluation process, the Evaluation Manager will require support from staff of the UNFPA ESARO. Specifically, the roles and responsibilities of the Regional Office staff are:

- Contribute to the preparation of the ToR, specifically the stakeholder mapping and the compilation of initial background information and documentation and provide input to the evaluation questions.
- Be available for meetings with/interviews by the evaluation team.
- Provide support to the Evaluation Manager in making logistical arrangements for setting up interviews and group discussions with stakeholders.
- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **Evaluation Reference Group (ERG)** which is composed of relevant UNFPA ESARO staff, non-governmental implementing partners, as well as other relevant key stakeholders (see Handbook, section 2.3., p.37). The ERG will serve as an entity to ensure the relevance, quality, and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and undertake quality assurance from a technical perspective. The ERG has the following roles and responsibilities:

- ❖ Provide input to the drafting of the ToR, including the selection of preliminary evaluation questions.
- ❖ Provide feedback and comments on the design report.
- ❖ Provide comments and substantive feedback from a technical perspective on the draft and final evaluation reports.
- ❖ Act as the interface between the evaluators and key stakeholders of the evaluation and facilitate access to key informants and documentation.
- ❖ Assist in identifying key stakeholders to be consulted during the evaluation process.
- ❖ Participate in review meetings with the evaluation team as required.
- ❖ Contribute to learning, knowledge sharing and dissemination of evaluation results, as well as the completion and follow-up on the management response.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The roles and responsibilities of the Evaluation Office are as follows:

- Review and approve the final draft ToR
- Review and pre-qualification of the consultants who will constitute the evaluation team.
- Update and maintain the UNFPA consultant roster with pre-qualified consultants for the evaluation.
- Commission the independent, external EQA of the final evaluation report.
- Publish final evaluation report, EQA and management response in the evaluation database.

12. COMPOSITION OF THE EVALUATION TEAM

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader (international) with overall responsibility for carrying out the evaluation exercise, and (ii) 4 team members (local) who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR, adolescents and youth, gender equality, and population and development). The team leader shall also perform the role of technical expert for one of the thematic areas of programming under the 2018 – 2021 ESAR RIAP.

The evaluation team leader will be recruited internationally (incl. in the sub-region), while the evaluation team members will be locally recruited to promote national evaluation capacity development and to ensure adequate knowledge of the regional context. The evaluation team leader must have solid knowledge and experience in conducting evaluations of development. In addition, the evaluation team should have the



requisite level of knowledge to conduct human rights- and gender-responsive evaluations and be able to work in a multidisciplinary team in a multicultural environment.

12.1. ROLES AND RESPONSIBILITIES OF THE EVALUATION TEAM

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. She/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. She/he will lead and coordinate the work of the evaluation team and ensure the quality of all deliverables at all stages of the evaluation process. The Evaluation Team Leader will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, the evaluation approach, methodology, work plan and agenda for the field phase, the draft and final evaluation reports, and the PowerPoint presentation of the evaluation results. She/he will lead the presentation of the design report and the debriefing meeting with the RO and Taskforce/ERG at the end of the field phase. The Team leader will also be responsible for liaising with the Evaluation Manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of programming of the RP described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated SRH services, HIV and other sexually transmitted infections, maternal health, obstetric fistula, and family planning. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA ESARO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

Evaluation team member: Adolescents and youth expert

The adolescent and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA ESARO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

Evaluation team member: Gender equality expert

The gender equality expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as gender-based violence and harmful practices, such as female genital mutilation, child, early and forced marriage. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA ESARO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.



Evaluation team member: Population and development expert

The population and development expert will provide expertise on population and development issues, such as census, ageing, migration, population dynamics, the demographic dividend, and national statistical systems. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA ESARO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

The modality and participation of the evaluation team members in the evaluation process, including data collection analysis, provision of technical inputs to the drafting of the design and draft and final evaluation reports will be agreed with the evaluation team leader and these tasks performed under her/his supervision and guidance.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in Public Health, Social Sciences, Demography or Population Studies, Statistics, Development Studies, or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development and/or humanitarian action].
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in one of the thematic areas of programming covered by the evaluation (see profiles below).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold standards for quality evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate and supervise the work of the evaluation team.
- Experience working with a multidisciplinary team of experts.
- Excellent analytical skills and demonstrated ability to formulate evidence-based conclusions and realistic and actionable recommendations.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the regional development context of ESAR
- Fluent in written and spoken English

SRHR expert

The competencies, skills, and experience of the SRH expert should include:

- Master's degree in Public Health, Medicine, Health Economics and Financing, Epidemiology, Biostatistics, or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action.



- Substantive knowledge of sexual and reproductive health and rights.
- Good knowledge of humanitarian strategies, policies, frameworks, and international humanitarian law and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of ESARO.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English

Adolescent and youth expert

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in Public Health, Medicine, Health Economics and Financing, Epidemiology, Biostatistics, Social Sciences, or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international and/or humanitarian action.
- Substantive knowledge of adolescent and youth issues, sexual and reproductive health and rights of adolescents and youth.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of ESARO
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

Gender equality expert

The competencies, skills and experience of the gender equality expert should include:

- Master's degree in Women/Gender Studies, Human Rights Law, Social Sciences, Development Studies, or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian action.
- Substantive knowledge on gender equality and the empowerment of women and girls, gender-based violence and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.



- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the regional development context of ESARO
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

Population and development expert

The competencies, skills and experience of the population and development expert should include:

- Master's degree in Demography or Population Studies, Statistics, Social Sciences, Development Studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration, and national statistics systems.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the regional development context of ESARO
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

13. Budget and Payment Modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience. The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	40%
Upon satisfactory completion of the draft final evaluation report	40%
Upon approval of the final evaluation report and PowerPoint for dissemination of evaluation results	20%



In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees. The provisional allocation of workdays among the evaluation team will be the following:

	Team Leader	Team Members (Thematic Experts)
Design phase	14	10
Field phase	25	25
Reporting phase	10	5 per person
Dissemination and facilitation of use phase	1	0
TOTAL (days)	50	40

The exact number of workdays and distribution of the workload will be proposed by the evaluation team in the design report, subject to approval by UNFPA Evaluation Manager, and the ESARO Management.

Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

Global UNFPA documents

1. SDG/Agenda 2030
2. AU Agenda 2063
3. UNFPA Strategic Plan (2014-2017) (incl. annexes)
<https://www.unfpa.org/resources/strategic-plan-2014-2017>
4. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
5. UNFPA Evaluation Policy (2019)
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>
6. Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (2019)
<https://www.unfpa.org/EvaluationHandbook>
7. Relevant centralized evaluations conducted by the UNFPA Evaluation Office – available at:
<https://www.unfpa.org/evaluation>
8. also list the CPES undertaken in the region and cover the period 2018-2020

ESAR regional strategies, policies, and action plans

1. UNFPA ESARO RIAP 2018 - 2021
2. Regional HIV/AIDS Strategy
3. Regional UHC Strategy
4. Regional Maternal Health Strategy
5. Regional Family Planning Strategy
6. Regional ASRH Strategy
7. Regional Gender Strategy
8. Regional/Continental Youth Policy of the AU
9. SADC Model Law on Child Marriage

UNFPA ESARO programming documents

10. ESARO annual work plans
11. Mid-term reviews of interventions/programmes in different thematic areas of programming
12. Reports on core and non-core resources
13. ESARO resource mobilization strategy

UNFPA ESARO M&E documents



14. ESARO annual results plans and reports (SIS myResults Plan and Monitoring Reports)
15. ESARO quarterly monitoring reports
16. [ESARO Annual Risk Reports](#)
17. [ESARO Annual Resource Mobilization and Partnership Report](#)

Other documents

18. Implementing partner work plans and progress reports
19. Implementing partner assessments
20. Audit reports and spot check reports
21. Donor reports

A handwritten signature in black ink, appearing to be 'M. K. ...', located at the bottom left of the page.

14. Annexes

A	Regional Programme Results Framework
B	Theory of change
C	Stakeholders map
D	Evaluation matrix template
E	List of Atlas projects
F	Outline of design report
G	Evaluation Quality Assessment grid
H	Management response template
I	Outline of final evaluation report
J	Evaluation Office editorial guidelines

List of annexes



Annex A

ESARO Regional Programme - Results and Resources Framework (2018-2021)				
Outcome 1: Every woman, every adolescent and youth, especially those furthest behind, fully exercise their sexual and reproductive rights and are able to use integrated sexual and reproductive health services, which include family planning, comprehensive maternal health and STI and HIV services, free of coercion, discrimination and violence.				
Outcome indicators			Baseline 2017	Target 2021
1) Number of ESA countries with skilled birth attendance rate above 75 per cent			13	16
Countries:	2017	Botswana, Burundi, Comoros, DRC, Lesotho, Mauritius, Malawi, Namibia, Rwanda, Seychelles, South Africa, Swaziland and Zimbabwe		
	2021	Botswana, Burundi, Comoros, DRC, Lesotho, Mauritius, Malawi, Mozambique, Namibia, Rwanda, Seychelles, South Africa, Swaziland, Tanzania, Uganda and Zimbabwe		
2) Number of ESA countries that have reduced unmet need for family planning by 50 per cent			0	15
Countries:	2017	None		
	2021	Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe		
3) Number of ESA countries with a modern contraceptive prevalence rate of at least 50 per cent			8	17
Countries:	2017	Botswana, Kenya, Malawi, Lesotho, Namibia, South Africa, Swaziland and Zimbabwe		
	2021	Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe		
4) Proportion of ESA fast-track countries providing combination prevention option to at least 90% of people at risk			0	100
Countries:	2017	0		
	2021	Angola, Botswana, DRC, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe		
5) Number of ESA countries with at least 50% of primary health care facilities providing integrated SRH services			0	10
Countries:	2017	0		
	2021	Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Uganda, Zambia and Zimbabwe		
6) Number of ESA countries that have domesticated RECs policy instruments (guideline, strategies, bills) on SRH and HIV			0	11
Countries:	2017	0		
	2021	Botswana, Ethiopia, Kenya, Malawi, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe		

Output 1: Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to SRHR information and services						
Output indicators		Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of regional entities that have harmonized and standardized at least two regional policy guidelines for SRH and HIV		0	1	2	3	3
ESARO support focuses on:	ECA, IGAD and SADC					
2) Number of ESA countries that have supportive adolescent and youth sexual and reproductive health policies in place						
ESARO support focuses on:						
3) Number of ESA countries that positively address laws and/or policies presenting barriers to HIV prevention, treatment and care to at least one key population (sex workers or MSM)						
ESARO support focuses on:						
4) Number of countries with a guideline on respectful maternity care in place		0	2	4	6	8
ESARO support focuses on:	Angola, Burundi, DRC, Lesotho, Malawi, Mozambique, South Sudan, and Swaziland					
5) Number of ESA countries that have policy instrument on generic contraceptives and other RH medicines		3	6	8	10	12
ESARO support focuses on:	Botswana, Comoros, Kenya, Malawi, Namibia, Swaziland, Tanzania, Uganda, and Zambia					
Partners		Indicative Regular Resources (USD)				
Implementing partners:	None	Programme:	80,000	80,000	80,000	80,000
		Health Systems Specialist	164,480	165,681	166,146	168,194
		Technical Advisor, RH/MH	193,145	194,560	195,244	197,519
		Operational costs - outcome 1	40,000	40,000	40,000	40,000
		Sub-total	477,625	480,241	481,390	485,713
Donors:	SIDA, DFID, PACKARD, MHTF donors, UBRAF donors	Indicative Other Resources (USD)				
		Programme:	784,994	783,881	883,015	881,588

Other Strategic Partners:	AUC, AU, PAP, SADC, SADC-PF, NEPAD, EAC, EALA, WHO, IPPF, UNAIDS, UNICEF, WB, USAID, JSI, OAFILA and professional bodies	Technical Advisor, HIV	193,145	194,560	195,244	197,519
		Technical Specialist, SRH/HIV	164,480	165,681	166,146	168,194
		Finance & Programme analyst, SRH/HIV	75,006	76,119	76,985	78,412
		Admin/Fin Associate, SRH/HIV	51,864	52,590	53,061	54,086
		Sub-total	### ### #	##### ##	### ### #	### ### #
Output 2: National capacities are strengthened to deliver quality integrated SRH services and information, in particular for adolescents and in humanitarian settings						
Output indicators		Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of ESA countries that have adopted standard midwifery curriculum that is used by all midwifery training institutions		9	9	10	11	15
ESARO support focuses on:	Angola, Botswana, Burundi, Lesotho, Malawi, and Rwanda					
2) Number of ESA countries that have integrated MISP (Clean delivery, EmONC, GBV, HIV prevention) in the pre-service curriculum for midwives, nurses and doctors		0	2	4	6	7
ESARO support focuses on:	Ethiopia, Kenya, Lesotho, Rwanda, South Sudan, Uganda, and Zambia					
3) Number of ESA countries that have robust and resilient Maternal Death Surveillance and Response systems in place that fulfill all 10 selected criteria		5	6	9	10	12
ESARO support focuses on:	Angola, Burundi, Eritrea, Madagascar, Namibia, Rwanda, and Zimbabwe					
4) Number of ESA countries providing comprehensive HIV/SRH package for AGYW and at least 1 key population		0	2	4	6	8
ESARO support focuses on:	Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Swaziland, and Zimbabwe					
Partners		Indicative Regular Resources (USD)				
Implementing partners:	None	Programme:	60,000	60,000	60,000	60,000
		Programme Assistant	35,512	36,008	36,244	37,029
		Programme Associate	51,864	52,590	53,061	54,086

		Humanitarian Affrs Specialist	164,480	165,681	166,146	168,194
		Sub-total	311,855	314,278	315,450	319,308
Donors:	SIDA, DFID, UNFPA Supplies donors and UBRAF donors	Indicative Other Resources (USD)				
Other Strategic Partners:	AUC, AU, PAP, SADC, SADC-PF, NEPAD, EAC, EALA, IPPF, UN agencies, WB, USAID, JSI, OAFLA, Professional Bodies	Programme:	760,000	860,000	860,000	860,000
		Sub-total	760,000	860,000	860,000	860,000
Output 3: National capacities are strengthened to effectively forecast, procure, distribute, and track the delivery of sexual and reproductive health commodities, including in humanitarian settings						
Output indicators		Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of ESA countries using functional logistics management information system, including last mile tracking, for forecasting and monitoring contraceptives, essential medicines and supplies		10	12	15	18	19
ESARO support focuses on:	Angola, Botswana, Burundi, Comoros, DRC, Kenya, Lesotho, Madagascar, and Namibia					
2) Number of ESA countries with a preparedness SRH procurement plan available		8	10	13	17	18
ESARO support focuses on:	Angola, Botswana, Comoros, Kenya, Mozambique, Namibia, Rwanda, and Tanzania					
3) Number of ESA countries that have adopted total market approach in allocation of SRH commodities		0	4	6	8	10
ESARO support focuses on:	Botswana, DRC, Kenya, Lesotho, Madagascar, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe					
4) Number of countries with generics constituting 50% of their total public sector contraceptive procurement		0	4	8	10	12
ESARO support focuses on:	Burundi, Comoros, DRC, Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, and Zimbabwe					
Partners		Indicative Other Resources (USD)				
Implementing partners:	SADC, EAC, University of Rwanda, University of Nairobi	Programme:	950,000	950,000	950,000	950,000
Donors:	SIDA, DFID and UBRAF donors	Technical Advisor	193,145	194,560	195,244	197,519

Other Strategic Partners:	AUC, AU, PAP, SADC, SADC-PF, NEPAD, EAC, EALA, WHO, IPPF, UNAIDS, UNICEF, WB, USAID, JSI, OAFILA, COMESA and Professional Bodies	Technical Specialist	164,480	165,681	166,146	168,194
		Technical Specialist	136,162	137,153	137,399	139,224
		Programme Assistant	35,512	36,008	36,244	37,029
		Programme Associate	51,864	52,590	53,061	54,086
		Sub-total	### ### #	##### ##	### ### #	### ### #

ESARO Regional Programme - Results and Resources Framework (2018-2021)

Outcome 2: Adolescents and youth, in particular adolescent girls, have the capabilities and are empowered to realize their SRHR and participate in sustainable development, humanitarian action and sustaining peace.

Outcome indicators	Baseline 2017	Target 2021
1) Proportion of young people (aged 15-24 years) in ESA region who say they used a condom the last time they had sex with a no marital, no cohabiting partner, of those who have had sex with such a partner in the last 12 months	48	70
2) Proportion of women (aged 15-24 years) in the ESA region who are involved in decision making for contraceptive use	88	95
3) Proportion of youth aged (15-24) in the ESA region who report having been tested for HIV in the last 12 months and received results	29	50
4) Proportion of youth (aged 15-24 years) in 10 selected ESA countries (Kenya, Madagascar, Mozambique, Malawi, Rwanda, South Sudan, Tanzania, Uganda, South Africa, Zambia) not in education, employment or training	19	10

Output 4: The legal and policy environment at regional and national levels is improved to address adolescents' and young people's sexual and reproductive health and rights

Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of ESA countries that have adopted the SADC model Law on Child Marriage	0	2	3	4	5
ESARO support focuses on:	Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe				
2) Number of ESA countries that have laws that allow adolescents below the age of 18 years to access sexual and reproductive health services and information	4	5	6	8	10
ESARO support focuses on:	Botswana, Malawi, Rwanda, and Zambia				
3) Number of Regional Economic Communities that have validated regional standards for Youth	0	0	0	1	2

Friendly Health Services for adoption by Member States						
ESARO support focuses on:	EAC and SADC					
4) Number of ESA countries with a costed national action plan on addressing child marriage	3	4	5	6	8	
ESARO support focuses on:	Angola, Ethiopia, Kenya, Madagascar, and Zimbabwe					
Partners		Indicative Regular Resources (USD)				
Implementing partners:	To be determined through competitive selection and/or capacity assessment	Programme	50,000	50,000	50,000	
		Technical Advisor, ASRH (30%)	57,944	58,368	58,573	
		Operational costs - Outcome 2	30,000	30,000	30,000	
		Sub-total	137,944	138,368	138,573	
		Indicative Other Resources (USD)				
Donors:	Swiss Agency for Development and Cooperation and Global Programme on Child Marriage	Programme	550,000	600,000	650,000	
		SYP Regional Coordinator	177,547	182,500	187,500	
Other Strategic Partners:	RECs, SADC PF, EALA and AUC	Finance/Admin	44,308	46,000	51,000	
		Sub-total	771,855	828,500	888,500	
Output 5: Adolescents and young people are empowered with knowledge and skills to make informed decisions and maintain healthy sexual behaviors						
Output indicators		Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of ESA countries that have integrated asset building and/or economic empowerment strategies within the UNFPA supported youth programme, especially in child marriage programmes.		2	5	8	10	14
ESARO support focuses on:	Botswana, Kenya, Malawi, Rwanda, Swaziland, Tanzania, Zambia, and Zimbabwe					
2) Number of ESA countries that adopted the Regional Resource package on CSE for out-of-school youth	2	5	8	10	14	
ESARO support focuses on:	Angola, Botswana, Lesotho, Mozambique, Namibia, Swaziland, and Zimbabwe					
3) Number of ESA countries with CSE institutionalized in pre-service and in-service teacher training colleges	10	15	18	21	21	

ESARO support focuses on:		Angola, Botswana, Burundi, Namibia, Mozambique, and Rwanda				
4) Number of ESA countries that have adopted and launched TuneMe - ASRHR mobisite		5	7	9	10	11
ESARO support focuses on:		Ethiopia, Lesotho, Rwanda, Swaziland, and Tanzania				
Partners		Indicative Regular Resources (USD)				
Implementing partners:	Praekelt Foundation and others, if needed, to be determined through competitive selection and/or capacity assessment	Programme	30,000	30,000	30,000	30,000
		Technical Advisor, ASRH (40%)	77,258	77,824	78,098	79,008
		Programme Specialist	68,081	68,576	68,700	69,612
		Sub-total	175,339	176,400	176,797	178,620
Donors:	Swiss Agency for Development and Cooperation, Packard Foundation, Coca Cola Foundation and GIZ	Indicative Other Resources (USD)				
		Programme:	750,000	750,000	650,000	550,000
		CSE Specialist	177,547	182,500	187,500	192,500
Other Strategic Partners:	UNESCO, UNAIDS, ILO, RECs and AUC	M&E Specialist	97,503	99,500	106,500	111,500
		Sub-total	###	#####	944,000	854,000
Output 6: Functional systems are in place to improve adolescents' and young people's leadership and participation in programme planning, implementation and evaluation in development and humanitarian contexts						
Output indicators		Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of ESA countries with functional national youth networks advocating for ASRHR		15	16	17	18	20
ESARO support focuses on:		Angola, Ethiopia, Lesotho and Swaziland				
2) Number of ESA countries with young people participating in the development and implementation of humanitarian preparedness and response plans.		0	5	7	9	12
ESARO support focuses on:		Burundi, DRC, Ethiopia, Kenya, Madagascar, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe				
Partners		Indicative Regular Resources (USD)				
Implementing partners:		Programme	50,000	50,000	50,000	50,000

	To be determined through competitive selection and/or capacity assessment	Technical Advisor, ASRH (30%)	57,9 44	58,368	58, 573	59,2 56
		Programme Specialist	68,0 81		68, 700	69,6 12
		Sub-total	176, 025	176,94 4	177 ,27 3	178, 868
Donors:	Swiss Agency for Development and Cooperation	Indicative Other Resources (USD)				
		Programme	200, 000	200,00 0	175 ,00 0	150, 000
Other Strategic Partners:	AfriYAN, Y+, YAPs, any other youth network relevant to the scope of work	Programme Analyst	109, 496	110,28 8	110 ,33 1	111, 944
		Sub-total	309, 496	310,28 8	285 ,33 1	261, 944

ESARO Regional Programme - Results and Resources Framework (2018-2021)

Outcome 3: Advance gender equality and the empowerment of women and girls, and achieve reproductive rights, with a specific focus on the most marginalized and disadvantaged populations, including in humanitarian settings

Outcome indicators			Baselin e 201 7	Tar get 202 1		
1) Proportion of FGM Joint Programme Countries in the ESA region that achieve a 40% reduction of women 0-14 years old who have undergone FGM			0	75		
Countries:	2017	None				
	2021	Ethiopia, Kenya and Uganda				
2) Number of ESA countries with functional and compliant tracking and reporting mechanisms on sexual and reproductive rights and gender equality			11	23		
Countries:	2017	Burundi, Kenya, Malawi, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda and Zambia				
	2021	All ESA countries				
3) GBV						
Countries:	2017					
	2021					
Output 7: National human rights protection systems are strengthened to advance gender equality and empowerment of women and girls						
Output indicators		Baseline 2017	Tar get 201 8	Targe t 2019	Tar get 202 0	Tar get 202 1
1) Number of ESA countries with an action plan for the implementation of SRHR Third Cycle UPR recommendations		1	4	9	14	20
ESARO support focuses on:	Angola, Botswana, Burundi, DRC, Ethiopia, Kenya, Lesotho, Madagascar, Rwanda, Swaziland, Tanzania and Zambia					

Partners		Indicative Regular Resources (USD)				
Implementing partners:	Country Offices and National Human Rights Institutions	Programme	30,000	30,000	30,000	30,000
		Technical Advisor (50%)	96,573	97,280	97,622	98,760
Strategic partners:	Regional economic Communities and UN agencies, particularly OHCHR	Operational costs - Outcome 3	30,000	30,000	30,000	30,000
		Sub-total	156,573	157,280	157,622	158,760
Output 8: Multi-sectoral capacity to prevent and address gender-based violence and harmful practices is improved in development and humanitarian contexts at national and regional levels						
Output indicators		Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of operational cross-border initiatives for FGM abandonment within the ESA region		1	4	6	8	10
ESARO support focuses on:	Eritrea, Ethiopia, Kenya and Uganda					
2) Number of ESA countries with a functional national GBV IMS		4	8	12	16	19
ESARO support focuses on:	Angola, Botswana, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Swaziland, Tanzania, Zambia and Zimbabwe					
3) Number of ESA countries with national clinical management of rape guidelines		7	11	13	15	17
ESARO support focuses on:	Burundi, DRC, Ethiopia, Madagascar, Mozambique, Namibia, South Sudan, Swaziland and Uganda					
4) Regional network of researchers, CSOs and policy makers to upscale Violence against Women prevention operationalized		No	No	Yes	Yes	Yes
5) Number of ESA countries that have implemented the Essential Services Package		4	9	14	19	21
ESARO support focuses on:	Burundi, Comoros, DRC, Lesotho, Madagascar, South Sudan and Swaziland					
Partners		Indicative Regular Resources (USD)				
Implementing partners:	Sonke Gender Justice- Equality Now	Programme	40,000	40,000	40,000	40,000
		Technical Advisor (50%)	96,573	97,280	97,622	98,760
		Sub-total	136,573	137,280	137,622	138,760
Donors:	EU and DFID	Indicative Other Resources (USD)				
		Programme	800,000	800,000	800,000	800,000

Strategic partners:	AU, Country Offices, IGAD, EAC, Pan African Parliament	Programme Specialist	136,162	137,153	137,399	139,224	
		Programme Associate	51,864	52,590	53,061	54,086	
		Sub-total	988,026	989,742	990,460	993,310	
Outcome 4: Population dynamics mainstreamed within national development policies and plans through stronger population data systems and better use of demographic intelligence							
Outcome indicators					Baseline 2017	Target 2021	
1) Number of ESA countries that produce <i>domesticated</i> sustainable development indicators with full disaggregation, in accordance with the Fundamental Principles of Official Statistics					0	20	
Countries:	2017	None					
	2021	All ESA countries, excluding Eritrea, DRC, and South Sudan					
2) Number of ESA countries that have conducted a Population and Housing Census in the 2020 round of censuses as per international standards					6	16	
Countries:	2017	Comoros, Ethiopia, Lesotho, Madagascar, Mozambique, and Swaziland					
	2021	Botswana, Burundi, Comoros, DRC, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, and Zambia					
3) Number of ESA countries that have achieved 80 per cent birth registration and 50 per cent death registration					2	12	
Countries:	2017	Mauritius and South Africa					
	2021	Burundi, Botswana, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania and Zimbabwe					
4) Number of ESA countries that have developed national strategies and programmes that incorporate the findings of the national Demographic Dividend study					4	23	
Countries:	2017	Kenya, Rwanda, Uganda, and Zambia					
	2021	All ESA countries					
Output 9: National population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis							
Output indicators			Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of ESA countries that generate and publish vital statistics based on civil registration records (birth and death)			6	9	12	15	18
ESARO support focuses on:	DRC, Ethiopia, Lesotho, Madagascar, Malawi, Swaziland, Tanzania, Zambia and Zimbabwe						

2) Number of ESA countries that map populations at risk of climate change or natural disasters at national and sub-national level		10	14	17	20	23
ESARO support focuses on:		Burundi, DRC, Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Swaziland, South Sudan, Tanzania, Zambia and Zimbabwe				
3) Number of ESA countries that made their census micro-data available to the public through REDATAM-IMIS		5	7	9	10	12
ESARO support focuses on:		Angola, Botswana, Burundi, Comoros, DRC, Madagascar, Malawi, Mozambique and Namibia				
4) Number of ESA countries that have developed or updated their National Statistical system in line with the regional frameworks ShASA and Africa Data Consensus		0	3	5	9	14
ESARO support focuses on:		Botswana, Burundi, DRC, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Swaziland, Uganda and Tanzania				
5) Number of tools and guidelines issued by UNFPA supported Regional Centers of Excellence on data		0	0	2	3	4
ESARO support focuses on:		Centers of Excellence on data - South Africa and Rwanda and expanding to Ethiopia, Kenya and Uganda				
Partners		Indicative Regular Resources (USD)				
Implementing partners:	CELADE, UAPS, WITS University; APHRC, University of Nairobi (PSRI), Makerere University	Programme	95,861	98,814	75,000	75,000
		Evidence & Research Specialist	164,480	165,681	166,146	168,194
		Technical Advisor, P&D	193,145	194,560	195,244	197,519
		Technical Advisor, P&D	193,145	194,560	195,244	197,519
		Programme Assistant	35,512	36,008	36,244	37,029
Donors:	DFID, Gates Foundation; AfDB	Operational costs - Outcome 4	100,000	100,000	100,000	100,000
		Sub-total	782,142	789,623	767,877	775,260
		Indicative Other Resources (USD)				
Other Strategic Partners:	UNECA, ASSD; AfDB, UNICEF, UNSD, RECs and World Bank	Programme	275,000	575,000	500,000	500,000
		Programme Associate	25,000	52,590	53,061	54,086
		Sub-total	300,000	627,590	553,061	554,086

Output 10: Demographic intelligence is mainstreamed at national and regional levels to improve the responsiveness and impact of ICPD related policies and programmes						
Output indicators		Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021
1) Number of ESA countries that generate national profiles on Demographic Dividend		12	15	18	23	23
ESARO support focuses on:	Angola, Botswana, Ethiopia, Madagascar, Rwanda, South Sudan and Swaziland					
2) Number of ESA countries generating sub-national mapping of SDG Indicators under UNFPA commitment		0	3	8	14	23
ESARO support focuses on:	Botswana, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Rwanda and South Sudan					
3) Number of ESA countries that undertake demographic assessments (demographic dividend study or population situation analysis) for national development strategies and poverty reduction strategies		4	7	12	17	23
ESARO support focuses on:	All ESA countries, excluding Kenya, Rwanda, Uganda and Zambia (baseline)					
4) Number of Regional Parliamentarian Networks/forums supported in their engagement in ICPD advocacy and implementation who are producing an annual report		1	3	3	4	4
ESARO support focuses on:	REC (SADC, COMESA, EAC) Parliamentary Forum; African Parliamentary Forum on P&D; and African Pan African Parliament					
5) Number of ESA countries that produce a national report of the ICPD and SDG Implementation to feed into the High-level Forum on Sustainable Development		4	8	14	18	23
ESARO support focuses on:	Botswana, Burundi, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Rwanda, South Sudan, Zambia and Zimbabwe					
Partners		Indicative Regular Resources (USD)				
Implementing partners:	AFIDEP, APHRC; and Wits University	Programme	125,000	125,000	98,142	98,265
		Regional M&E Advisor	193,145	194,560	195,244	197,519
		Programme Analyst	109,496	110,288	110,331	111,944
		Programme Associate	51,864	52,590	53,061	54,086
		Programme Associate	51,864	52,590	53,061	54,086
		Sub-total	531,368	535,028	509,838	515,899
Donors:	DFID	Indicative Other Resources (USD)				

		Programme:	200,000	400,000	400,000	400,000
Other Strategic Partners:	AU, AfDB, UNDP, WB, UNECA, RECs, Parliamentarian Forum; National Statistics Organizations, Ministry of Economic Planning	Programme Policy Engagement Specialist:	136,162	137,153	137,399	139,224
		Sub-total	336,162	537,153	537,399	539,224

ESARO Regional Programme - Results and Resources Framework (2018-2021)

Organizational Effectiveness and Efficiency (OEE)

OEE Output 1: Enhanced visibility of and resources for Regional Office and Country Offices' programmes in East and Southern Africa

Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021	
1) Total amount of funding secured in East and Southern Africa Region of at least \$ 350 million, cumulative ESARO and all COs	352	82	87	92	97	
2) Number of partnerships maintained/established with organizations and institutions that contributed to tangible results as per the regional partnerships plan						
3) Number of regional social media packages disseminated that meet targets in social media reach and social media engagement						
Partners		Indicative Regular Resources (USD)				
Strategic Partners:	SABC, IPS, ThisisAfrica.com, allafrica.com, Mail&Guardian	Programme	100,000	80,000	75,000	75,000

OEE Output 2: Enhanced quality and efficiency of Regional Office and Country Offices' programmes and business operations in East and Southern Africa

Output indicators	Baseline 2017	Target 2018	Target 2019	Target 2020	Target 2021	
1) Number of country programmes rated "satisfactory" by the PRC per year	1	9	4	5	2	
2) Number of UNFPA ESA Country Offices that implement BOS and are able to quantify savings	12	20	21	21	21	
3) Number of CPEs that are rated as "good" by the Evaluation Office per year	4	2	2	2	2	
4) Number of ESA Country Offices that score at least 75% at ESARO's operational excellence dashboard tool	5	15	20	22	22	
Partners		Indicative Regular Resources (USD)				
Strategic Partners:	UNFPA ESA Country Offices, relevant HQ units, R-UNDG and DOCO	Programme	75,000	75,000	123,000	95,000

Annex B. Theory of Change

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IMPACT: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of women, adolescents and youth.

OUTCOME 1: Every woman, every adolescent and youth, especially those furthest behind, fully exercise their sexual and reproductive rights and are able to use integrated sexual and reproductive health services, which include family planning, comprehensive maternal health and STI and HIV services, free of coercion, discrimination and violence.

OUTPUT 1: Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to SRHR information and services.

OUTPUT 2: National capacities are strengthened to deliver quality integrated SRH services and information, in particular for adolescents and in humanitarian setting

OUTPUT 3: National capacities are strengthened to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, including in

Problem statement:

Girls and women still do not have equal access to basic SRH/HIV health information and services. They also face additional negative health impacts of gender inequality, which is increased with the disruption of social support during humanitarian

Risks:

Changing Political landscape with growing opposition towards sexual and reproductive health and reproductive rights, including from emerging new religious movements
Political, financial and social instability
Humanitarian crises (conflicts and natural disaster)

Assumptions:

Significant support and advocacy

Strategic Interventions

Advocacy and Policy

Strengthen accountability vis a vis global and regional frameworks
Reduce legal barriers to accessing SRH&R/HIV information and services, including for adolescent girls and key populations e.g. need for third party authorisations like parents
Foster national ownership and domestic investments in SRH e.g. increased national budgets for SCM, Capacity Building etc.
Meaningfully involve programme beneficiaries and civil society in developing, monitoring and reviewing health plans and programmes;
Promote the use of selected cost-effective catalytic solutions to common challenges, e.g. Increased use of generics, cross-border supply chain solutions

Capacity Development

Provide/facilitate TA to countries to develop interventions, incl. on supply chain management and youth-friendly services, that specifically target vulnerable groups and underserved populations (e.g. 'first time young mothers', urban poor, adolescents and youth)
Facilitate regional training in support of new tools, evidence, standards to for improved skills, performance and management of the health workforce (especially midwives, community health workers/volunteers and others health care cadres) including their status, deployment, and benefit packages to deliver quality and integrated SRH and HIV services
Provide TA and track progress for improved quality integrated SRH/HIV and SGBV services, including MISP, EmONC, MDSR, YFHS and fistula repair through pre- and in-service training of health staff (incl. midwives and community health workers;
Provide TA and support countries integrate comprehensive SRHR/HIV/SGBV services in NDPs;
Provide financial and technical support to countries for improved SCM (forecasting of SRH commodities) at national, sub-national and SDP levels, including availability of modern contraceptive choices and condoms for prevention of HIV, STIs and unintended pregnancies
Provide TA to countries for improved HIS and monitoring systems for key SRH&R/HIV & SGBV indicators

Knowledge Management

Commission research to answer policy and programming questions identified in the field;
Identify and disseminate effective and innovative interventions and facilitate scale-up, incl. through South-South cooperation
Analyse and share programme results to increase UNFPA visibility

Partnership and Coordination

Forge partnerships to attain global commitments, including with DFID, USAID (incl. on FP2020), PMNCH, H6, HHA, IHP+, Global Fund and PEPFAR
Partner with RECs, AU and NEPAD to institutionalise catalytic interventions, e.g. MDSR, use of generics, cross border supply chain solutions, etc.
Forge partnerships with service providers promoting innovative solutions to disseminate information and optimize services, incl. those using ICT

Risks:

Global funding constraints and inadequate local resources to significantly impact on the lives of women
Inadequate existing national capacities in some countries to respond to challenges (incl. limited Human Resources and financial capacities)

Assumptions:

Skills shortages will be mitigated by integration of services, use of technology and innovation, as well South- South cooperation.
Partnerships for development will formulate cross-border and multi-country solutions

Contribution from other outcomes

Outcome 2: adolescents and

Impact indicators

Output indicators

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Outcome indicators

OUTCOME 1: Every woman, every adolescent and youth, especially those furthest behind, fully exercise their sexual and reproductive rights and are able to use integrated sexual and reproductive health services, which include family planning, comprehensive maternal health and STI and HIV services, free of coercion, discrimination and violence.

Output indicators

OUTPUT 1: Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to SRHR information and services.

OUTPUT 2: National capacities are strengthened to deliver quality integrated SRH services and information, in particular for adolescents and in humanitarian setting

OUTPUT 3: National capacities are strengthened to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, including in humanitarian settings, to ensure access to demand and reproductive health commodities, to protect reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of women, adolescents and youth.

Risks:

- Changing Political landscape with growing opposition towards sexual and reproductive health and reproductive rights, including from emerging new religious movements
- Political, financial and social instability
- Humanitarian crises (conflicts and natural disaster)

Assumptions:

- Significant support and advocacy from national governments, civil society, and international organisations

Strategic Interventions

Advocacy and Policy

- Strengthen accountability vis a vis global and regional frameworks
- Reduce legal barriers to accessing SRH&R/HIV information and services, including for adolescent girls and key populations e.g. need for third party authorisations like parents
- Foster national ownership and domestic investments in SRH e.g. increased national budgets for SCM, Capacity Building etc.
- Meaningfully involve programme beneficiaries and civil society in developing, monitoring and reviewing health plans and programmes;
- Promote the use of selected cost-effective catalytic solutions to common challenges, e.g. Increased use of generics, cross-border supply chain solutions

Capacity Development

- Provide/facilitate TA to countries to develop interventions, incl. on supply chain management and youth-friendly services, that specifically target vulnerable groups and underserved populations (e.g. 'first time young mothers', urban poor, adolescents and youth)
- Facilitate regional training in support of new tools, evidence, standards to for improved skills, performance and management of the health workforce (especially midwives, community health workers/volunteers and others health care cadres) including their status, deployment, and benefit packages to deliver quality and integrated SRH and HIV services
- Provide TA and track progress for improved quality integrated SRH/HIV and SGBV services, including MISP, EmONC, MDSR, YFHS and fistula repair through pre- and in-service training of health staff (incl. midwives and community health workers;
- Provide TA and support countries integrate comprehensive SRHR/HIV/SGBV services in NDPs;
- Provide financial and technical support to countries for improved SCM (forecasting of SRH commodities) at national, sub-national and SDP levels, including availability of modern contraceptive choices and condoms for prevention of HIV, STIs and unintended pregnancies
- Provide TA to countries for improved HIS and monitoring systems for key SRH&R/HIV & SGBV indicators

Knowledge Management

- Commission research to answer policy and programming questions identified in the field;
- Identify and disseminate effective and innovative interventions and facilitate scale-up, incl. through South-South cooperation
- Analyse and share programme results to increase UNFPA visibility

Partnership and Coordination

- Forge partnerships to attain global commitments, including with DFID, USAID (incl. on FP2020), PMNCH, H6, HHA, IHP+, Global Fund and PEPFAR
- Partner with RECs, AU and NEPAD to institutionalise catalytic interventions, e.g. MDSR, use of generics, cross border supply chain solutions, etc.
- Forge partnerships with service providers promoting innovative solutions to disseminate information and optimize services, incl. those using ICT

Risks:

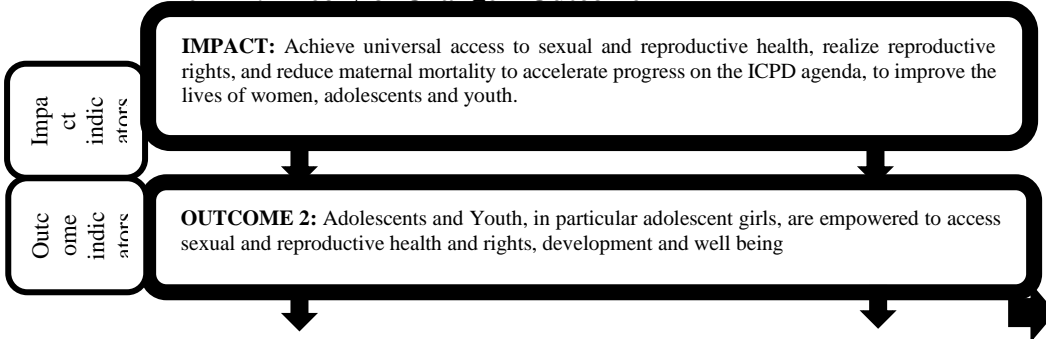
- Global funding constraints and inadequate local resources to significantly impact on the lives of women
- Inadequate existing national capacities in some countries to respond to challenges (incl. limited Human Resources and financial capacities)

Assumptions:

- Skills shortages will be mitigated by integration of services, use of technology and innovation, as well South- South cooperation.
- Partnerships for development will formulate cross-border and multi-country solutions

Contribution from other outcomes

Annex 2B: Theory of Change – Outcome 2



Problem statement:

Several obstacles are in place at legal, policy, societal and structural level which impede adolescents' and youth's fulfillment of their potential, affecting, in particular, adolescent girls. Therefore, young people have less opportunities to make informed choices for their sexual and reproductive health and overall

Risks:

- Persistent socio-cultural norms translating into political and legal barriers and resistance of traditional, religious and cultural gatekeepers
- Political, financial and social instability
- Humanitarian crises including conflicts and natural disasters

Assumptions:

Successful advocacy and coalition building creating an enabling political and socio-cultural environment at both regional and national level

Risks:

- Lengthy processes to be followed while engaging with AUC and RECs
- Reduced financial resources
- Difficulties in mobilizing additional resources for youth programming
- Challenges in establishing and/or strengthening strategic partnerships

Assumptions:



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Annex 2C: Theory of Change – Outcome 3

Problem statement:

Gender equality and women's and girls' rights and empowerment are priorities in the 2030 Agenda, with one goal (SDG5) and its 9 targets (ending violence, eliminating harmful practices, and achieving reproductive rights for all women and girls)

Impact indicators

IMPACT: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of women, adolescents and youth.

Outcome indicators

OUTPUT 1: The legal and policy environment at regional and national levels is improved to address adolescents' and young people's sexual and reproductive health and rights.

OUTPUT 2: Adolescents and young people are empowered with knowledge and skills to make informed decisions and maintain healthy sexual behaviors

OUTPUT 3: Functional systems are in place to improve adolescents' and young people's leadership and participation in programme planning, implementation and evaluation.

Output indicators

Strategic Interventions

Advocacy and Policy

Evidence based advocacy to influence laws, policies and strategies.
 Continuous engagement with Africa Union, Regional Economic Communities, government officials and other stakeholders to influence laws and policies and enhance adolescents and young people uptake of integrated SRH/HIV services and information
 Advocate for scaling up and institutionalizing CSE both in and out of school (ESA Commitment)
 Evidence based advocacy with traditional and cultural gate keepers to transform harmful social norms and community practices, such as child marriage.

Capacity Development

Strengthen technical capacity to improve CSE coverage and quality, with a focus on curricula, pedagogy, monitoring and evaluation
 Strengthen the capacities of teachers, traditional, religious and cultural leaders/initiators/parents on CSE and health providers on AYPFHS by supporting the development, dissemination and implementation of regional guidance and training materials.
 Strengthen structures, memberships and capacities of AfriYAN ESA, through advocacy on ASRHR and new modalities for leadership and meaningful participation, including in humanitarian efforts
 Provide technical support in the area of ASRHR to key stakeholders including AUC, RECs, UN and Country Offices.

Knowledge Management

Technical support to strengthen Regional and Country M&E systems to enable disaggregation of data and capture and report on adolescents' and youth SRHR status
 Support research and evidence generation including documentation and dissemination of effective and innovative approaches, including on the DD.
 Support innovation, including use of mobile technology (e.g. TuneMe), and of social and other media (e.g. Music Project, FB, Twitter)
 Identify and promote scale up of effective interventions, such as asset building and economic youth empowerment programmes including the Youth Enterprise Model (YEM)

Partnership and Coordination

Engage in strategic partnerships and collaborations including under the framework of the ESA Commitment and other joint programs on adolescents and youth, notably with the AU, SADC, EAC, COMESA, IGAD as well as UN and CSO partners, SDC, the private sector and other donors.
 Engage in strategic partnership with private sectors as well as regional organizations for advocacy, visibility, innovation and fundraising
 Ensure participation of young people in key international and regional platforms to influence decision making and increase accountability.

Contribution from other outcomes

Outcome 1: Integrated youth friendly health services
 Outcome 3: Gender equality and social and cultural norms transformation.
 Outcome 4: Demographic Dividend through targeted investments on young people including social

Annex 2D: Theory of Change – Outcome 4

IMPACT: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of women, adolescents and youth.

populations, including in humanitarian settings

OUTCOME 4: Population dynamics mainstreamed within national development policies and plans through stronger population data systems and better use of demographic intelligence

OUTPUT 3: Multi-sectoral capacity to prevent and address gender-based violence and harmful

OUTPUT 1: National population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis

OUTPUT 2: Demographic intelligence is mainstreamed at national and regional levels to improve the responsiveness and impact of ICPD related policies and programmes

Problem statement:

In spite of an increase in population censuses and surveys in the region there is a major deficiency in the availability and utilisation of disaggregated data and demographic insight to drive inclusive and human right based development in line with ICPD

gender equality laws and policies

Risks

Insufficient resources allocated to the population and development agenda – which might decrease further in case of humanitarian crises

Political instability may delay conduct of census

Assumptions

Investments of countries in building capacities to increase the availability of data (SDG 17.18)

Risks:

Shrinking civil society space;

Limited human, technical, and

Risks:

Constraints on sampling may affect quality of disaggregated indicators in some countries and hamper the identification of those left behind

Low coverage of administrative data, especially registrations and data from CRVS in most countries

Assumptions:

There will be improved national infrastructure investments including on ICT

Government leadership in driving the 2030 Agenda, incl. to build

boys; and working with FBOs

Outcome 4: building capacities

Contribution from other outcomes

This outcome facilitates other outcomes. However information and data from outcome 1 especially HMIS, FP and youth empowering will contribute to the data system and inform population policy.

Advocacy and Policy

Strategic Interventions

Advocacy and Policy

Advocacy at national and regional levels for a data revolution to meet the demands of the 2030 Agenda, that would involve strengthening existing and emerging mechanisms such as SHaSA, APAI-CRV, Africa Data consensus

Position and review ICPD beyond 2014 Framework for further action and SDGs through advocacy and partnership with African Union Commission organize such as STC-HPDC, REC as well as other accountability stakeholders including parliamentarian, Youth led and Civil Society organization.

Advocacy with National Statistical Office and other data stakeholder for disaggregation of data and analysis of demographic disparities, social and economic inequalities affecting access to sexual and reproductive health

Use demographic dividend analysis to lobby for increased focus on empowerment of adolescents and youth, with special attention on young women and marginalized populations

Capacity Development

Produce and disseminate reliable ICT-enable Population census and surveys data to timely data release.

To identify those left behind by conducting integrated analysis and using national and sub-national population, health and gender data

Link demographic dividend analysis to national planning and budgeting processes to facilitate the translation of evidence into actions addressing the needs of most vulnerable and those left behind

Embed the analysis of population trends and needs within policies, programmes and advocacy Strengthen data collection, analysis and dissemination in humanitarian situations through revision of guideline and tools such as MISP calculator and data guideline

Knowledge Management

Develop and strengthen a regional knowledge hub and centre of excellence that would provide a platform for data sharing and analysis among countries in the region

Conduct qualitative research to triangulate data and better identify causal factors and mechanisms explaining why some populations are left behind

Track donor and domestic financial resources flows for population activities

Promote South-South and triangular cooperation and exchange of best practices

Partnership and Coordination

Strengthen collaboration with UN agencies, Data partners and other key stakeholders including on census, CRVS and Surveys

Establish and strengthen strategic partnership with academic, research institution and think tank.

Establish partnerships academic institution and UN agencies to develop more robust methods of generating data during humanitarian situations

12/12/20

Annex B

Stakeholders Map: See **Handbook**, section 2.6., p. 39 and Template 4: The Stakeholders Map, p. 255. Use Tool 4: Stakeholders Mapping Table, pp. 166-167.

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int NGO	WR O	Other UN	Academia	Other	Gov	Local NGO	Int NGO	WR O	Other UN	Academia	Other		
GENDER EQUALITY																
Strategic Plan (2018-2021) Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings																
Integration of gender issues																
If relevant, Atlas/GPS Project (code and name)																
Programmatic Area																
UNFPA Strategic Plan outcome: <i>(descriptions as per strategic plan)</i>																
RIAP Output:																
If relevant, Atlas/GPS Project (code and name)																

If relevant, Atlas/GPS Project (code and name)																			
Programmatic Area																			
UNFPA Strategic Plan outcome: <i>(descriptions as per strategic plan)</i>																			
RIAP Output: <i>(descriptions as per RIAP)</i>																			
If relevant, Atlas/GPS Project (code and name)																			
If relevant, Atlas/GPS Project (code and name)																			

*WRO= Women’s Rights Organization

Annex C

Evaluation Matrix Template

The evaluation matrix specifies the evaluation; the particular assumptions to be assessed under each question; the indicators, the “sources of information” (where to look for information) that will be used to answer the questions; and the methods and tools for data collection that will be applied to retrieve the data. The evaluation matrix must be included in the design report as an annex. During the field phase, the matrix will be used as a reference framework to check that all evaluation questions are being answered. At the end of the field phase, evaluators will use the matrix to verify that enough evidence has been collected to answer all the evaluation questions. The evaluation matrix must be included in the final report as an annex.

Evaluation Question 1: To what extent...			
Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
Assumption 1 (<i>See example in the UNFPA Evaluation Handbook Tool 1, handbook section 7.1.1, pp. 138-160</i>)			
<p><i>Evaluators must fill in this box with all relevant data and information gathered during the field phase in relation to the elements listed in the “assumptions to be assessed” column and their corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all of the information displayed:</i></p> <ul style="list-style-type: none"> <i>• Is directly related to the indicators listed above</i> <i>• Is drafted in a readable and understandable manner</i> <i>• Makes visible the triangulation of data</i> <i>• Has source(s) that are referenced in footnotes</i> 			
Assumption 2 (<i>See example in Tool 1</i>)			
Assumption 3 (<i>See example in Tool 1</i>)			
Evaluation Question 2: To what extent...			
Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
Assumption 1 (<i>See example in Tool 1</i>)			
Assumption 2 (<i>See example in Tool 1</i>)			
Assumption 3 (<i>See example in Tool 1</i>)			
Evaluation Question 3: To what extent...			
Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
Assumption 1 (<i>See example in Tool 1</i>)			

Annex D

List of Atlas Projects for the period under evaluation

Please insert the list of Atlas projects below (see **Handbook** Template 3: List of Atlas Projects by country programme output and strategic plan outcome, pp. 253-254). The table below should be filled out for each year for the period under evaluation. If you face difficulty compiling this list, please contact Oscar Sandino (sandino@unfpa.org) for assistance.

Year [...]								
	Fund type	IA Group	Implementing agency	Activity description	Geographic location	Atlas budget	Expense	Implementation rate
Regional projects								
Activity 1								
...								
Activity 2								
...								
Activity 3								
...								
GENDER EQUALITY								



Strategic plan Outcome:

Regional Programme Output:

Annual work plan (code and name):

Activity 1								
...								
Activity 2								
...								
Activity 3								
...								

POPULATION DYNAMICS

Strategic plan Outcome:

Regional Programme Output:

Annual work plan (code and name):

Activity 1								
...								
Activity 2								
...								
Activity 3								
...								

REPRODUCTIVE HEALTH

Strategic plan Outcome:



Regional Programme Output:

Annual work plan (code and name):

Activity 1								
...								
Activity 2								
...								
Activity 3								
...								

OTHER PROGRAMMATIC AREA

Strategic plan Outcome:

Regional Programme Output:

Annual work plan (code and name):

Activity 1								
...								
Activity 2								
...								
Activity 3								
...								

ADMINISTRATION

...								
...								



...								
-----	--	--	--	--	--	--	--	--

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Annex E

Outline of design report

TEMPLATE: DESIGN REPORT FOR UNFPA REGIONAL PROGRAMME EVALUATIONS

After an initial review of relevant documentation, the evaluation team will prepare the Design Report. The Design Report provides the conceptual and analytical framework of the evaluation, establishes the key evaluation questions and refines the methodology, including providing specific information on data collection tools, data sources, and analysis methods. The Design Report is also a means to ensure a mutual understanding of the conduct of the evaluation between the evaluation manager and the evaluation team.

The Design Report is prepared and drafted by the evaluation team after their preliminary review of relevant documentation.

The Design/Inception Report of the evaluation should follow the below structure:

1. Introduction
2. Regional Context
3. UNFPA Response and Regional Programme
4. Methodological Approach
5. Evaluation phases, work plan, deliverables, management structure and quality assurance
6. Annexes

Note that this template is grounded in and expands upon the 2013 “Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA.” Kindly refer to the Handbook for additional guidance and specific examples, as needed. The Handbook can be found here: <https://www.unfpa.org/EvaluationHandbook>

1. INTRODUCTION: PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

This section should describe and further elaborate on the purpose, objectives and scope of the evaluation presented in the terms of reference.

This section should describe the purpose of regional programme evaluations (RPE) generally and provide a concise overview of the specific objectives of the RPE within the regional context.

The scope of the evaluation should be included in this section, consisting in a short and straightforward description of the area of work being evaluated as well as the geographical scope and timeframe of the evaluation.

Finally, this section should note that the evaluation was commissioned by the regional office and state the aim of the design report as well as its role in the design phase.



2. REGIONAL CONTEXT

This section should detail the wider regional context, including relevant social, political and economic data, language and cultural traits, demography, geographic location, etc. The regional situation and development challenges vis a vis UNFPA programmatic area should be included as should national strategies to respond to these challenges.

This section should also include the region's progress towards the achievement of relevant internationally agreed development goals (including the MDGs, SDGs and the ICPD benchmarks).

Finally, information on official development assistance (ODA) and the role of external assistance (currently and over time) should be discussed. The main donors / ODA providers should be included.

3. UNFPA STRATEGIC RESPONSE AND REGIONAL PROGRAMME

This section should situate the regional programme within the broader UN System's framework and UNFPA's corporate strategic/normative framework.

UNFPA's response through the regional programme should be detailed, including the main elements of the regional programme as set forth in programming documents as well as the underlying intervention logic (i.e. the links among activities, outputs and outcomes). The geographical coverage of the programme, as well as the evolution of the programme over time, should also be explained.

A detailed financial analysis of the programme budget by output and outcome should be included, clearly distinguishing between resource targets set out in the regional programme document and the actual resources mobilized during the programme cycle. Implementation rates should also be included.

4. METHODOLOGICAL APPROACH

This section should provide a clear and detailed description of the evaluation's approach and methodology (i.e. a theory-based approach, outlining the intervention logic leading to a reconstructed theory of change of UNFPA ESARO support). How the methodology is gender and human rights responsive should also be laid out (as should any limitations toward implementing a gender and human rights responsive evaluation).

This section should include the evaluation questions and the evaluation criteria to which they respond, noting that an evaluation question may correspond to multiple criteria. OECD-DAC evaluation criteria (relevance, effectiveness, efficiency, and sustainability) should be used and, as relevant, two additional criteria: added value and coordination with the UNDCO for East and Southern Africa. An explanation as to why each question was selected should be included.



Consider referring to Annex I of “Integrating Human Rights and Gender Equality in Evaluation: Towards UNEG Guidance” for guidance on criteria and questions that are gender and human rights responsive.

An evaluation matrix (the primary analytical tool of the evaluation) should be presented, linking the evaluation questions to the evaluation criteria. Evaluation questions should be broken down into assumptions (aspects to focus upon) and attendant indicators. Evaluation questions should be linked to data sources and data collection methods.

Data collection and analysis methods and the stakeholder map (including the methodological approach for stakeholder selection) should be included. A description of how gender and human rights were considered vis a vis data collection and analysis methods, as well as stakeholder selection should be included. Consider referring to Table 3.2 (Tailoring common methods to address human rights and gender equality) on page 40 of “Integrating Human Rights and Gender Equality in Evaluation: Towards UNEG Guidance” for guidance tailoring data collection methods appropriately. The document can be found here: <http://www.uneval.org/document/detail/980>

Finally, any limitations and risks to the evaluation should be discussed. This section should explain data gaps and any issues affecting data quantity and quality. Factors that may restrict access to key sources of information should also be listed. Relevant limitations to implementing a gender and human rights responsive evaluation should be included, as well.

Mitigation measures to address limitations should be detailed and, in cases where limitations are unable to be addressed, a brief explanation on the extent to which the validity and credibility of the evaluation results could be affected should be provided.

5. EVALUATION PHASES, WORK PLAN, DELIVERABLES, MANAGEMENT, AND QUALITY ASSURANCE

This section should detail the overall evaluation process and its stages. It should present a detailed work plan for each phase/stage of the evaluation, including expected deliverables per stage set against appropriate and realistic timelines.

It should also detail the team composition and establish clear roles and responsibilities for the evaluation manager, the team leader and the team itself. As appropriate, details on field work, including specifications on logistic and administrative support, should be included, as should the budget require.

This section should, additionally, outline the management and governance arrangements of the evaluation and clearly describe the approach to quality assurance.



6. ANNEXES

Annexes may differ, but could include:

-Terms of Reference

-Evaluation Matrix

-Templates or outlines of data collection methods (i.e. interview protocols/guides, logbooks (or equivalent), survey questionnaire)

-List of Atlas interventions and financial data

-Stakeholder map and list of persons consulted

-Bibliography/documents consulted

-RPE agenda

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Annex F

Evaluation Quality Assessment Grid



Or ga niz ati on al un it:	ESARO	Year of report:	
Tit le of ev alu ati on re po rt:			
Ov er all qu ali ty of re po rt:	Very Good	Date of assessment:	
Ov er all co m			

A handwritten signature in black ink is located at the bottom left of the page. The signature is stylized and appears to be written in a cursive or semi-cursive script.

ments : As ses sm ent Le vel s	Very Good strong , above average, best practice	Good satisfactory, respectable	Fair with some weaknes ses, still acceptab le	Unsatisfactory weak, does not meet minimal quality standards
Quality Assessment Criteria	<i>Insert <u>assessment level</u> followed by main <u>comments</u>. (use 'shading' function to give cells corresponding colour)</i>			
1. Structure and Clarity of Reporting	Yes No Partial	Assessment Level:	Very good	
<i>To ensure the report is comprehensive and user-friendly</i>				
1. Is the report easy to read and understand (i.e. written in an accessible language appropriate for the intended audience) with minimal grammatical, spelling or punctuation errors?	Yes			
2. Is the report of a reasonable length? (maximum pages for the main report, excluding annexes: 60 for institutional evaluations; 70 for RPEs; 80 for thematic evaluations)	Yes			
3. Is the report structured in a logical way? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned (where applicable)?	Yes			

4. Do the annexes contain – at a minimum – the ToRs; a bibliography; a list of interviewees; the evaluation matrix; methodological tools used (e.g. interview guides; focus group notes, outline of surveys) as well as information on the stakeholder consultation process?	Yes	
<i>Executive summary</i>		
5. Is an executive summary included in the report, written as a stand-alone section and presenting the main results of the evaluation?	Yes	
6. Is there a clear structure of the executive summary, (i.e. i) Purpose, including intended audience(s); ii) Objectives and brief description of intervention; iii) Methodology; iv) Main conclusions; v) Recommendations)?	Yes	
7. Is the executive summary reasonably concise (e.g. with a maximum length of 5 pages)?	Yes	
2. Design and Methodology	Yes No Partial	Assessment Level: Very good
<i>To ensure that the evaluation is put within its context</i>		
1. Does the evaluation describe the target audience for the evaluation?	Yes	



2. Is the development and institutional context of the evaluation clearly described and constraints explained?	Yes	
3. Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change, and assess the adequacy of these?	Yes	
<i>To ensure a rigorous design and methodology</i>		
4. Is the evaluation framework clearly described in the text and in the evaluation matrix? Does the evaluation matrix establish the evaluation questions, assumptions, indicators, data sources and methods for data collection?	Yes	
5. Are the tools for data collection described and their choice justified?	Yes	
6. Is there a comprehensive stakeholder map? Is the stakeholder consultation process clearly described (in particular, does it include the consultation of key stakeholders on draft recommendations)?	Yes	
7. Are the methods for analysis clearly described for all types of data?	Yes	
8. Are methodological limitations acknowledged and their effect on the evaluation described? (Does the report discuss how any bias has been overcome?)	Yes	

9. Is the sampling strategy described?	Yes	
10. Does the methodology enable the collection and analysis of disaggregated data?	Yes	
11. Is the design and methodology appropriate for assessing the cross-cutting issues (equity and vulnerability, gender equality and human rights)?	Yes	

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3. Reliability of Data	Yes No Partial	Assessment Level:	Very good
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To ensure quality of data and robust data collection processes

1. Did the evaluation triangulate data collected as appropriate?	Yes	
2. Did the evaluation clearly identify and make use of reliable qualitative and quantitative data sources?	Yes	
3. Did the evaluation make explicit any possible limitations (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues?	Yes	
4. Is there evidence that data has been collected with a sensitivity to issues of discrimination and other ethical considerations?	Yes	



4. Analysis and Findings	Yes No Partial	Assessment Level:	Very good
<i>To ensure sound analysis and credible findings</i>			
1. Are the findings substantiated by evidence?	Yes		
2. Is the basis for interpretations carefully described?	Yes		
3. Is the analysis presented against the evaluation questions?	Yes		
4. Is the analysis transparent about the sources and quality of data?	Yes		
5. Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted?	Yes		
6. Does the analysis show different outcomes for different target groups, as relevant?	Yes		
7. Is the analysis presented against contextual factors?	Yes		
8. Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights?	Yes		
5. Conclusions	Yes No Partial	Assessment Level:	Very good
<i>To assess the validity of conclusions</i>			

1. Do the conclusions flow clearly from the findings?	Yes	
2. Do the conclusions go beyond the findings and provide a thorough understanding of the underlying issues of the programme/initiative/system being evaluated?	Yes	
3. Do the conclusions appear to convey the evaluators' unbiased judgement?	Yes	

6. Recommendations	Yes No Partial	Assessment Level:	Very good
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To ensure the usefulness and clarity of recommendations

1. Do recommendations flow logically from conclusions?	Yes	
2. Are the recommendations clearly written, targeted at the intended users and action-oriented (with information on their human, financial and technical implications)?	Yes	
3. Do recommendations appear balanced and impartial?	Yes	
4. Is a timeframe for implementation proposed?	Yes	
5. Are the recommendations prioritized and clearly presented to facilitate appropriate management response and follow up on	Yes	



each specific recommendation?		
-------------------------------	--	--

7. Gender	0 1 2 3 (**)	Assessment Level:	Very good
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To assess the integration of Gender Equality and Empowerment of Women (GEEW) ()*

1. Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected?	3	
--	---	--

2. Is a gender-responsive methodology used, including gender-responsive methods and tools, and data analysis techniques?	3	
--	---	--

3. Do the evaluation findings, conclusions and recommendations reflect a gender analysis?	3	
---	---	--

(*) This assessment criteria is fully based on the UN-SWAP Scoring Tool. Each sub-criteria shall be equally weighted (in correlation with the calculation in the tool and totalling the scores 11-12 = very good, 8-10 = good, 4-7 = Fair, 0-3=unsatisfactory).

(**) Scoring uses a four point scale (0-3).
 0 = Not at all integrated. Applies when none of the elements under a criterion are met.
 1 = Partially integrated. Applies when some minimal elements are met but further progress is needed and remedial action to meet the standard is required.
 2 = Satisfactorily integrated. Applies when a satisfactory level has been reached and many of the elements are met but still improvement could be done.
 3 = Fully integrated. Applies when all of the elements under a criterion are met, used and fully integrated in the evaluation and no remedial action is required.

Overall Evaluation Quality Assessment

	Assessment Levels (*)
--	------------------------------



Quality assessment criteria (scoring points*)	Very good	Good	Fair	Unsatisfactory
1. Structure and clarity of reporting, including executive summary (7)	7			
2. Design and methodology (13)	13			
3. Reliability of data (11)	11			
4. Analysis and findings (40)	40			
5. Conclusions (11)	11			
6. Recommendations (11)	11			
7. Integration of gender (7)	7			
Total scoring points	100			
Overall assessment level of evaluation report	Very Good			
	Very good very confident to use	Good confident to use	Fair use with caution	Unsatisfactory not confident to use

- (*) (a) Insert scoring points associated with criteria in corresponding column (e.g. - if 'Analysis and findings' has been assessed as 'Good', enter 40 into 'Good' column).
- (b) Assessment level with highest 'total scoring points' determines 'Overall assessment level of evaluation report'. Write corresponding assessment level in cell (e.g. 'Fair').
- (c) Use 'shading' function to give cells corresponding colour.

If the overall assessment is 'Fair', please explain

- How it can be used?

- What aspects to be cautious about?

Where relevant, please explain the overall assessment Very good, Good or Unsatisfactory

Consideration of significant constraints

The quality of this evaluation report has been hampered by exceptionally difficult circumstances:

Yes

No

If yes, please explain:



Annex G

Management Response template

	Evaluation report title	Year	Responsible Office	Eval. report type	Region	Period covered	Recommendation title	Recommendation text	Recommendation status (accepted, partially accepted or rejected)	Priority (high, medium or low)	Action point title	Action point text	Reporting point email entire MR M&E
EXAMPLE	Ukraine Country Programme Evaluation (2012-2017)	2017	Ukraine CO	Country Programme Evaluation (CPE)	EECA	2013-2017	1. Programme focus	1. The next UNFPA National programme for Ukraine should consider to narrow the number	Accepted	High	1.1 CPD dev-t consultations	1.1 Organize consultation with key stakeholders/conduct	Zamosian@unfpa.org



Annex H

Outline of final evaluation report

Cover page

UNFPA RPE: NAME OF THE REGIONAL
OFFICE

Period covered by the evaluation

FINAL EVALUATION REPORT

Date

Second page

ESARO map (half-page)

Table (half-page)

Evaluation Team	
Titles/position in the team	Names

Third page

Acknowledgement

Fourth page

Table of contents

Fifth page

Abbreviation and acronyms

List of tables

List of figures

Sixth page

Key facts table

Section	Title	Suggested length
EXECUTIVE SUMMARY		5 pages max
CHAPTER 1: Introduction		



1.1	Purpose and objectives of the RPE	5-7 pages max
1.2	Scope of the evaluation	
1.3	Methodology and process	
CHAPTER 2: Regional Context		
2.1	Development challenges and national strategies	5-6 pages max
2.2	The role of external assistance	
CHAPTER 3: United Nations/UNFPA response and programme strategies		
3.1	UNFPA strategic response	5-7 pages max
3.2	UNFPA response through the regional programme	
3.2.1	Brief description of UNFPA previous cycle strategy, goals and achievements	
3.2.2	Current UNFPA regional programme	
3.2.3	The financial structure of the programme	
CHAPTER 4: Findings: answers to the evaluation questions		
4.1	Answer to evaluation question 1	25-35 pages max
4.2	Answer to evaluation question 2	
4.3	Answer to evaluation question 3	
4.4	Answer to evaluation question X	
CHAPTER 5: Conclusions		
5.1	Strategic level	6 pages max
5.2	Programmatic level	
CHAPTER 6: Recommendations		
6.1	Recommendations	4-5 pages max
(total number of pages)		55-70 pages

ANNEXES

Annex 1 Terms of reference



Annex 2 List of persons/institutions met

Annex 3 List of documents consulted

Annex 4 The evaluation matrix

Annex I

UNFPA Evaluation Office Editorial Guidelines



Supplementary editorial guidelines for UNFPA Evaluation Office

UNFPA Evaluation Office
publications and other

documents,
written

material follow UN editorial guidelines, available here at <http://dd.dgacm.org/editorialmanual/>
Building on the UN editorial guidelines, the supplementary editorial guidelines cover some common editorial issues that are encountered in evaluation reports and related products.

1. SENTENCES IN GENERAL

- Avoid long, complicated sentences. Short, clear sentences convey meaning more effectively.
- When a sentence does need a series of sub clauses, who is doing what can become unclear. It's often better to put the shortest sub clause at the start of the sentence. For example:

“The principles emanate from decisions taken by the General Assembly, from the Executive Board, and from UNFPA executive management’s commitment to nurture an evaluation culture.” In this instance, it is unclear from whom the decisions emanate. (Is it both the General Assembly and the Executive Board or just the General Assembly?) However, if it is written *“The guiding principles emanate from the Executive Board, from decisions taken by the General Assembly, and from UNFPA executive management’s commitment to nurture an evaluation culture.”* (SHORTEST, MIDDLE LENGTH, LONGEST), this is clearer. If there is any lack of clarity in a running list, consider the use of a colon and semi colon structure. (in running text, there is no capital letter after the colon.)

- Do not put two words where one will do. For example:

“... their *relevance* and *significance* to planning”. The two words in italics have the same meaning, so just use one or the other. The meaning is clearer in “... **their relevance to planning** “. Using two words where only one is needed does not strengthen a sentence; it weakens it.

- Avoid using metaphors, if possible. They can be hard to translate and difficult concepts for non-native speakers to understand.
- Use the active voice over the passive voice whenever possible. For example, “The implementation and modification of the report is being undertaken by the Government.” (passive voice) Can be written more clearly: “The Government is modifying and implementing the report.” (active voice)
- It can be clearer to use verbs in sentences (“modifying” and “implementing”) rather than nouns (“the implementation” and “the modification”). As we can see from the above example.
- Avoid using too many adjectives and adverbs. They can impede clarity, rather than add to it.

2. POSSESSIVES (‘S)

Do not use the possessive with:

- Inanimate objects. For example: “**the capacity of the trucks**”, not “the trucks’ capacity”.
- United Nations and other organization acronyms (like UNFPA, WFP, do not use WFP’s or UNFPA’s.)
- Names of countries (e.g. use Government of Brazil, and not Brazil’s Government)

3. ITALICS AND BOLD

Do not use italic or bold fonts in text for emphasis. The emphasis should be reflected in the wording.

Use *italic* only for publications, book titles and for words and expressions in languages other than English.

Use **bold** only for headings.

4. CAPITALIZATION

Use capitals sparingly.

Use initial capital letters to mark beginnings of the first word of a sentence, the first word of a subparagraph or an item on a list.

The official titles of persons, councils, commissions, committees, secretariat units, organizations, institutions, political parties, organized movements and plans etc. are all written in caps, when they are introduced. Also capitalize them when they are used as a shortened title, for example, the ‘Conference’ (when referring to a specific Conference) or the ‘Committee’ (when referring to a Committee). However, do not capitalize when used as common nouns – e.g. ‘there were several regional conferences.’

Job titles: References in running text to job titles such as budget officer, project manager and accountant are not given as acronyms or capitalized. However, the following titles and officers ARE capitalized as a courtesy to their position: Secretary-General, Executive Director, Assistant Executive Director, Regional



Director, Evaluation Director, President, Vice-President, Treasurer, Chief, External Auditor, Chief Financial Officer and Evaluation Office. NOTE: job titles ARE given caps when used in conjunction with a person - for example: "John Smith, Budget Officer, was present at the meeting..", or in a list of acknowledgements "John Smith - Budget Officer, ESARO".

Used as adjectives or in plural: With persons, councils, commissions, committees, organizations, institutions, political parties organized movements and plans, groups, offices, divisions and others words of this ilk, including government, if the word is referring to something that is unique and specific, then it is written in caps (as noted above), but if the word is being used as an adjective, in a generic sense, or as a plural then it should be written in lower case. For example: we would refer to the regional office, headquarters or regional offices, (nonspecific and non-unique) but if we would refer to the "South Sudan Country Office" or the "UNFPA East and Southern Africa Regional Office". However, note it is UNFPA headquarters, not UNFPA Headquarters. Further, we would use Technical Division when referring to the actual division but would say technical division reports - because in this instance "technical division" is being used as an adjective describing the reports.

There are several UNFPA strategic plans and only when the plan is given its full title, UNFPA Strategic Plan 2018-2021, would we write it out with caps.

We do not need to use capitals when using a phrase that is often written as an acronym. For example, gender-based violence is often written GBV. When we are writing "gender-based violence" in running text, we don't write "Gender-Based Violence", but instead we write "gender-based violence". Another example would be "people living with HIV". If written out, we don't use capitals, so we don't write "People Living with HIV" just because the acronym is "PLHIV"

Programmes, conferences, seminars, workshops: Once the full title is given, references to "the programme", "the conference", etc. are not capitalized.

Bodies proposed but not yet established: These are not capitalized. The same holds true for references to draft conventions and treaties that do not yet exist.

References to parts of documents: Do not capitalize the word "paragraph", e.g. "In paragraph 12, reference is made to ...". However, the word "Annex" is capitalized, e.g. "See Annex IV". Annexes should be numbered in roman capital numerals I, II, III, etc.

Headings and sub-headings: Use capital initial letters in headings and sub-headings

Government names: Government is capitalized when it refers to a certain government but not when it is plural or used as an adjective:

- the Government will provide funding
- it is a government programme
- the governments of the Russian Federation and Mozambique were present
- the Government of Uganda responded.

Member States: We would write "the Member State(s) of... United Nations", when referring to the specific UN Member States, but member state(s)/country(ies) if it's another institution or undefined.

Exceptions: Some things are always referred to with caps because they are unique and specific such as Sustainable Development Goals, Agenda 2030, Member States, United Nations Development Assistance Framework is always written in caps.



5. ABBREVIATION RULES AND ACRONYMS

Acronyms should be used sparingly. This is written in every editing manual, but a great many acronyms are still routinely used.

If an acronym appears in a document three times or less, it should be written out in full each time and it does not need to be included in the acronym list.

See the above point in “Capitalization” about the fact that when introducing an acronym, there is no need to capitalize the phrase. (for example, the acronym PLHIV can be introduced as “people living with HIV (PLHIV)...” we do not need to write “People Living with HIV (PLHIV)...”)

If the acronym is less than three words long, consider writing it out in full every time unless it is very frequently used.

There are some exceptions to this rule:

- Phrases that hinder the meaning of a sentence, rather than clarify it, can be kept as acronyms. For example: ToR. –We understood this to be a specific document, but this is nevertheless a plural word. Therefore, if we use the phrase “terms of reference” then what follows the phrase has to be plural, (“the terms of reference are.”) which is confusing when ToR is referring to a singular document. It is also sufficiently well known as a term that it is instantly recognizable. So, it is fine to use ToR (but not TOR, as the rule is we don’t capitalize prepositions, such as “of”). Another example of where it is fine to use a three letter acronym would be “IPC” – as the words “integrated food security phase classification” (which this acronym stands for) do not fit comfortably into the flow of a sentence.
- Abbreviations such as SDG and MDG, which are universally known in United Nations circles and would always be written with caps anyway, could be left as acronyms once they have been written out once. The same rule would apply to abbreviations like NGO and the names of other United Nations agencies, like UNDP etc.

Once the acronym has been introduced by brackets, it does not need to be introduced in brackets again later in the document.

“United Nations” should not be abbreviated in English. The form “ONU” is acceptable in French.

Do not use acronyms to refer to governments or ministries. The only countries referred to by an acronym are the Democratic People’s Republic of Korea (DPRK) and the Democratic Republic of the Congo (DRC). With these countries, we would introduce the names in full when we first meet it. (Please note the second “the” in DRC). The "short names" from [FAO Country Names terminology site](#) can be used once the full name has been introduced initially (see ‘Country Names’, below). An example would be The Republic of South Sudan. The region can be introduced with its full name and referred to as ESARO thereafter.

Abbreviations and acronyms should not be used in the possessive form for United Nations organizations: The Commander of UNMIL or the UNMIL Commander, not UNMIL’s Commander. “The UNFPA document” or “the document of UNFPA”, not UNFPA’s document

Acronyms should be spelt out in full at their first occurrence in text. A list of acronyms must be attached to documents in which acronyms are used. Always check that the acronym used is in the list.

If an acronym is being used, make sure you are not repeating part of the acronym. For example: “The EECARO office”. This read “the Eastern Europe and Central Asia regional office”.

Acronyms and spelled out version of acronyms should be written as set out in the [FAO TERM portal](#). The FAO term portal also advised on capitalization of acronyms.

Additional notes on acronym usage



Please note as far as acronym usage is concerned, consider the executive summary (situated in the report) as a separate product from the rest of the report. In other words, we expand an acronym the first time it appears in the executive summary and then use the acronym throughout the executive summary. The same rule applies to the report, we expand an acronym the first time it appears in the report and then use the acronym throughout the report.

Example: when we use "sexual and gender-based violence" for the first time: (i) it should not be capitalized; (ii) it should be followed by (SGBV). This rule applies to the Executive Summary and then again to the report.

6. QUOTES

Direct quotations should reproduce the original text exactly and should be carefully checked for accuracy. Only typographical and other clearly unintentional errors may be corrected.

When the quote forms part of a sentence, the final quotation mark goes inside the full stop. This is because the punctuation is for the whole sentence, not for the quote. When the quote is a full sentence in its own right, then it has its own integral punctuation. For example:

- Mr Smith was said to be “resigned to his fate”.
- Mr Smith was said to be “resigned to his fate in the restructuring. He did not expect miracles.”

If the quote is more than three lines long it should be indented.

The quote does not need an introductory colon as long as the sentence flows smoothly into the quote.

If there is a clash in tenses between the quote and the running text, break the quote into phrases that can be accommodated by the running text.

7. NUMBERING PARAGRAPHS

Paragraphs are not numbered in summaries or other front matter.

Break up paragraphs to create space

Use paragraph numbering for evaluation reports (only)

8. SPELLING, (including S vs Z)

Use **z** (not s) in such words as realize, organization and mobilization.

Use **s** in words such as analyze, catalyze and paralyze.

The English UK spelling rules apply - for example, “centre”, not “center”. (unless you are reproducing the name of an organization that has this specific spelling)

Email (not e-mail) is now the accepted spelling. The United Nations editorial guidelines have a list of spelling, but it is not comprehensive. The Oxford English Dictionary is the recommended reference on spelling.

9. TABLES, FIGURES, BOXES

Each table should have a title that describes it accurately and briefly.

The title is set in bold type, flush left and stacked below the table number. Only the first word is capitalized (unless it’s supposed to be capitalized in running text).

10. BULLET/LIST

A bullet list should:



- Use an initial capital letter
- Always agree with the ‘platform’ sentence before the colon
- Not have semicolons at the end of each item
- Not have ‘and’ after the second last item
- Close with a full stop.

If each bullet list entry is a complete sentence in itself and the platform sentence for the bullet list is a full sentence too, then each bullet point should end with a full stop.

11.

12. OTHER POINTS TO REMEMBER

PERCENTAGES: In running text, write out the words “per cent”. The symbol % can be used in tables, figures and footnotes. Always use the number, not the word, for the percent, even if it’s number one to ten. (e.g say 3 per cent and not three per cent)

NUMBERS: The numbers one to ten are written out as words. However, there are exceptions:

- When the number is a percentage.
- When the number appears with a larger number and both numbers are referring to the same subject then the smaller number is written as a number. For example, it is correct to write – “There were six girls in the room.” but if there are girls and more boys for example, then it changes to: “There were 6 girls and 15 boys in the room.” This rule does not apply when the things being counted are disparate items, for example: “a total of 23 people were injured in four separate incidents.”
- When used for children’s ages or for units of measurements such as cm, etc – use the number, not the word.

When a number starts a sentence, it is always written as a word, never a number. If the number is an awkward or very long one, consider rephrasing the sentence slightly to avoid starting with the long number.

QUALIFIERS: Do not use vague qualifiers – “some”, “more than”, “over” etc.

TENSE: Make sure that the tense is consistent. There should not be a mix of past and present in one paragraph unless in exceptional circumstances.

Avoid the perfect tense (e.g. “it has”) unless the action is still ongoing in the present and use the simple past instead (e.g. it was).

A general caveat to consider: The report might have been written in the present, but by the time it is presented, the information will be in the past.

FOOTNOTES: When using footnotes, the punctuation comes before the superscript footnote number, this includes commas as well as full stops. For example: “The motion was not adopted owing to the negative votes of three permanent members.³”

OXFORD COMMA: The Oxford comma should not be used unless it helps to clarify a sentence. In other words, it can be used, but should be done so sparingly. Here is the wording from the United Nations guidelines on the use of the Oxford comma:

The final comma before *and* is not normally used in United Nations documents. The practice is to write “organs, organizations and bodies”, not “organs, organizations, and bodies”; and “disarmament, demobilization, rehabilitation and reintegration”, not “disarmament, demobilization, rehabilitation, and reintegration”.

However, the final comma may sometimes have to be included for the sake of clarity, for instance in sentence comprising lengthy or complex elements.

COMPOUND ADJECTIVES: The hyphen is used to form a compound adjective out of two linked words modifying a noun: “long term”, “grass roots”, “civil society”, “private sector”, when used as adjectives before the noun they qualify become “a long-term programme”, “grass-roots support”, “civil-society organizations”, “private-sector involvement”. When a hyphenated adjective is a title, both words are in caps, e.g.: Inter-Agency Standing Committee

THAT OR WHICH: “That” and “which” have different uses.

That (restrictive) is defining:

The northern regions that are prone to drought are the ones to target with aid. (There might be other northern regions, but it is only those that are susceptible to drought that are being targeted for aid.)

Which (non-restrictive) is not defining; it gives additional information that could be omitted and not affect the intended message of the sentence.

The northern regions, which are prone to drought, will each receive aid. (Being drought-prone is a characteristic of the northern regions.)

That, as a relative pronoun, is not preceded by a comma; **which**, as a relative pronoun, normally is.

‘N’ DASH VS ‘M’ DASH: (e.g., “as said - for example - in this text” versus “as said—for example—in this text...”) The use of N dash is preferred for evaluation reports.

“An em dash, or **long dash**, is used: in pairs, to mark off information or ideas that are not essential to an understanding of the rest of the sentence and to show other kinds of break in a sentence where a comma, semicolon, or colon would be traditionally used: *One thing’s for sure—he doesn’t want to face the truth*. Note that there is no space added on either side of an em dash. Em dashes are especially common in informal writing, such as personal emails or blogs, but it’s best to use them sparingly when you are writing formally.”

The Associated Press says this: “En dashes can be used to separate thoughts in a sentence or create emphasis; when using en dashes in this way, always put a space on either side of the dash. This style is used in technical writing.”

MALE/FEMALE: Avoid the use of ‘male’ and ‘female’ as adjectives where possible and use ‘man’ or ‘woman’ instead.”

13. BIBLIOGRAPHY

Author (last name first), Title of the book, City: Publisher, Date of publication.

Author (last name first), "Article title," Name of magazine (type of medium). Volume number, (Date): page numbers, date of issue.

URL (Uniform Resource Locator or WWW address). author (or item's name, if mentioned), date.

14. LIST OF PEOPLE CONSULTED



- should include the full name and title of people interviewed as well as the organization to which they belong
- should be organized in alphabetical order (English version) with last name first
- should be structured by type of organization

Before submitting draft regional evaluation reports, please check them for grammar, spelling, punctuation, and perform a thorough editing.

14. USE OF SENSITIVE WORDS

This guidance for use of specific sensitive terminology in Evaluation Office material is based on the following:

- **UNFPA website:** If a UNFPA document is published on the website, including any web story, that includes certain 'sensitive/political' words, then they are generally acceptable to use.
- **UNFPA [Issue Briefs](#):** They also serve as a guide for acceptable terms to use.
- **Particularly related to HIV and AIDS,** there are two additional guides to follow:

a) [UNAIDS terminology guidelines](#)

b) WHO glossary of terms

Details are available in the attachment 'Guidance for Terminology'.






Annex J

Evaluation work plan

The work plan provides an overview of the main tasks at the different stages of the RPE for the entire period of the evaluation process. It includes the expected deliverables per evaluation phase and outlines the timelines for all the deliverables and evaluation phases in terms of weeks. Please note that the number of weeks indicated below for each of the evaluation phases and tasks is indicative. These should serve as an example and the evaluation team leader, in collaboration with the evaluation manager, must adapt the timelines as appropriate. The overall objective is to **ensure that the evaluation results are available at the time when the planning and design of the next programme cycle start.**

It is important to plan sufficient time for certain tasks in the different evaluation phases, such as the selection, pre-qualification and recruitment of the consultants who will serve in the evaluation team. Data collection is another important task for which sufficient time should be reserved (a period of 3 weeks is recommended) to ensure the collection of comprehensive data for all evaluation questions.

-  = Responsibility of evaluation manager, UNFPA ESARO staff, Regional M&E Adviser/evaluation reference group
-  = Responsibility of evaluation team
-  = Responsibility of UNFPA Evaluation Office



Reginald Chima

26/11/2020



Evaluation of UNFPA Regional Programme, 2018 - 2021

THE EVALUATION MATRIX

RELEVANCE			
EQ 1: To what extent is the regional programme adapted to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups, including adolescents and youth and those with disabilities; ii) regional and national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1: Needs of diverse populations, including the needs of marginalized and vulnerable groups, were taken into account in the Regional Programme	<ul style="list-style-type: none"> • Evidence of systematic identification of the needs of diverse stakeholders and populations prior to the development of the Regional Programme and AWP • Choice of target beneficiaries for UNFPA ESARO supported interventions are consistent with identified needs and ESAR priorities 	<ul style="list-style-type: none"> • Regional Programme Document • AWP • ESARO knowledge products • Regional and national policies/strategy documents • Surveys and census data • ESAR needs assessment reports • Regional, national government staff • ESARO staff • ESAR country offices' staff • Implementing partners • Representatives of AU, EAC, SADC, ESAR country governments and civil society organizations, UN bodies and other international and country organizations 	<ul style="list-style-type: none"> • Document review • Interviews with key informant interviews • Survey of UNFPA Country Offices • Case studies
Assumption 2: Objectives and strategies of the Regional Programme are consistent with the priorities put forward by AU, EAC, SADC and ESAR countries and are aligned with the ICPD goals, Africa Agenda 2063, SDGs, and the UNFPA Strategic Plan 2018 – 2021	<ul style="list-style-type: none"> • Objectives and strategies of the Regional Programme and AWP are aligned with the UNFPA Strategic Plan 2018 – 2021 • Extent to which Africa Agenda 2063, SDGs and ICPD PoA and other continental and regional frameworks have been considered in the Regional Programme • Objectives and strategies in the Regional Programme are consistent with relevant regional and ESAR countries' frameworks and strategies 	<ul style="list-style-type: none"> • Regional Programme Document • AWP • UNFPA Strategic Plan • Africa Agenda 2063 • SDGs • AU, EAC and SADC policies and strategies • ESAR countries' policies and strategies • ICPD POA document 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA ESARO staff • Interviews with AU, EAC, SADC and ESAR countries' government officials
EQ 2: To what extent has the regional office been able to respond to changes in regional and national needs and priorities, including those of at-risk populations - vulnerable or marginalized communities, or to shifts caused by emergencies, crisis, or major political changes? What was the quality of the response?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1: UNFPA ESARO has been able to adequately	<ul style="list-style-type: none"> • Speed and timeliness of response (response capacity) 	<ul style="list-style-type: none"> • Regional Programme Reports • ESARO staff 	<ul style="list-style-type: none"> • Document analysis • Interviews with key

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<p>respond to shifts in the regional and national contexts (including consequences of a humanitarian crisis)</p>	<ul style="list-style-type: none"> • Adequacy of the response (quality of the response) • Extent to which reallocation of funds towards new activities is justified • Extent to which the ESARO managed to ensure continuity in the pursuit of original objectives of the Regional Programme while responding to emerging needs and demands and maintaining a HR based approach 	<ul style="list-style-type: none"> • ESAR countries offices' staff • Other UN agencies • Final beneficiaries • Implementing partners • Other actors working on UNFPA mandate areas but not partnering with UNFPA 	<p>informants</p> <ul style="list-style-type: none"> • Survey of UNFPA country offices
EFFECTIVENESS			
<p>EQ3: To what extent have the interventions supported by UNFPA ESARO contributed to the achievement of the expected results (outputs and outcomes) of the regional programme? In particular: i) increased access to and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and the empowerment of all women and girls; iv) increased use of population data in the development of evidence-based regional and national development plans, policies and programmes; and (v) improved organizational efficiency and effectiveness?</p>			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>Assumption 1: Planned outputs of the Regional Programme were achieved and contributed to outcome results in all programmatic areas with a robust theory of change underlying the results chain</p>	<ul style="list-style-type: none"> • Evidence of achievement of the regional programme output targets • Appropriateness of the implementation approaches used to attain the output results • Extent to which outputs were utilized and are likely to have contributed to outcome results • Extent to which the theory of change ensured realization of Regional Programme results 	<ul style="list-style-type: none"> • Regional Programme document and Results Framework • Annual Regional Programme reports • Implementing partners' reports • Programme and survey data • Other programme products illustrating programme outputs • All stakeholders (UNFPA Staff, Implementing Partners, UNFPA Country Offices, donors, Regional bodies, civil society and other UN Agencies) 	<ul style="list-style-type: none"> • Documents analysis • Interviews with key informants • Survey of UNFPA Country Offices • Case studies
<p>Assumption 2: UNFPA ESARO and ESAR country programmes met the efficiency and effectiveness benchmarks (OEE)</p>	<ul style="list-style-type: none"> • Evidence of achievement of the OEE output targets • Appropriateness of approaches used to achieve the OEE output results 	<ul style="list-style-type: none"> • Periodic Review Committee reports • ESA country offices financial and administrative records • Country offices' CPEs and Evaluation Office EQA reports • ESARO dashboard • ESARO staff • ESA country offices' staff • Other UN Agencies • Regional partners (EAC, SADC and AU) and other agencies 	<ul style="list-style-type: none"> • Document review • Interview with ESARO staff • Interview with key informants • Survey of UNFPA country offices

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EQ4: To what extent has UNFPA ESARO successfully integrated gender and human rights perspectives in the design, implementation, and monitoring of the regional programme?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1: Gender and human rights perspectives are integrated in the design, implementation and monitoring of Regional Programme	<ul style="list-style-type: none"> • Evidence of human rights-based approaches and gender mainstreaming into the Regional Programme, including specific focus on the needs of the vulnerable and marginalized groups • Availability of gender and youth disaggregated data at regional and national levels • Availability of analytical reports focusing on gender, youth, LGBTI and People with Disabilities among others 	<ul style="list-style-type: none"> • Regional Programme Document (RPD), AWP and Annual Progress Reports • Disaggregated data • ESARO staff • Implementing partners • Strategic partners • ESAR UNFPA CO staff • EAC, SADC and AU staff 	<ul style="list-style-type: none"> • Document analysis • Interviews with stakeholders (key informants) • Survey of UNFPA Country Offices • Case studies
EFFECIENCY			
EQ5: To what extent has UNFPA ESARO made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the regional programme?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1: UNFPA ESARO human and financial resources were adequate and effectively utilized to implement Regional Programme including support to Country Offices	<ul style="list-style-type: none"> • Number and skills of ESARO staff were matched with human resources capacity requirements for implementation of Regional Programme • Human resources capacity gaps were addressed in a timely manner • Financial resources were adequate to implement Regional Programme 	<ul style="list-style-type: none"> • Regional Programme reports • Interviews with UNFPA ESARO and COs staff • Interviews with UNFPA ESARO implementing partners • Interviews with UNFPA ESARO strategic partners 	<ul style="list-style-type: none"> • Document analysis • Interviews with UNFPA ESARO, COs staff, implementing partners, strategic partners • Survey of UNFPA country offices
Assumption 2: Administrative and financial management policies and procedures facilitated execution of Regional Programme	<ul style="list-style-type: none"> • Appropriateness of UNFPA ESARO financial and administrative policies, procedures, and tools in supporting implementation of the Regional Programme • Timely implementation of activities/interventions of the Regional Programme 	<ul style="list-style-type: none"> • AWP • APR • ESARO financial, administrative and human resources policy, procedures and tools documents • Interviews with UNFPA ESARO and COs staff • Interviews with UNFPA ESARO implementing partners • Interviews with UNFPA ESARO strategic partners 	<ul style="list-style-type: none"> • Document analysis • Interviews with ESARO staff • Interviews with partner staff • Survey of UNFPA country offices

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SUSTAINABILITY			
EQ6: To what extent has UNFPA ESARO-supported interventions contributed to implementing partners and beneficiaries (women and adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1: UNFPA ESARO has contributed to capacity development of partners and beneficiaries at regional and national levels	<ul style="list-style-type: none"> • Type of capacities built for partners and beneficiaries at regional level through ESARO supported interventions • Type of capacities built for partners and beneficiaries at national level through ESARO supported interventions 	<ul style="list-style-type: none"> • Annual programme reports • Thematic evaluations • ESARO staff • Regional partners of ESARO • UNFPA Country Offices staff • Implementing partners 	<ul style="list-style-type: none"> • Document analysis • Interviews with key informants • Survey of UNFPA Country Offices
Assumption 2: UNFPA ESARO established platforms, processes and tools enhancing sustainability of RIAP results	<ul style="list-style-type: none"> • Type of platforms, processes and tools established through ESARO support that will contribute to sustainability of RIAP results • Evidence of UNFPA ESARO promoting ownership of all supported programme areas 	<ul style="list-style-type: none"> • AWP and Annual Progress Reports • UNFPA ESARO Staff, Implementing Partners and UNFPA Country Offices 	<ul style="list-style-type: none"> • Document analysis • Interviews with key informants • Survey of UNFPA country offices
Assumption 3: UNFPA ESARO has promoted regional and national ownership of interventions supported through RIAP	<ul style="list-style-type: none"> • RIAP implementation approaches that promoted ownership of its interventions at regional level • RIAP implementation approaches that promoted ownership of its interventions at country level 	<ul style="list-style-type: none"> • Annual programme reports • ESARO staff and management • ESA UNFPA Country Office staff • ESARO partners at regional and country levels • Implementing partners 	<ul style="list-style-type: none"> • Document analysis • Interviews with key informants • Survey of UNFPA country offices
COORDINATION			
EQ7: To what extent has UNFPA ESARO contributed to the functioning and consolidation of the UNDCO coordination mechanisms in the region?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1: UNFPA ESARO has effectively contributed to the functioning of regional UN coordination mechanisms	<ul style="list-style-type: none"> • Evidence of UNFPA ESARO participation in the UN regional coordination mechanisms • Evidence of UNFPA ESARO joint programming with other UN Agencies • Evidence of UNFPA contribution to UN reforms at national, regional and global levels 	<ul style="list-style-type: none"> • Minutes of relevant meetings • Relevant work plans • Monitoring and evaluation reports • Joint programmes and work plans • Annual reports by ESARO on joint programmes • UNFPA ESARO staff • Other UN Agencies and UN Regional Structures 	<ul style="list-style-type: none"> • Document analysis • Interviews with key informants • Survey of UNFPA country offices • UNFPA ESARO staff interviews
COVERAGE			

Evaluation of UNFPA Regional Programme, 2018 - 2021

EQ8: To what extent were which major population groups facing life-threatening suffering reached by humanitarian action?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1: UNFPA ESARO provided evidence informed and needs driven support for humanitarian prepared and response to countries targeted at vulnerable populations	<ul style="list-style-type: none"> • Extent to which UNFPA ESARO responded to humanitarian emergencies timeously and met the need of targeted populations • Appropriateness of mode of engagement/ implementation approaches adopted for humanitarian emergency preparedness and response 	<ul style="list-style-type: none"> • AWP and Annual Progress Reports • Humanitarian response reports • UNFPA ESARO staff, UNFPA Country Offices staff, implementing partners and strategic partners 	<ul style="list-style-type: none"> • Documents review • Key informants • Survey of UNFPA Country Offices • Case studies
CONNECTEDNESS			
EQ 9: To what extent were the short term humanitarian actions carried out in a context that takes into long term and interconnected problems into account?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1: UNFPA ESARO support to humanitarian response established linkages between relief and recovery phases and built capacity of countries	<ul style="list-style-type: none"> • Extent of UNFPA ESARO support for humanitarian emergence response and recovery planning and implementation • Extent of UNFPA ESARO support for capacity building of countries in humanitarian emergency preparedness, response and recovery • Extent to which UNFPA ESARO support for humanitarian response took into account other interconnected challenges facing countries 	<ul style="list-style-type: none"> • AWP and Annual Progress Reports • Humanitarian response reports • UNFPA ESARO staff, UNFPA Country Offices staff, implementing partners and strategic partners 	<ul style="list-style-type: none"> • Documents review • Key informants • Survey of UNFPA Country Offices • Case studies

Annex 3: List of documents reviewed

UNFPA ESARO (2017) Regional Interventions Action Plan for East and Southern Africa 2018-2021

UNFPA Strategic Plan 2018 – 2021

2018 Annual Report – Regional Office/ESA Region

2019 Annual Report – Regional Office/ESA Region

2020 Annual Report – Regional Office/ESA Region

Regional Interventions Action Plan for East and Southern Africa (RIAP) 2018-2021

UNFPA (January 2018), UNFPA Innovation Initiative Phase II Strategy

World Bank (2019) World Bank Population Data for 2019, Washington DC: World Bank Group
New York

African Development Bank (2014) Policy on Population and Strategies for Implementation, Senegal

World Bank (2020) The World Bank in Eastern and Southern Africa, Washington DC: World Bank Group

World Bank Population growth and policies in sub-Saharan Africa (English). A World Bank policy study
Washington, D.C.: World Bank Group

UN Africa - R-UNDG, Strategy of Support to Middle Income Countries

UNFPA ESARO - Futures paper (proposed establishment of MIC Hub and ROSSC)

UNFPA ESARO, Business Case for Regional Operations Service Center (ROSSC)

UNFPA ESARO, Midterm Review of ROSSC, August 2018

UNDS, System-wide Strategic Document (SWSD) (July 2019)

UNGA Resolution 71/243 - Quadrennial Comprehensive Policy Review (QCPR) (21 December 2016)

UNGA Resolution 72/279 (2018)

UNDS, Sustainable Development Cooperation Framework (UNSDCF) – Internal Guidance (June 2019)

UN Africa, Re-profiling and Restructuring of UN Regional Assets in Africa

UNFPA, Developmental Evaluation of Results Based Management at UNFPA, 2019

UNFPA (2017), Formative Evaluation of the UNFPA Innovative Initiative

UN Business Innovations Group, Advancing Common Business Operations, Update 8, November 6, 2017

UNFPA Innovation Accelerator Assessment (October 2019)

<https://sites.google.com/unfpa.org/innovation/learn/innovation-approach?authuser=0>

UNFPA (2019), Results Based Management Principles and Standards

UNFPA (March 2018), Programme Quality Assurance Criteria for PRC 2018-2021

UNFPA (March 2020), Explanatory Notes for PRC Assessment Criteria

UNFPA Evaluation Office, Formative Evaluation of the UNFPA Innovation Initiative, Presentation to the
ESARO, 30 August, 2017

R-UNDG Africa, UN Regional Review II – Reprofiting and Restructuring UNDS Regional Assets in
Africa.

<https://sites.google.com/unfpa.org/innovation/innovate/innovation-days?authuser=0>

<https://sites.google.com/unfpa.org/innovation/home?pli=1>

UN Joint Inspection Unit, Public Information and Communications Policies and Practices In The United Nations System, 2015

WHO (2020), Youth-centred digital health interventions - A framework for planning, developing and implementing solutions with and for young people

Renata et al (2018), Tune Me: A m-Health Initiative to Increase Young People's Knowledge and Skills to Promote the Adoption of Protective Sexual Behaviors, The Journal of Development Communication

UNFPA, Evaluation of Behaviour Change of Young People using TuneMe in Southern Africa, (July 2019)

WHO (2020), Youth-centred digital health interventions - A framework for planning, developing and implementing solutions with and for young people

UNFPA ESARO Regional Programme 2018-2021, Mid-Term Review

Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African (ESA)

The Africa Union Agenda 2063: The Africa We Want

Towards Greater Efficiency and Effectiveness of UNFPA in East and Southern Africa

UN Security Council Resolution 2250 (2015)

Addis Ababa Declaration on Population and Development in Africa beyond 2014

Maputo Plan of Action 2016-2030: Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa

Africa Health Strategy 2016-2030

Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission

UNFPA ESARO Regional Programme Action Plan 2014-2017

Trends and synthesis of key sexual and reproductive health and rights indicators in East and Southern Africa

Analysis of the sexual, maternal, newborn, and adolescent health workforce in East and Southern Africa

Maternal and Perinatal Deaths Surveillance and Response Status Report 2018

Strategy for Sexual and Reproductive Health and Rights in the SADC Region 2019-2030

Baseline Score Card for Sexual and Reproductive Health and Rights in the SADC Region

Synthesis of evidence on respectful maternity care relevant for the East and Southern Africa (ESA) region, and identification of country-specific accelerators for two ESA countries for improving respectful maternity care

Principles for the East Africa Community Sexual and Reproductive Health Bill, 2020

EAC Minimum Standards for Reproductive, maternal, newborn, child and adolescent health and HIV Integration and Linkages

East Africa Community Sexual and Reproductive Health Bill, 2020

UNFPA Strategy for the 2020 Round of Population & Housing Censuses (2015-2024)

Technical brief on the implications of COVID-19 on census

Evaluation of the UNFPA support to the HIV response (2016-2019)

Evaluation of UNFPA support to population and housing census data to inform decision-making and policy formulation 2005-2014

Evaluation of the UNFPA capacity in humanitarian action (2012-2019)

Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change Phase I and II (2008–2017)

UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage

Developmental evaluation of results-based management at UNFPA

Annex 4: List of persons/ institutions met

Organisation	Person interviewed	Position
ESARO	Julitta Onabanjo	Regional Director
ESARO	Justine Coulson	Deputy Regional Director
ESARO	Reginald Chima China	Regional M&E Advisor
ESARO	Kizito Nzanzya	M&E
ESARO	Melissa McNeil Barret	Head, Programme Coordination
ESARO	Godwin Nakitare	Programme Coordination
ESARO	Nomathamsanqa Chirowamhangu	Programme Coordination
ESARO	Jyoti Tewari	SRH, HIV and Maternal Health
ESARO	Richard Delate	Programme Manager for Together for SRH Programme
ESARO	Innocent Modisaotsile	SRH, HIV and Maternal Health
ESARO	Muna Abdalla	SRH, HIV and Maternal Health
ESARO	Chinwe Ogbonna	Head, MIC Hub
ESARO	Willis Onyango	Strategic Information Specialist
ESARO	Anandita Philipose	Youth and Gender
ESARO	Angela Baschieli	Population and Development
ESARO	Linda Kalenga	Resource Mobilization Advisor
ESARO	Chipo Chimwanda	Innovative Financing Specialist
ESARO	Dr Michael Ebele	Humanitarian Advisor
ESARO	Charles Kunzwa	Regional Security Advisor
ESARO	Mark Hutchinson	Former International Operations Manager / ROSSC
ESARO	Mampe Lekholoane	Financial specialist - Operations / ROSSC
ESARO	Beatrice Pembanyali	Procurement Specialist - Operations / ROSSC
ESARO	Frederick Okwayo	Population and Data Analysis
ESARO	Daisy Leoncio	Communications Advisor
	Lindsay Barnes	Communications Specialist
ESARO	Sarah Ondimu	HR Specialist
	Abigail Nkube	Administration
ESARO	Julie Diallo	GEWE
ESARO	Renata Tallarico	Youth and Adolescents
ESARO	Maria Bakaroudis	Youth and Adolescents
ESARO	Ramatu Darida	Family Planning and Commodities
ESARO	Sydney Hushie	Innovation Specialist
ESARO	Elizabeth Zishiri	SRHR Programme, M&E Specialist
UNFPA Burundi CO	Richmond Tiemoko	Country Representative
UNFPA CR Congo CO	Victor Racoto	Country Representative
UNFPA Madagascar CO	Miranda Tabifor	Country Representative
UNFPA South Africa CO	Beatrice Muthali	Country Representative
UNFPA Zambia CO	Gift Malunga	Country Representative
UNFPA Eswatini CO	Margaret Thwala Thembe	Country Representative
UNFPA HQs	Soyoltuya Bayara	EDRG Member
UNFPA HQs	Tapiwa Jhamba	Census and Data
UNFPA HQs	Charles Katende	Chief, Results Planning, Monitoring and Strategy
UNFPA HQ	Rachel Snow	Census and Data
UN Women, South Africa	Jacqueline Utamuriza Nzisabira	
UNESCO Regional Office	Dr Patricia Machawira	Regional HIV Advisor
WHO Regional Office	Dr Tunde Adegboyega	
UNICEF, Kenya	Mona Aika	Child Protection Specialist
UNICEF, ESA	Alice Armstrong	HIV/Aids/Adolescents Specialist

UNICEF	Laurie Gulaid	Regional HIV Advisor
UNICEF	Ider Dunderdorj	
UNAIDS, South Africa	Narmada Dhakal	RATESA and Together for SRH focal persons
	Christain Mouala	
UNDCO Regional Office for Africa	Eskedar Nega	Team Leader
UNECA	Thokozire Ruzvidzo	
UNECA	Prof Said Adejumobi	
UNECA	William Muhwava	Chief, Demographic and Social Statistics
UNECA	Oliver Chinganya	Director of Africa Center for Social Statistics
UNICEF HQ	Nankali Maksud	Senior Advisor, Child Protection
EAC	Liberat Mfumukeko	
EAC	Dr Michael Katende	
East Africa Legislative Assembly	Olivia Namtaba	
SADC Secretariat	Duduzile Simelane	
SADC Parliamentary Forum	M/s Boemo Sekgoma	EDRG Member
African Union	Margaret Agama-Anyetei	Director, Social Affairs
South Africa Statistics Office	Mosidi Nhlapo	Director, Births and Deaths
South Africa Statistics Office	Calvin Molongoana	
South Africa Statistics Office	Lutendo Malisha	
Kenya National Bureau of Statistics (KNBS)	Obudho McDonald	Director General
KNBS	Abdulkadir Amin Awes	Director, Population and Social Statistics
KNBS	Michael Musyoka	Population Directorate
Regional SRHR Team of Sweden	Dag Sundlin	Counsellor, Head of Team
South Africa Ministry of Social Development	Jacques Van Zuydam	Director, National Population Council
Regional SRHR Team of Sweden	Francis Mangani	Regional Advisor
Days for Girls (ACMHH member)	M/s Diana Nelson	Global Advocacy Director
Hope Center, Tanzania (ACMHH member)	M/s Halima Lila	Director
AFRIpads (ACMHH member)	M/s Sophia Grinvalds	Director
My Age Zimbabwe (ACMHH member)	Joseph Njowa	Programmes Manager
She Decides, UK	Naisola Likimani	Director, Support Unit
Sonke Gender Justice	Bafana Khumalo	EDRG Member
European Parliamentary Forum for SRHR (EPF)	Caroline Kwamboka	
SRHR Africa Trust	Jonathan Gunthorp	Executive Director
University of Cape Town	Morne Oosthuizen	
Africa Institute of Development Policy (AFIDEP)	Bernard Onyango	
Girls not Brides	Yvette Kathurima Muhia	Africa Lead for GnB
OHCHR	Jean Fokwa	Programme Officer
OHCHR	Ivana Machonova	Capacity Building Officer

OHCHR, Ethiopia	Adwoa Kufuor	Regional Advisor on Gender and Women Rights
Plan International	Lazarus Mwale	
Swiss Agency for Development and Cooperation, Zimbabwe	Amir Fouad	
AfriYAN	Toboho Mohloai	

UNFPA ESARO Regional Programme 2018-2021

Key Informant Interview guides

General introduction and closing

- Spend a few minutes to understand how the interviewee is today and whether the interview is convenient or problematic in any way. Does the interviewee have adequate time for the interview? How much time the interview is comfortable with?
- Explain briefly about yourself. Where do you come from, other interviews you are doing that also frame this interview etc.
- Thank the interviewee for the time dedicated to the interview

Inform the interviewee of the objective and context of the interview

- Purpose of the evaluation
- Stress the confidentiality of the source or the information collected
- Explain what the objective of the interview (context) is. This not only shows respect but is also useful for the evaluator, as it helps the interviewee to answer in a more relevant manner
- Inform the interviewee the time the interview will take e.g. our interaction will be for one and a half hours

Opening general questions: Refining our understanding of the interviewee's role

Before addressing the objectives of the interview, the evaluator needs to ensure that s/he understands the role of the interviewee vis-à-vis the organisation, the programme etc, so as to adjust the questions in the most effective way.

Ending the interview

- If some aspects of the interview are unclear, confirm with the interviewee before closing the interview. Confirm that nothing that the interviewee may consider important has been missed.: “have I missed any important point?”
- Finish the interview, confirming any follow-up considerations e.g. if documents need to be sent and by when, and if the evaluator needs to provide feedback etc.
- Mention when the report will be issued and who will receive it
- If relevant, ask the interviewee for suggestions about other persons (referred to during the interview) that could also be interviewed
- Thank the interviewee again for the time dedicated to the interview

1. Key Informant Interview Guide for UNFPA ESARO Staff

Introduction

- What is your role in the UNFPA ESARO Regional Programme?

Relevance

- How were the countries supported by ESARO selected?
- How were the institutions UNFPA ESARO supported, partnered or collaborated with selected?
- What global or regional frameworks informed the priorities of the Regional Programme?
- Were there any changes or shifts at regional and national contexts that affected the RP during the implementation period? If so, what were the changes and how did UNFPA ESARO respond?
- In your view, what has been the value addition of UNFPA ESARO at country, region and global levels?

Effectiveness

- What have been the key achievements of the Regional Programme?
- What factors contributed to the realisation of these achievements?
- What factors limited or hinders the achievement of the programme achievements?
- Where there any unintended results achieved? If so, what were the results and what contributed to achievement of these results?

Gender and human rights integration

- How did UNFPA ESARO integrate gender, human rights and inclusion of populations left behind in the Regional Programme? (focusing on vulnerable women and girls, adolescents and youth, PWD, LGBTI among others)

- To what extent did Regional Programme interventions promote gender equality and social inclusion and remove human rights barriers to accessing health services?
- How did UNFPA ESARO integrate (or address) gender and inclusion of vulnerable population into humanitarian responses?
- In your view, what worked well and did not work well in the integration of gender, human rights and social inclusion into the Regional Programme?

Efficiency

- Does UNFPA ESARO have adequate staff (skills and number) to implement the regional programme?
- Did you receive financial resources for programme implementation on time? Were the resources sufficient to implement all planned activities?
- How did the ESARO financial and administrative procedures facilitate implementation of the Regional Programme? How did hinder implementation of the programme?
- Are there other UNFPA ESARO policies and tools that facilitated or hindered programme implementation?
- Were programme activities implemented in a timely manner and completed? Probe for
- In your view, what could be done to improve programme efficiency?

Sustainability (contribution to development of capacities and promotion of ownership)

- What type of institutional and beneficiaries' capacities were developed through the RP support? How will this capacity be utilized to sustain achieved results beyond the programme?
- How did UNFPA ESARO promote regional and national ownership of interventions supported by the RP? How will ownership contribute to the durability of benefits of the RP?
- What are the measures/plans for sustainability of programme results?
- How can sustainability of the Regional Programme results be improved in the future?

Coordination

- What role did UNFPA ESARO play in the RUNSDG platform?
- What contribution did UNFPA ESARO make to UN reforms at national, regional and global levels?
- What joint programming initiatives was UNFPA ESARO involved in? What were the benefits/advantaged and what were the challenges of joint programming?
- Did UNFPA ESARO face any challenges in participating in UN-wide coordination?

Coverage

- What was the UNFPA ESARO's involvement in humanitarian emergency response?
- How did UNFAP ESARO ensure its support targeted/reached the most in need populations?

Connectedness

- What other partners did UNFPA collaborate with to provide holistic humanitarian response?
- What actions were taken to address longer term and interrelated development issues through the humanitarian emergency response supported?
- In your view, what worked well and what did not in UNFPA ESARO humanitarian response?

Cross cutting issues

- Innovation: what type of innovations did ESARO support at country and regional levels?
- Knowledge management: What knowledge management initiatives were supported by the regional programme? How was the knowledge utilised?
- Resource mobilisation: How (what approaches/strategies) did UNFPA ESARO use to (i) mobilise its own resources and (ii) to support country offices in resource mobilisation? What were the successes and challenges?
- Communication: What strategies/approaches did UNFPA ESARO deploy in communication? What were the achievements and challenges?
- Result based management: How did UNFPA ESARO adapt Result Based Management in programming and organisational management? What were the benefits and challenges?
- Monitoring and Evaluation: How was the regional programme monitored and evaluated? What were the strengths and weaknesses of the programme M&E system?

- Partnerships: What partnerships did UNFPA ESARO establish? How did the partnerships contribute to (i) programme implementation and (ii) achievement of programme results? What were the challenges in working with partners?

Lessons learnt and recommendations

- What are the key lessons learnt from implementation of the regional programme?
- In your view, what priorities should the next regional programme focus on?
- What can be done to improve the implementation of the next regional programme?

2. Interview guide for Implementing Partners

- What interventions or activities did you undertake with UNFPA ESARO support?
- Did you receive the support (funds, technical assistance etc) from UNFPA on time? Were there any changes made to the activities in the course of implementation?
- What were the achievements of these activities/ interventions?
- What challenges did you face in implementing the activities? And how were they solved?

3. Key Informant Interview Guide for Strategic Partners

- What initiatives (or interventions) did you collaborate in with UNFPA ESARO?
- What was your role (or contribution) in the initiative(s)?
- What was UNFPA ESARO's role in the initiative?
- What were the key achievements of the initiative?
- What challenges did you face in implementing the initiatives? And in partnering with UNFPA ESARO?
- What did you, as an organisation, benefit from the partnership with UNFPA ESARO?
- In your view, what areas could you collaborate with UNFPA ESARO in the future?

4. Key Informant Guide for Donors

- What type of support did you provide to UNFPA ESARO?
- In your view, what have been the major achievements of the funded interventions/programme?
- What challenges did UNFPA ESARO face in management and implementation of the funded programme?
- What are the lessons learnt from funding UNFPA ESARO?
What issues/ priority areas should UNFPA ESARO focus on going forward?

UNFPA ESARO Regional Integrated Action Plan (RIAP) 2018-2021 Evaluation

UNFPA Country Offices Survey Questionnaire

Questionnaire for the Adolescents and Youth outcome area

UNFPA ESARO is conducting an evaluation of its Regional Programme covering the period 2018-2021. One of the methods for collecting data for this evaluation is through UNFPA Country Offices (COs) Survey. The purpose of the survey is to collect COs' feedback on the relevance, adequacy, quality, utilisation and effectiveness of the Regional Programme and engagement with UNFPA ESARO.

This questionnaire covers the Adolescents and Youth outcome area and it should be completed by the Adolescents and Youth Programme lead. Your responses will be confidential and data provided will be aggregated and triangulated with other data sources.

Questionnaire Component	Suggested respondent
Adolescents and Youth	Adolescents and Youth Programme Lead

Name of Country Office:

Please answer all questions as applicable

UNFPA ESARO planned to support UNFPA Country Offices and/or national programme in Adolescents and Youth programme areas listed below. Please indicate whether this support was provided as listed in the questions below:

1. Support for the adoption of the model law on child marriage of the Southern Africa Development Committee	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
2. How would you rate the usefulness of UNFPA ESARO support for the adoption of the model law on child marriage of the Southern Africa Development Committee?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
3. Please explain your response and show how the support made a difference				
4. Support for the establishment/ review of laws and policies that allow adolescents below age of 18 years to access SRH services and information	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
5. How would you rate the usefulness of UNFPA ESARO support for establishment/ review of laws and policies that allow adolescents below age of 18 years to access SRH services and information?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
6. Please explain your response and show how the support made a difference				

7. Support for the adaptation of standards for youth friendly health services	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
8. How would you rate the usefulness of UNFPA ESARO support for the adaptation of standards for youth friendly health services?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
9. Please explain your response and show how the support made a difference				
10. Support for the costing or implementation of costed national action plans addressing child marriage and teenage pregnancy	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
11. How would you rate the usefulness of UNFPA ESARO support for costing or implementation of costed national action plans addressing child marriage and teenage pregnancy?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
12. Please explain your response and show how the support made a difference				
13. Support for the integrate ASRH into youth economic empowerment programmes	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
14. How would you rate the usefulness of UNFPA ESARO support for the integration of ASRH into youth economic empowerment programmes?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
15. Please explain your response and show how the support made a difference				
16. Support for the utilisation of the regional CSE resource package for out of school CSE in the national out of school sexuality education programmes	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
17. How would you rate the usefulness of UNFPA ESARO support for the utilisation of the regional CSE resource package for out of school CSE in the national out of school sexuality education programmes?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
18. Please explain your response and show how the support made a difference				

19. Support for the delivery of CSE in primary and secondary schools and in pre and in-service teacher training	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
20. How would you rate the usefulness of UNFPA ESARO support for the delivery of CSE in primary and secondary schools and in pre and in-service teacher training?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
21. Please explain your response and show how the support made a difference				
22. Support for the adoption of digital solutions for delivering CSE/SBCC and demand generation for YFSRH services for adolescents and young people	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
23. How would you rate the usefulness of UNFPA ESARO support for the adoption of digital solutions for delivering CSE/SBCC and demand generation for YFSRH services for adolescents and young people?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
24. Please explain your response and show how the support made a difference				
25. Support for national youth network and other platforms advocating for young people's development	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
26. How would you rate the usefulness of UNFPA ESARO support for national youth network and other platforms advocating for young people's development?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
27. Please explain your response and show how the support made a difference				
28. Support for the integrate adolescents and youth participation in humanitarian preparedness and response and peace and security	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
29. How would you rate the usefulness of UNFPA ESARO support for the integration adolescents and youth participation in humanitarian	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful

preparedness and response and peace and security?				
30. Please explain your response and show how the support made a difference				
31. Support for humanitarian emergency response related to Adolescents and Youth Sexual and Reproductive Health	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
32. How would you rate the usefulness of UNFPA ESARO support for humanitarian emergency response related to ASRH?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
33. Please explain your response and show how the support made a difference				
34. Are there instances where UNFPA ESARO did not respond to your request for support?	1. Yes	2. No	3. Don't know	
If yes, provide examples of such instances where UNFPA ESARO was not responsive to your request for support and give reasons				
35. What UNFPA ESARO regional initiatives did you participate or were you engaged in?				
36. What regional products did you adopt, integrate or utilise at country level?				
37. How was the adoption or integration of the products done?				
38. What was the impact of integration or use of the regional products on the SRHR programme?				
39. Describe UNFPA ESARO's contribution to capacity development in your Country Office and the national entities coordinating the ASRH programme (e.g. MoH) and how this capacity contributes to durability of the ASRH programme gains?				
40.				
41. What technical support, guidance and/or tools did UNFPA ESARO provide to the CO to promote gender integration, human rights based programming and social inclusion in the SRHR component of your Country Programme?				
42. What challenges did you encounter in your interaction with ESARO?				
43. What can UNFPA ESARO do to enhance its support to Country Offices?				

Thank you for your responses.

Please return the completed questionnaire to e-mail: riapeval2021@gmail.com

UNFPA ESARO Regional Integrated Action Plan (RIAP) 2018-2021 Evaluation

UNFPA Country Offices Survey Questionnaire

Questionnaire for the Sexual and Reproductive Health and Rights Outcome Area

UNFPA ESARO is conducting an evaluation of its Regional Programme covering the period 2018-2021. One of the methods for collecting data for this evaluation is through UNFPA Country Offices (COs) Survey. The purpose of the survey is to collect COs' feedback on the relevance, adequacy, quality, utilisation and effectiveness of the Regional Programme and engagement with UNFPA ESARO.

This questionnaire covers the Sexual and Reproductive Health and Rights (SRHR) outcome area and it should be filled by the SRHR Programme lead. Your responses will be confidential and data provided will be aggregated and triangulated with other data sources.

Questionnaire Component	Suggested respondent
Sexual and Reproductive Health and Rights	SRHR Programme Lead

Name of Country Office:

Please answer all questions as applicable

UNFPA ESARO planned to support UNFPA Country Offices and/or national programme in SRHR areas listed below. Please indicate whether this support was provided as listed in the questions below:

1. Support for improvement of policy guidelines for SRH, HIV and GBV	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
2. How would you rate the usefulness of UNFPA ESARO support for the improvement policy guidelines for SRH, HIV and GBV?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
3. Please explain your response and show how the support made a difference				
4. Support for establishing costed adolescent and youth sexual and reproductive health strategies	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
5. How would you rate the usefulness of UNFPA ESARO support for establishing costed adolescent and youth sexual and reproductive health strategies?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
6. Please explain your response and show how the support made a difference				
7. Support for addressing laws and/or policies presenting barriers to HIV prevention, treatment and care to key	1. Yes	2. No	3. Don't know	

populations (sex workers and men who have sex with men)				
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
8. How would you rate the usefulness of UNFPA ESARO support for addressing laws and/or policies presenting barriers to HIV prevention, treatment and care to key populations (sex workers and men who have sex with men)?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
9. Please explain your response and show how the support made a difference				
10. Support for addressing disrespectful maternity care to improve quality of care during pregnancy, delivery and post-delivery care?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
11. How would you rate the usefulness of UNFPA ESARO support for addressing disrespectful maternity care?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
12. Please explain your response and show how the support made a difference				
13. Support for adoption of standard midwifery training curriculum?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
14. How would you rate the usefulness of UNFPA ESARO support for adoption of standard midwifery curriculum?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
15. Please explain your response and show how the support made a difference				
16. Support for integration of Minimum Initial Service Package (clean delivery, emergency obstetric neonatal care, gender-based violence, HIV prevention) in national policies and plans?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
17. How would you rate the usefulness of UNFPA ESARO support in the	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful

integration of Minimum Initial Service Package?				
18. Please explain your response and show how the support made a difference				
19. Support for strengthening Maternal Death Surveillance and Response Systems?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
20. How would you rate the usefulness of UNFPA ESARO support for strengthening Maternal Death Surveillance and Response Systems?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
21. Please explain your response and show how the support made a difference				
22. Support for provision of comprehensive HIV/SRH health package to specific populations (Adolescents and young people and key populations)	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
23. How would you rate the usefulness of UNFPA ESARO support for the provision of comprehensive HIV/SRH health package to specific populations?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
24. Please explain your response and show how the support made a difference				
25. Support for improvement of logistics management information system including last mile tracking, forecasting and monitoring contraceptives, essential medicines and supplies	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
26. How would you rate the usefulness of UNFPA ESARO support in improvement of the logistics management information system including last mile tracking, forecasting and monitoring contraceptives, essential medicines and supplies?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
27. Please explain your response and show how the support made a difference				

28. Support for the development of preparedness sexual and reproductive health procurement plan	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
29. How would you rate the usefulness of UNFPA ESARO support for the development of preparedness sexual and reproductive health procurement plan?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
30. Please explain your response and show how the support made a difference				
31. Support for the adoption of the total market approach in allocation of SRH commodities	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
32. How would you rate the usefulness of UNFPA ESARO support for the adoption of total market approach in allocation of SRH commodities?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
33. Please explain your response and show how the support made a difference				
34. Support for advocacy and procurement of generic contraceptives	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
35. How would you rate the usefulness of UNFPA ESARO support for advocacy and procurement of generic contraceptives	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
36. Please explain your response and show how the support made a difference				
37. Support for humanitarian emergency response related to SRHR?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
38. How would you rate the usefulness of UNFPA ESARO support for humanitarian emergency response related to SRHR?	5. Not useful	6. Somewhat useful	7. Useful	8. Very useful
39. Please explain your response and show how the support made a difference				

40. Are there instances where UNFPA ESARO did not respond to your request for support?	1. Yes	2. No	3. Don't know
41. Provide examples of such instances where UNFPA ESARO was not responsive to your request for support and give reasons			
42. What UNFPA ESARO regional initiatives did you participate or were you engaged in?			
43. What regional products did you adopt, integrate or utilise at country level?			
44. How was the adoption or integration of the products done?			
45. What was the impact of integration or use of the regional products on the SRHR programme?			
46. Describe UNFPA ESARO's contribution to capacity development in your Country Office and the national entities coordinating SRHR programme (e.g. MoH) and how this capacity contributes to durability of the SRHR programme gains?			
47. What technical support, guidance and/or tools did UNFPA ESARO provide to the CO to promote gender integration, human rights based programming and social inclusion in the SRHR programme?			
48. What challenges did you encounter in your interaction with ESARO?			
49. What can UNFPA ESARO do to enhance its support to Country Offices?			

Thank you for your responses.

Please return the completed questionnaire to e-mail: riapeval2021@gmail.com

UNFPA ESARO Regional Integrated Action Plan (RIAP) 2018-2021 Evaluation

UNFPA Country Offices Survey Questionnaire

Questionnaire for Gender Equality and Women & Girls' Empowerment outcome area

UNFPA ESARO is conducting an evaluation of its Regional Programme covering the period 2018-2021. One of the methods for collecting data for this evaluation is through UNFPA Country Offices (COs) Survey. The purpose of the survey is to collect COs' feedback on the relevance, adequacy, quality, utilisation and effectiveness of the Regional Programme and engagement with UNFPA ESARO.

This questionnaire covers the Gender Equality outcome area questionnaire should be completed by the Gender and GBV Programme lead. Your responses will be confidential and data provided will be aggregated and triangulated with other data sources.

Questionnaire Component	Suggested respondent
Gender Equality and Women & Girls' Empowerment	Gender Equality and Women & Girls' Empowerment Programme Lead

Name of Country Office:

Please answer all questions as applicable

UNFPA ESARO supports UNFPA Country Offices or the national programme in various aspects of Gender Equality. The questions below seek your feedback on the ESARO support to your Country Office in specific Gender Equality interventions.

1. Did UNFPA ESARO support you to develop accountability mechanisms to monitor and track reporting and implementation of gender equality recommendations in human rights mechanisms (e.g. Universal Periodic Review, CEDAW, Maputo Protocol)	1. Yes	2. No	3. Don't know	
If no or don't know, please state why? If yes, please provide a comprehensive description of the exact support provided				
2. How would you rate the usefulness of UNFPA ESARO support for the development of the accountability mechanisms stated above?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
3. Please explain your response and show how the support made a difference				
4. Did UNFPA ESARO support your country office in establishing operational cross-border initiatives for female genital mutilation abandonment?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
5. How would you rate the usefulness of UNFPA ESARO support in establishing operational cross border	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful

initiatives for female genital mutilation abandonment?				
6. Please explain your response and show how the support made a difference				
7. Did UNFPA ESARO support your country office to set up national systems to collect and disseminate data on incidence and prevalence of gender-based violence?	1. Yes	2. No	3. Don't know	
If no or don't know, please state why If yes, please provide a comprehensive description of the exact support provided				
8. How would you rate the usefulness of UNFPA ESARO support in setting up national systems to collect and disseminate data on incidence and prevalence of gender-based violence?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
9. Please explain your response and show how the support made a difference				
10. Did UNFPA ESARO support your country office to develop a national clinical management of rape guidelines?	1. Yes	2. No	3. Don't know	
If no or don't know, please state why If yes, please provide a comprehensive description of the exact support provided				
11. How would you rate the usefulness of UNFPA ESARO support to develop national clinical management of rape guidelines?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
12. Please explain your response and show how the support made a difference				
13. Did UNFPA ESARO support your country office to roll out intervention models or strategies that empower marginalised and excluded groups to exercise their reproductive rights and to be protected from GBV and other harmful practices?	1. Yes	2. No	3. Don't know	
If no or don't know, please state why If yes, please provide a comprehensive description of the exact support provided				
14. How would you rate the usefulness of UNFPA ESARO support for the roll out intervention models or strategies that empower marginalised and excluded groups to exercise their reproductive rights and to be	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful

protected from GBV and other harmful practices?				
15. Please explain your response and show how the support made a difference				
16. Did UNFPA ESARO support your country office with gender mainstreaming technical assistance to enable you to effectively implement programmes for Prevention of Sexual Abuse and Exploitation?	1. Yes	2. No	3. Don't know	
If no or don't know, please state why If yes, please provide a comprehensive description of the exact support provided				
17. How would you rate the usefulness of UNFPA ESARO support with gender mainstreaming technical assistance to enable you to effectively implement your programmes for Prevention of Sexual Abuse and Exploitation?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
18. Please explain your response and show how the support made a difference				
19. Did UNFPA ESARO support your country office in humanitarian emergency preparedness and response?	1. Yes	2. No	3. Don't know	
If no or don't know, please state why If yes, please provide a comprehensive description of the exact support provided				
20. How would you rate the usefulness of UNFPA ESARO support in humanitarian emergency preparedness and response?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
21. Please explain your response and show how the support made a difference				
22. Are there instances where UNFPA ESARO did not respond to your request for support?	1. Yes	2. No	3. Don't know	
23. Provide examples of such instances where UNFPA ESARO was not responsive to your request for support and give reasons				
24. Describe UNFPA ESARO's contribution to capacity development in your Country Office and the national entities coordinating the gender programme and how this capacity contributes to durability of the gender programme gains?				
25. What UNFPA ESARO regional initiatives did you participate or were you engaged in?				

26. What regional products did you adopt, integrate or utilise at country level?

27. How was the adoption or integration of the products done?

28. What was the impact of integration or use of the regional products on the Gender Equality programme?

29. What technical support and tools did UNFPA ESARO provide to promote gender integration, human rights based programming and social inclusion in the Gender Equality component of your Country Programme?

30. What challenges did you encounter in your interaction with ESARO?

31. What can UNFPA ESARO do to enhance its support to Country Offices?

Thank you for your responses.

Please return the completed questionnaire to e-mail: riapeval2021@gmail.com

UNFPA ESARO Regional Integrated Action Plan (RIAP) 2018-2021 Evaluation

UNFPA Country Offices Survey Questionnaire

Questionnaire for Population and Development outcome area

UNFPA ESARO is conducting an evaluation of its Regional Programme covering the period 2018-2021. One of the methods for collecting data for this evaluation is through UNFPA Country Offices (COs) Survey. The purpose of the survey is to collect COs' feedback on the relevance, adequacy, quality, utilisation and effectiveness of the Regional Programme and engagement with UNFPA ESARO.

This questionnaire covers the Population and Development outcome area. The questionnaire should be completed by the Population and Development Specialists and Data and Statistical Analysts. Your responses will be confidential and data provided will be aggregated and triangulated with other data sources.

Questionnaire Component	Suggested respondent
Population and Development	Population and Development Specialists and Data and Statistical Analysts

Name of Country Office:

Please answer all questions as applicable.

UNFPA ESARO provides support to UNFPA Country Offices (CO), Country Programme (CP) and national governments to improve population data systems, conduct population surveys including census, improve civil registration systems as well as build capacity in data analysis. In view of this, please provide your feedback on the following questions. Please circle or tick your answer.

1. Did UNFPA ESARO provide support to your CO to generate and publish vital statistics?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
2. How would you rate the usefulness of UNFPA ESARO's support to generate and publish vital statistics?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
3. Please explain your response and show how the support made a difference				
4. Did UNFPA ESARO provide support to your CO to map populations at risk of climate change or natural disasters at national and sub-national levels?	1. Yes	2. No	3. Don't know	
If no or don't know, Why If yes, please provide a comprehensive description of the exact support provided				

5. How would you rate the usefulness of UNFPA ESARO support to map populations at risk of climate change or natural disasters at national and sub-national levels?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
6. Please explain your response and show how the support made a difference				
7. Did UNFPA ESARO provide support to your CO to develop or update the national statistical system?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
8. How would you rate the usefulness of UNFPA ESARO support to develop or update the national statistical system?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
9. Please explain your response and show how the support made a difference				
10. Did UNFPA ESARO provide support to your CO to make census/ demographic and health survey micro-data available to the public?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
11. How would you rate the usefulness of UNFPA ESARO support to make census/ demographic and health survey micro-data available to the public?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
12. Please explain your response and show how the support made a difference				
13. Did UNFPA ESARO provide support to your CO to conduct a geo-referenced census?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
14. How would you rate the usefulness of UNFPA ESARO	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful

support to conduct a geo-referenced census?				
15. Please explain your response and show how the support made a difference				
16. Did UNFPA ESARO provide support to your CO to generate national profile on demographic dividend?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
17. How would you rate the usefulness of UNFPA ESARO support to generate national profile on demographic dividend?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
18. Please explain your response and show how the support made a difference				
19. Did UNFPA ESARO provide support to your CO to generate sub-national mapping of Sustainable Development Goals Indicators under UNFPA commitment?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
20. How would you rate the usefulness of UNFPA ESARO support to generate sub-national mapping of Sustainable Development Goals Indicators?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
21. Please explain your response and show how the support made a difference				
22. Did UNFPA ESARO provide support to your CO to undertake demographic assessments (demographic dividend study or population situation analysis)?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				

23. How would you rate the usefulness of UNFPA ESARO support to undertake demographic assessments (demographic dividend study or population situation analysis)?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
24. Please explain your response and show how the support made a difference				
25. Did UNFPA ESARO provide support to your CO to produce a national report of the ICPD and Sustainable Development Goals Implementation to feed into the High-level Forum on Sustainable Development?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
26. How would you rate the usefulness of UNFPA ESARO support to produce a national report of the ICPD and Sustainable Development Goals Implementation to feed into the High-level Forum on Sustainable Development?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
27. Please explain your response and show how the support made a difference				
28. Did UNFPA ESARO provide support to undertake assessments or design programs to help to adapt to the impact of climate change through strengthening SHRH?	1. Yes	2. No	3. Don't know	
If no or don't know, why If yes, please provide a comprehensive description of the exact support provided				
29. How would you rate the usefulness of ESARO support to undertake assessments or design programs to help to adapt to the impact of climate change through strengthening SHRH?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
30. Please explain your response and show how the support made a difference				
31. Are there instances where ESARO did not respond to your request for support?	1. Yes	2. No	3. Don't know	4. N/A

If yes, provide examples of such instances where it was responsive or instances where it was not responsive and reasons
32. What ESARO regional initiatives did you participate or were you engaged in?
33. What regional products did you adopt, integrate or utilise at country level?
34. How was the adoption or integration of the products done?
35. Describe UNFPA ESARO's contribution to capacity development in your Country Office and the national statistics agencies and how this capacity contributes to durability of the gains made population data collection and analysis?
36. What technical support, guidance and/or tools did ESARO provide to your CO to promote gender integration, social inclusion, data driven participation of all and advancement of human rights and gender equality?
37. What challenges did you encounter in your interaction with ESARO?
38. What can be done to enhance ESARO's support to COs and CPs

Thanks you for your responses.

Please return the completed questionnaire to e-mail: riapeval2021@gmail.com

UNFPA ESARO Regional Integrated Action Plan (RIAP) 2018-2021 Evaluation

UNFPA Country Offices Survey Questionnaire

Questionnaire for Organisational Efficiency and Effectiveness area

UNFPA ESARO is conducting an evaluation of its Regional Programme covering the period 2018-2021. One of the methods for collecting data for this evaluation is through UNFPA Country Offices (COs) Survey. The purpose of the survey is to collect COs' feedback on the relevance, adequacy, quality, utilisation and effectiveness of the Regional Programme and engagement with UNFPA ESARO.

This questionnaire covers the Organisational Efficiency and Effectiveness (OEE) component of the evaluation and it should be completed by the Deputy Country Representative. Your responses will be confidential and data provided will be aggregated and triangulated with other data sources.

Questionnaire Component	Suggested respondent
Organisational Efficiency and Effectiveness	Deputy Country Representative

Name of Country Office:

Please answer all questions as applicable.

UNFPA ESARO supports UNFPA Country Offices to improve their efficiency and effectiveness in the areas listed below. In view of this, please provide your response to the following questions:

1. Support for the development of the Country Programme	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				
2. How would you rate the usefulness of UNFPA ESARO support for the development of the country programme	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
3. Please explain your response and show how the support made a difference				
4. Support in undertaking the Country Programme Evaluation	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the exact support provided				
5. How would you rate the usefulness of UNFPA ESARO support in the conduct of the Country Programme Evaluation?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
6. Please explain your response and show how the support made a difference				
7. Support in implementation of the Business Operations Strategy (BOS)	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				

8. How would you rate the usefulness of UNFPA ESARO support for implementation of the Business Operations Strategy (BOS)	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
9. Please explain your response and show how the support made a difference				
10. Development and/or implementation of innovations (in any of the outcome areas)	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				
11. How would you rate the usefulness of the UNFPA ESARO support for innovations?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
12. Please explain your response and show how the support made a difference				
13. Support for resource mobilisation and partnership development	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				
14. How would you rate the usefulness of the UNFPA ESARO support for resource mobilisation and partnership development?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
15. Please explain your response and show how the support made a difference				
16. South to South Cooperation in learning and knowledge exchange	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				
17. How would you rate the usefulness UNFPA ESARO support in South to South Cooperation?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
18. Please explain your response and show how the support made a difference				
19. Knowledge management (Generating evidence and data analysis)	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				

20. How would you rate the usefulness of UNFPA ESARO support in knowledge management?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
21. Please explain your response and show how the support made a difference				
22. Security and Business Continuity Management	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				
23. How would you rate the usefulness of UNFPA ESARO support in Security and Business Continuity Management	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
24. Please explain your response and show how the support made a difference				
25. Support in improving the CO's performance against the indicators in the ESARO's Operational Excellence Dashboard	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				
26. How would you rate the usefulness of UNFPA ESARO support in improving the CO's performance against indicators in the ESARO's Operational Excellence Dashboard	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
27. Please explain your response and show how the support made a difference				
28. Support in Human resources management	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				
29. How would you rate the usefulness of UNFPA ESARO support in human resources management?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
30. Please explain your response and show how the support made a difference				
31. Support in communications	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				

32. How would you rate the usefulness of UNFPA ESARO support in communications?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
33. Please explain your response and show how the support made a difference				
34. Support in humanitarian response	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				
35. How would you rate the usefulness of UNFPA ESARO support in humanitarian response?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
36. Please explain your response and show how the support made a difference				
37. Support in results based management	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				
38. How would you rate the usefulness of UNFPA ESARO support in results based management?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
39. Please explain your response and show how the support made a difference				
40. Was the CO involved in the development of the UNFPA ESARO Regional Programme (2018-2021)	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, explain				
41. Was the CO involved in the development of Results Framework for the UNFPA ESARO Regional Programme 2018-2021?	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, explain				
42. Are you aware of the indicators in the results framework for the regional programme where your country is a focus country ?	1. Yes	2. No	3. Don't know	
If no or don't know, why?				
43. How do you report on the indicators within the Regional Programme Results Framework where you are a focus country?				

44. Support in monitoring, evaluation and reporting	1. Yes	2. No	3. Don't know	
If no or don't know, why? If yes, please provide a comprehensive description of the specific support provided				
45. How would you rate the usefulness of UNFPA ESARO support in monitoring, evaluation and reporting	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
46. Please explain your response and show how the support made a difference				
47. Are there instances where UNFPA ESARO did not respond to your request for support?	1. Yes	2. No	3. Don't know	
48. If yes, provide examples of such instances where UNFPA ESARO was not responsive to your request for support and give reasons				

UNFPA ESARO provides technical support to UNFPA Country Offices in selected middle income countries (MICs) in East and Southern African Region through the MIC Hub. In view of this, please provide your feedback on the following questions. Please cycle or tick your answer.

49. Did your UNFPA CO or CP receive support from the MIC Hub?	1. Yes	2. No	3. Don't know	
50. How would you rate the overall usefulness of the support provided by the MIC Hub?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
51. Please explain				
52. Going forward, in which areas and in what ways would the MIC Hub have the greatest contribution to your country office/country programme?				

UNFPA ESARO provides operational support to UNFPA Country Offices in selected middle income countries (MICs) in East and Southern African Region through the Regional Operations Shared Support Centre (ROSSC). This includes support in financial management, procurement and ICT. In view of this, please provide your feedback on the following questions. Please cycle or tick your answer.

53. Did your UNFPA CO or CP receive support from the ROSSC?	1. Yes	2. No	3. Don't know	
54. Overall, how would you rate the usefulness of the support provided through the ROSSC?	1. Not useful	2. Somewhat useful	3. Useful	4. Very useful
55. Please explain				
56. Going forward, in which areas and in what ways would the ROSSC have the greatest contribution to your country office/country programme?				
57. On OEE, are there instances where UNFPA ESARO did not respond to your request for support?	1. Yes	2. No	3. Don't know	
58. What technical support, guidance and tools did UNFPA ESARO provide to promote gender integration and social inclusion in Country Office?				

59. What technical support, guidance and tools did UNFPA ESARO provide to promote gender integration, human rights and social inclusion in the Country Programme?

60. Provide examples of such instances where UNFPA ESARO was not responsive to your request for support in OEE and give reasons

61. What challenges did you encounter in your interaction with ESARO?

62. What can UNFPA ESARO do to enhance its support to Country Offices?

Thank you for your responses.

Please return the completed questionnaire to e-mail: riapeval2021@gmail.com

Tune Me: A case study on sustainability

According to WHO, three principles—iteration, equity and sustainability—underlie best practices for planning, developing and implementing digital health interventions for young people. Tune Me was chosen as a best practice example on sustainability¹.

UNFPA East and Southern Africa Regional Office (ESARO), under its flagship youth programme “Safeguard Young People” (SYP) and in collaboration with Praekelt Foundation, Ford Foundation and DFID, developed and rolled out TuneMe (tuneme.org) – a mobile site (mobisite) designed for low- and high-end devices in environments where high data charges and poor network coverage combine to limit access to online services. Adolescents access Tune Me through the internet browser on their mobile phone or through Free Basics by Facebook, which allows any young person with a mobile phone to access the platform without the limitation of data or Wi-Fi connectivity (Facebook, 2018). TuneMe platform also includes a GPS clinic finder feature and an M&E system ‘built in’ which allows routine reviews of the reach of the mobile site disaggregated by age and sex including bouncing rates, preferred articles – to mention a few². It takes advantage of the high rate of access to mobile phones and increasing Internet penetration across East and Southern Africa. The aim was to promote sexual and reproductive health outcomes for at least three million young people aged 10 to 24 years within the first four years and across seven of the SYP implementing countries (Botswana, Eswatini, Lesotho, Malawi, Namibia, Zambia and Zimbabwe). In terms of a quantitative target, TuneMe aimed to reach at least three million young people within the first four years of inception. The evaluation found that as of 23 July 2019 TuneMe had been visited by 15 per cent more new users than originally envisaged, with the bulk (66 per cent) of users coming from the Zambian site. At regional level, UNFPA developed a generic URL for TuneMe where all the country URLs are included, which is currently hosted by UNFPA HQ as part of the sustainability strategy. TuneMe was formally made part of the UNFPA m-health portfolio and will be expanded globally. Zambia, however, secured alternative funding through the Global Fund to run TuneMe activities³.

The government of Zambia saw the benefit of adopting Tune Me to reach as many young people as possible with accurate and age-appropriate SRHR information and thereby reduce teenage pregnancies and HIV incidence, promote safer behaviours and equip young people with skills to make more informed decisions about their health. In 2018, the technical and financial responsibilities for Tune Me began to transition from UNFPA and its partners to the ministries of Youth Sport and Child Development, and Health. Guided by the Zambia ICT Authority to ensure privacy of personal information, the two ministries led the migration of the platform from the developer’s server to the National Data Centre. The two ministries share responsibility for Tune Me’s information technology maintenance and program management, and marketing activities. The Ministry of Health leads the program’s content review and validation to ensure alignment with national strategies and guidelines.⁴ The government is now using the platform to provide access to youth-friendly information on COVID-19 to help curb infections⁵.

¹ WHO (2020), Youth-centred digital health interventions - A framework for planning, developing and implementing solutions with and for young people

² Renata et al (2018), Tune Me: A m-Health Initiative to Increase Young People’s Knowledge and Skills to Promote the Adoption of Protective Sexual Behaviours, The Journal of Development Communication

³ Evaluation of Behaviour Change of Young People using TuneMe in Southern Africa, (July 2019)

⁴ WHO (2020), Youth-centred digital health interventions - A framework for planning, developing and implementing solutions with and for young people

⁵ <https://esaro.unfpa.org/en/news/empowering-zambias-youth-information-covid-19-tuneme-app-help-curb-infections>

Case Study

CAPACITY BUILDING FOR QUALITY AND TIMELY CENSUS DATA COLLECTION AND ANALYSIS USING CUTTING EDGE TECHNOLOGY

UNFPA ESARO contributed immensely to quality data generation and analysis using cutting edge technology. It successfully influenced ESA countries to move from paper based to digital based techniques in conducting censuses using Computer Assisted Personal Interview (CAPI). It partnered with US Census Bureau to strengthen capacity of data specialists from census offices in the region on use of tablets in data collection and processing and also provided capacity building through virtual learning and webinars on data analysis techniques. It provided guidelines on methodology of population and housing census using CAPI technology and training workshops including Webinars in collaboration with UNECA on data processing using CAPI technology. The development and sharing of guides and resources on critical areas of Census Thematic analysis, dissemination and utilisation, Guidance to implement the Post Enumeration Survey, Guidelines on the Impact of COVID19 on censuses and strategies to adopt, and Documentation of South-South Collaboration such as sharing tablets between Malawi and Zambia; South Africa and Eswatini ensured timely availability of quality data in the region.

The adoption of technology resulted in countries releasing census results and reports in record time as was the in Malawi, Madagascar and Comoros where Preliminary and Main Census Report were produced within less than six months and one year respectively. The adoption of technology had also ensured that even facing the restrictions and challenges posed by COVID 19 pandemic, ESARO still managed to provide technical support to countries in the planning and preparation for censuses in Kenya, Zambia, Namibia and Ethiopia. In addition, UNFPA ESARO strengthened capacity of census managers and SDG focal points from Governments on potential uses of digital census including generation of indicators, spatial analysis for monitoring progress on SDGs, African Agenda 2063 and National Development Plans. Through the training, some countries like Malawi and Mozambique have packaged their data in formats that promotes decision making during humanitarian crisis.

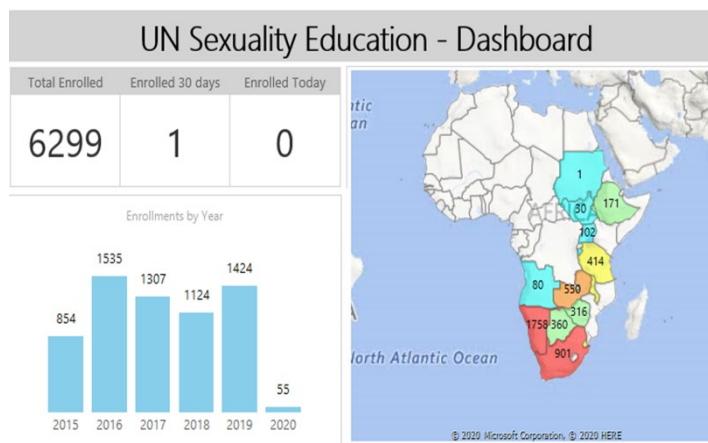
However, there is inadequate supportive infrastructure and data governance systems in the countries that have not been critically addressed that can affect the sustainability of the interventions and investments. The investments in building expertise in the absence of similar or more investments in enhancing supportive infrastructure and data governance systems would militate against sustaining the results.

Case Study: Provision of Quality Assured Comprehensive Sexuality Education

East and Southern Africa countries have been providing comprehensive sexuality education (CSE), also referred to as life-skills education as a key intervention for empowering adolescents and young people to make informed choices to adopt protective sexual behaviour. CSE contributes to reduction of HIV infections, teenage pregnancy, early marriages and increases uptake of sexual and reproductive health services. Given these benefits of CSE, ESA countries made a commitment in 2013 to ensure CSE is provided to in-school youth and out-of-school youth. One of the key challenges in the provision of CSE was variation in the CSE curriculum or content provided across countries. UNFPA ESARO, under the current Regional Programme sought to assist countries in the ESA region to have access to quality assured and standardised materials developed in line with international standards and responsive to the context in the region.

ESARO, in consultation with other partners such as UNESCO and the countries themselves, provided expert leadership in developing the following quality assured materials: (1) CSE package for out-of-school youth comprising a CSE content manual, a training of trainer's guide and promotional materials. A user friendly facilitator's manual was also developed to provide minimum content to trainers to improve adoption of these materials at country level¹. (2) Age appropriate CSE package for in-school youth and pre- and in-service teacher training for use to improve the CSE provided in primary and secondary schools. (3) CSE content for new tertiary students joining universities. This was a two-part content – one part was an on-line oriental portal for new university students in East and Southern Africa (ESA) to provide them with basic information pertaining to the intersections between “sexual and reproductive health information and being a new student at university”. The second part was the creation of an online, six-session course in human sexuality and reproductive health². (4) AMMAZE animated videos disseminating the CSE content to adolescents using animated videos also available on-line for easy access³. (5) CSE package for adolescents and young people living with HIV providing them with comprehensive HIV and SRHR information⁴. (6) development of a CSE monitoring tool to be used to assess the quality of CSE provided in schools and at community level.

Figure 1: Countries using the on-line teacher training course in 2020



ESARO went further to develop a guide on how these materials can be adapted at country level and provided technical and advocacy support to countries to sensitise country stakeholders on the adoption of these materials. Given the sensitivity to CSE in countries, ESARO played a key role in building the capacity of UNFPA Country Offices to facilitate the adoption of these materials in countries. 80% (12 out of 15) UNFPA Country Offices confirmed that ESARO supported countries in improving their national CSE materials for out of school youth and 67% (10 out of 15) received support related to CSE for in-school youth. Over 90% of these countries rated ESARO support very useful. The utilisation of the CSE materials is also demonstrated through the on-line dashboard which shows use of these materials in several countries in the ESAR Region. Through these activities, ESARO contributed to the provision of quality assured CSE in the ESA region.

¹ A guide for training facilitators on the My World, My Life, My Body Programme

² New students sexuality health orientation and online course: CSE/SRHR information and service for University Students in East and Southern Africa

³ <https://amaze.org/za/>

⁴ iCAN Package: A facilitator's manual: A comprehensive life-skills package focusing on HIV, sexuality and sexual and reproductive health for young people living with HIV and their circles of care



East and Southern Africa Regional Programme Evaluation The Evaluation & RIAP Development Reference Group (EDRG)

Terms of Reference

Introduction: The East and Southern Africa regional office is in the process of conducting the evaluation of the regional programme 2018 – 2021, and the development of the 2022 – 2025 regional programme. The aim is to deliver a high-quality final evaluation report in a timely manner to contribute to the new East and Southern Africa regional programme 2022-2025. The overall purpose of this EDRG is to review and provide feedback to the process in all phases and stages of the evaluation and the RIAP development.

Broadly, the evaluation will provide the UNFPA ESARO, regional and national stakeholders, UNFPA Headquarters and a wider audience with an independent assessment of the UNFPA ESARO RIAP 2018 – 2021; and broaden the evidence base for the development of the next programme cycle – RIAP 2022 - 2025.

The East and Southern Africa Regional Office (ESARO), constitutes and works with the RIAP Evaluation and Development Reference Group (EDRG) for the evaluation of the ESA Regional Programme 2018 - 2021, and the development of the 2022-2025 regional programme. The reference group will bilaterally serve as a reference group for the two mutually inclusive processes, guaranteeing quality assurance and timely delivery of the two products namely, the evaluation report and the 2022-2025 Regional programme document. Both documents are destined for the UNFPA executive board. The ERDGM comprise the Deputy Regional Director (chair), the Regional M&E Adviser (Evaluation Manager), the Regional Programme Specialist (RIAP 2022-2025 Development Manager), eight CO Representatives from ESAR countries, 11 regional Advisers and specialists, and 3 technical advisers from UNFPA HQ, 2 advisers from UNECA, 8 Partners and Stakeholders mainly from the African Union, SADC, and EAC.

Responsibilities and Tasks:

Broadly, the main responsibilities of the evaluation reference group are to review and provide feedback at all stages of the evaluation and RIAP development, on all documents related to these tasks.

1. Provide feedback and comments on the design report.
2. Provide comments on country case studies.
3. Provide substantive feedback from a technical expert perspective on the draft and final version of the evaluation report.
4. Provide feedback on the 2022 – 2025 RIAP Theory of Change
5. Provide feedback on the 2022 – 2025 RIAP Strategic Prioritization Process
6. Provide feedback on the 2022 – 2025 RIAP Resources and Results Framework RRF
7. Provide feedback on the 2022 – 2025 RIAP Integrated Budget
8. Provide feedback on the 2022 – 2025 RIAP Draft Regional Programme document
9. Provide feedback on the 2022 – 2025 RIAP Draft RIAP Annexes- the Resource Mobilization Plan, Partnership Plan.

Working Arrangements and Secretariate: The membership of the EDRG is for the duration of the RIAP 2018-2022 evaluation and the Development of the RIAP 2022-2025. The inception of the EDRG would be from January 29 and will continue until March 29, 2020 by which time the final evaluation report and the draft RIAP 2022-2025 document should have been completed and submitted to the Regional Director. Participation would be virtual. The best virtual applications and facilities for Zoom, and Google Meet would be arranged for every meeting of the EDRG. The EDRG will be jointly managed by the Regional M&E Adviser and the Regional Programme Specialist under the overall guidance of the Regional Director.

Membership and Meetings: The membership of the EDRG is for the duration of the RIAP 2018-2022 evaluation. The best virtual facilities for Zoom, and Google Meet would be arranged for every meeting of the EDRG.

Duration: The duration of the EDRG would be from January 29 and will continue until March 29, 2020 by which time the final evaluation report should have been completed and submitted to the Regional Director. Participation would be virtual. The no cost participation in EDRG meetings with the evaluation team would be for a total of about 3-4 virtual meetings.

REGIONAL PROGRAMME ACTION PLAN

ESARO Stakeholders and Partners

S/N	ORGANISATION	PRINCIPAL PERSON	EMAIL	TELEPHONE
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18.		Mr. Symerre Grey-Johnson		0112563593;06054452

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	MiET	Lynn van der Linde Director Regional Programmes	lynn@miet.co.za	
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	UNICEF	Aimee Armstrong HIV/AIDS Specialist Adolescents	aarmstrong@unicef.org	

Theory of Change

IMPACT: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of women, adolescents and youth.

OUTCOME 1: Every woman, every adolescent and youth, especially those furthest behind, fully exercise their sexual and reproductive rights and are able to use integrated sexual and reproductive health services, which include family planning, comprehensive maternal health and STI and HIV services, free of coercion, discrimination and violence.

OUTPUT 1: Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to SRHR information and services.

OUTPUT 2: National capacities are strengthened to deliver quality integrated SRH services and information, in particular for adolescents and in humanitarian setting

OUTPUT 3: National capacities are strengthened to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, including in humanitarian settings

Problem statement:

Girls and women still do not have equal access to basic SRH/HIV health information and services. They also face additional negative health impacts of gender inequality, which is increased with the disruption of social support

Risks:

- Changing Political landscape with growing opposition towards sexual and reproductive health and reproductive rights, including from emerging new religious movements
- Political, financial and social instability
- Humanitarian crises (conflicts and natural disaster)

Assumptions:

- Significant support and advocacy

Strategic Interventions

Advocacy and Policy

- Strengthen accountability vis a vis global and regional frameworks
- Reduce legal barriers to accessing SRH&R/HIV information and services, including for adolescent girls and key populations e.g. need for third party authorisations like parents
- Foster national ownership and domestic investments in SRH e.g. increased national budgets for SCM, Capacity Building etc.
- Meaningfully involve programme beneficiaries and civil society in developing, monitoring and reviewing health plans and programmes;
- Promote the use of selected cost-effective catalytic solutions to common challenges, e.g. Increased use of generics, cross-border supply chain solutions

Capacity Development

- Provide/facilitate TA to countries to develop interventions, incl. on supply chain management and youth-friendly services, that specifically target vulnerable groups and underserved populations (e.g. 'first time young mothers', urban poor, adolescents and youth)
- Facilitate regional training in support of new tools, evidence, standards to for improved skills, performance and management of the health workforce (especially midwives, community health workers/volunteers and others health care cadres) including their status, deployment, and benefit packages to deliver quality and integrated SRH and HIV services
- Provide TA and track progress for improved quality integrated SRH/HIV and SGBV services, including MISP, EmONC, MDSR, YFHS and fistula repair through pre- and in-service training of health staff (incl. midwives and community health workers);
- Provide TA and support countries integrate comprehensive SRHR/HIV/SGBV services in NDPs;
- Provide financial and technical support to countries for improved SCM (forecasting of SRH commodities) at national, sub-national and SDP levels, including availability of modern contraceptive choices and condoms for prevention of HIV, STIs and unintended pregnancies
- Provide TA to countries for improved HIS and monitoring systems for key SRH&R/HIV & SGBV indicators

Knowledge Management

- Commission research to answer policy and programming questions identified in the field;
- Identify and disseminate effective and innovative interventions and facilitate scale-up, incl. through South-South cooperation
- Analyse and share programme results to increase UNFPA visibility

Partnership and Coordination

- Forge partnerships to attain global commitments, including with DFID, USAID (incl. on FP2020), PMNCH, H6, HHA, IHP+, Global Fund and PEPFAR
- Partner with RECs, AU and NEPAD to institutionalise catalytic interventions, e.g. MDSR, use of generics, cross border supply chain solutions, etc.
- Forge partnerships with service providers promoting innovative solutions to disseminate information and optimize services. incl. those using ICT

Risks:

- Global funding constraints and inadequate local resources to significantly impact on the lives of women
- Inadequate existing national capacities in some countries to respond to challenges (incl. limited Human Resources and financial capacities)

Assumptions:

- Skills shortages will be mitigated by integration of services, use of technology and innovation, as well South- South cooperation.
- Partnerships for development will formulate cross-border and multi-country solutions

Contribution from other outcomes

- Outcome 2: adolescents and young people demand their right and relevant policies are put in place at regional and national levels
- Outcome 4: Mapping vulnerable groups and people most at risk, and data availability for SDC 2

Outcome indicators

OUTCOME 1: Every woman, every adolescent and youth, especially those furthest behind, fully exercise their sexual and reproductive rights and are able to use integrated sexual and reproductive health services, which include family planning, comprehensive maternal health and STI and HIV services, free of coercion, discrimination and violence

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Risks:

- Changing Political landscape with growing opposition towards sexual and reproductive health and reproductive rights, including from emerging new religious movements
- Political, financial and social instability
- Humanitarian crises (conflicts and natural disaster)

Assumptions:

- Significant support and advocacy from national governments, civil society programme

Output indicators

IMPACT: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of women, adolescents and youth.

Strategic Interventions

Advocacy and Policy

- Strengthen national and regional capacities to develop and implement policies and programmes that prioritize access to SRHR information and services.
- Reduce gender inequality and empower women and girls
- Foster a supportive environment for women, adolescents and youth
- Meaningfully involve programme beneficiaries and civil society in developing, monitoring and reviewing health plans and programmes;
- Promote the use of selected cost-effective catalytic solutions to common challenges, e.g. Increased use of generics, cross-border supply chain solutions

Capacity Development

- Provide/facilitate TA to countries to develop interventions, incl. on supply chain management and youth-friendly services, that specifically target vulnerable groups and underserved populations (e.g. 'first time young mothers', urban poor, adolescents and youth)
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- Partner with RECs, AU and NEPAD to institutionalise catalytic interventions, e.g. MDSR, use of generics, cross border supply chain solutions, etc.
- Forge partnerships with service providers promoting innovative solutions to disseminate information and optimize services, incl. those using ICT

Risks:

- Global funding constraints and inadequate local resources to significantly impact on the lives of women
- Inadequate existing national capacities in some countries to respond to challenges (incl. limited Human Resources and financial capacities)

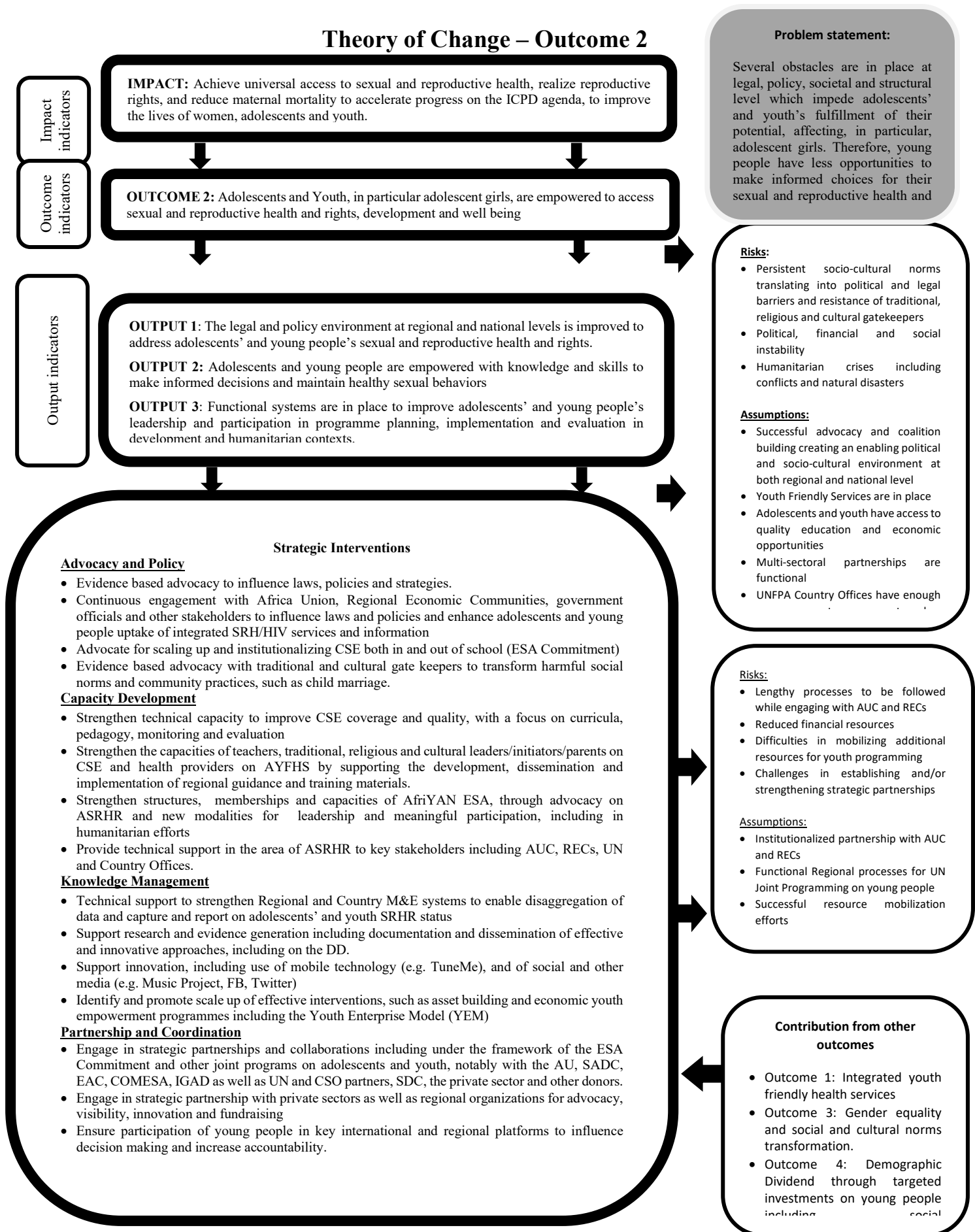
Assumptions:

- Skills shortages will be mitigated by integration of services, use of technology and innovation, as well South- South cooperation.
- Partnerships for development will formulate cross-border and multi-country solutions

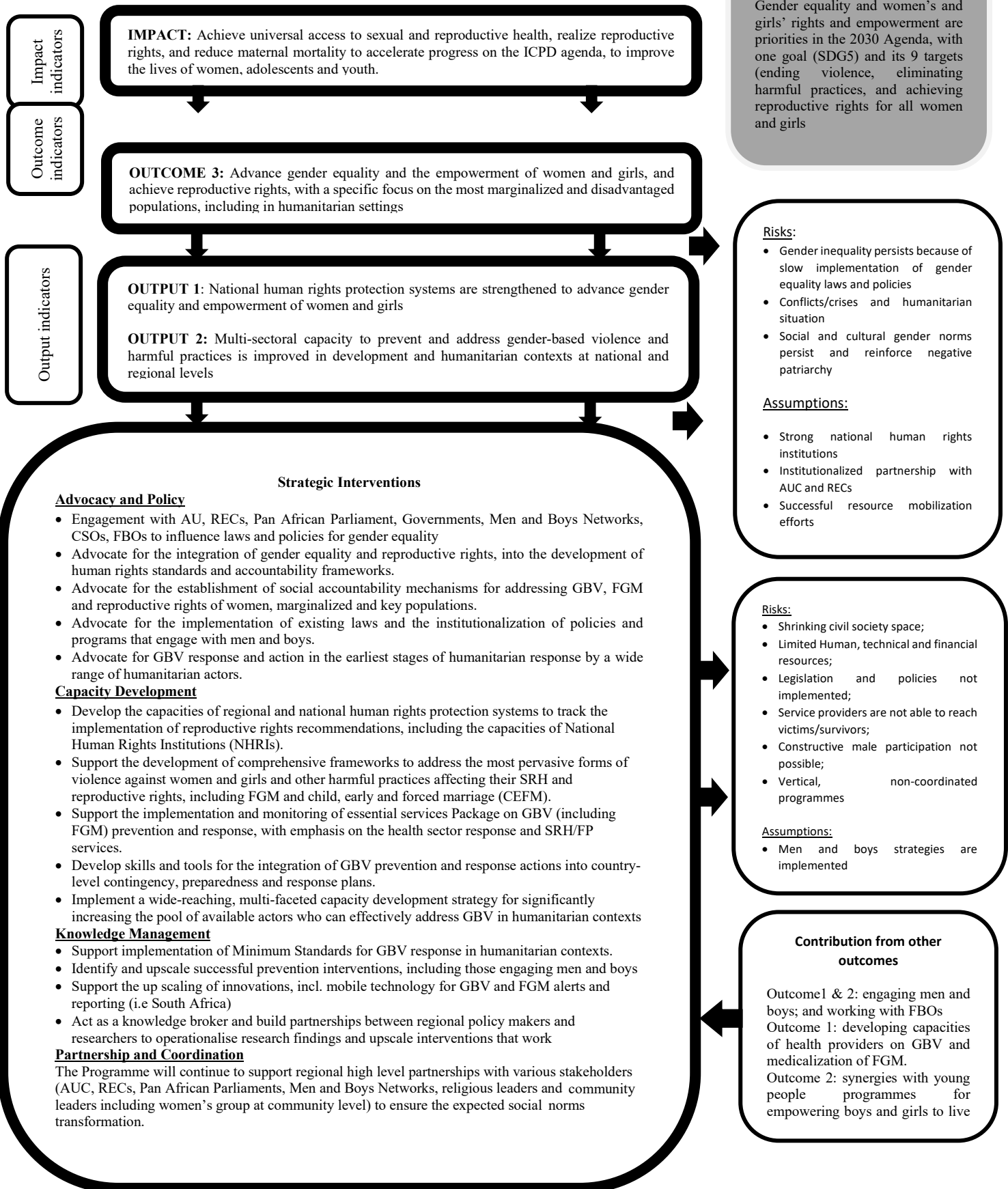
Contribution from other outcomes

- Outcome 2: adolescents and young people demand their right and relevant policies are put in place at regional and national levels
- Outcome 4: Mapping vulnerable groups and people most at risk, and data availability for SDG 3

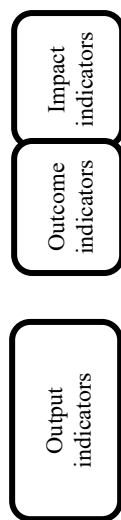
Theory of Change – Outcome 2



Theory of Change – Outcome 3



Theory of Change – Outcome 4



IMPACT: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of women, adolescents and youth.

OUTCOME 4: Population dynamics mainstreamed within national development policies and plans through stronger population data systems and better use of demographic

OUTPUT 1: National population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis

OUTPUT 2: Demographic intelligence is mainstreamed at national and regional levels to improve the responsiveness and impact of ICPD related policies and programmes

Strategic Interventions

Advocacy and Policy

- Advocacy at national and regional levels for a data revolution to meet the demands of the 2030 Agenda, that would involve strengthening existing and emerging mechanisms such as SHaSA, APAI-CRV, Africa Data consensus
- Position and review ICPD beyond 2014 Framework for further action and SDGs through advocacy and partnership with African Union Commission organize such as STC-HPDC, REC as well as other accountability stakeholders including parliamentarian, Youth led and Civil Society organization.
- Advocacy with National Statistical Office and other data stakeholder for disaggregation of data and analysis of demographic disparities, social and economic inequalities affecting access to sexual and reproductive health
- Use demographic dividend analysis to lobby for increased focus on empowerment of adolescents and youth, with special attention on young women and marginalized populations

Capacity Development

- Produce and disseminate reliable ICT-enable Population census and surveys data to timely data release.
- To identify those left behind by conducting integrated analysis and using national and sub-national population, health and gender data
- Link demographic dividend analysis to national planning and budgeting processes to facilitate the translation of evidence into actions addressing the needs of most vulnerable and those left behind
- Embed the analysis of population trends and needs within policies, programmes and advocacy
- Strengthen data collection, analysis and dissemination in humanitarian situations through revision of guideline and tools such as MISP calculator and data guideline

Knowledge Management

- Develop and strengthen a regional knowledge hub and centre of excellence that would provide a platform for data sharing and analysis among countries in the region
- Conduct qualitative research to triangulate data and better identify causal factors and mechanisms explaining why some populations are left behind
- Track donor and domestic financial resources flows for population activities
- Promote South-South and triangular cooperation and exchange of best practices

Partnership and Coordination

- Strengthen collaboration with UN agencies, Data partners and other key stakeholders including on census, CRVS and Surveys
- Establish and strengthen strategic partnership with academic, research institution and think tank.
- Establish partnerships academic institution and UN agencies to develop more robust methods of generating data during humanitarian situations

Problem statement:

In spite of an increase in population censuses and surveys in the region there is a major deficiency in the availability and utilisation of disaggregated data and demographic insight to drive inclusive and human right based development in line with ICPD

Risks

- Insufficient resources allocated to the population and development agenda – which might decrease further in case of humanitarian crises
- Political instability may delay conduct of census
- Assumptions
 - Investments of countries in building capacities to increase the availability of data (SDG 17.18)
 - The 2020 censuses round will not be delayed

Risks:

- Constraints on sampling may affect quality of disaggregated indicators in some countries and hamper the identification of those left behind
- Low coverage of administrative data, especially registrations and data from CRVS in most countries

Assumptions:

- There will be improved national infrastructure investments including on ICT
- Government leadership in driving the 2030 Agenda, incl. to build efficient SDGs accountability and reporting mechanisms

Contribution from other outcomes

This outcome facilitates other outcomes. However information and data from outcome 1 especially HMIS, FP and youth empowering will contribute to the data system and inform population policy.

