Obligatory Annexes as per TOR and CPE guidelines

Annex 1- CPE TOR (58 pages)
Annex 2- List of People Met (11 pages)
Annex 3-List of Documents Consulted (5 pages)
Annex 4 – Evaluation Matrices (30 pages)
Annex 5- data Collection Tools (5 pages)

ANNEX-1 TOR

TERMS OF REFERENCE FOR THE EVALUATION OF THE 9TH COUNTRY PROGRAMME OF ASSISTANCE TO THE GOVERNMENT OF BANGLADESH

(2017-2020)

UNITED NATIONS POPULATION FUND
BANGLADESH

5 MAY 2019

1. INTRODUCTION

UNFPA Bangladesh is planning to conduct the independent evaluation of the UNFPA 9th Country Programme of Assistance to the Government of Bangladesh (2017-2020) as part of its 2019 annual work plan, and in accordance with the UNFPA evaluation policy 2019.

As per the evaluation policy, evaluation at UNFPA serves three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute important lessons learned to the formulation of the next Country Programme in Bangladesh.

The main audience and primary users of the evaluation are the decision makers and programme managers in UNFPA Bangladesh (CO), UNFPA Asia and the Pacific Regional Office (APRO) and UNFPA Headquarter divisions, as well as counterparts in the Government of Bangladesh (GOB). Additionally, partners among donors (Sweden, Canada, Netherlands, UK), civil society and other sister UN agencies (e.g. WHO, UNICEF, UN Women, ILO and the RCO) are the intended audience for the evaluation report.

The evaluation will be an external, independent exercise conducted by an independent team of evaluators, in accordance with UNFPA guidance on Country Programme Evaluations, ethical norms and UNEG standards. The evaluation will be managed by the CO in close collaboration with the Regional M&E Adviser in APRO and with oversight from the Independent Evaluation Office of UNFPA in New York.

These Terms of Reference (ToR) set out the details of the evaluation process, methodology, outputs and management arrangements, including quality assurance mechanisms.

2. CONTEXT

Bangladesh, in 2018, for the first time in history, has fulfilled the eligibility criteria set by the World Bank to be recognized as a developing country, crossing over from the list of least developed countries (LDCs). Currently Bangladesh is a country of 168 million population with 1.1% annual growth rate whereas the density of population (per sq. km) is 1,103 persons (SWOP 2019). The country is in the third stage of the demographic transition model - low birth rate and low death rate. The demographic transition is made possible by successful efforts in family planning, advancing educational attainment and gender equality, and reducing infant mortality and poverty.

The growth rate of Gross Domestic Product (GDP) in Bangladesh increased to 7.65% in 2017-18 from 6.55 percent in 2014-15. GDP Annual Growth Rate in Bangladesh averaged 5.76 percent from 1994 until 2017, reaching an all-time high of 7.30 percent in 2017 and a record low of 4.08

percent in 1994. The per capita income has increased to $1,751 in FY2017-18 from $1,610 in the previous fiscal year, according to Bangladesh Bureau of Statistics (BBS). The economy is increasingly led by export-oriented industrialisation. The Bangladesh garment/textile industries are the second-largest in the world. Other key sectors include pharmaceuticals, shipbuilding, ceramics, leather goods and electronics, etc. Bangladesh has also reached self-sufficiency in food grain production.

Bangladesh has made significant progress in achieving many of the goals of the ICPD Programme of Action and the Millennium Development Goals (MDGs). The national development plans, i.e. the Seventh Five Year Plan, also focused on the general improvements in the quality of life of the Bangladeshi people. Bangladesh has been successful in achieving significant poverty reduction since 1990. The poverty rate was 56.7% in 1991, which came down to 24.3% in 2016. And the extreme poverty rate was 41.1% in 1991, which declined to 12.9% in 2016 (Source: Vulnerable National Review 2017, Government of Bangladesh). However, progress has been uneven, and socio-economic, geographical and gender inequalities have been widened. Especially, inequalities in access to quality reproductive health services and disparities in health outcomes and gender inequalities in many areas persist in the country.

Following a very successful Family Planning programme, the total fertility rate (TFR) fell from 3.3 in 1999-2000 to 2.05 in 2018 (SVRS 2018). According to the UNFPA-commissioned *Demographic Impact Study 2015*, the country is adding 2 million people to its population every year, and it will reach 200 million by 2041 based on the medium projection (TFP=1.9), and by 2031 based on the high projection if TFR stayed at 2.3. The country is now going through a 'demographic window of opportunity' with more than 30% of its population being young (10-24 years of age). However, two shifts are also taking place in the country's demography: while population ageing is increasing (8% in BBS, SVRS 2018), the working aged population is also increasing (62.7% in SVRS 2018). Contraceptive Prevalence Rate (CPR) has only slightly increased to 62.4% in 2014 from 61.2% in 2011 (BDHS 2014). The use of modern family planning methods constitutes 54%; pill is by far the most widely used method (27%), followed by injectables (12.4%), female sterilization (4.6%) and condom (6.4%). Uses of long-acting and permanent methods (LAPM) such as sterilization, IUD or Norplant is low at 8.1% only. Unmet need for family planning has declined to 12% in 2014, from 13.5% in 2011. There are marked regional variations in the total fertility rate and contraceptive usage. Contraceptive usage and the unmet need for family planning is also widely different to the national averages, with a CPR of only 52% and an unmet need for family planning of 17% among married adolescents. Some key factors contributing to this phenomenon are low educational levels, continued son preference, high infant mortality, gender inequality, and poor status of women.

A gender-inequitable culture of impunity and silence perpetuates the prevalence of gender-based violence (GBV) in the country. According to the Violence against Women (VAW) Survey conducted by the Bangladesh Bureau of Statistics in 2015, about 73 percent of ever-married women in Bangladesh have experienced some form of partner violence in their lifetime, and

more than half (54.7 percent) have experienced violence in the last 12 months prior to the survey. Bangladesh is also the 2nd worst in the world regarding child marriage. In spite of the law allowing girls to marry only after the age of 18 years, a significant 58.6% of women of 20-24 years old were married before 18 (BDHS 2014). Child marriage is followed by early first delivery. Adolescent fertility in Bangladesh is still one of the highest in the world, with 78 live births per 1,000 girls 15-19 years of age (SWOP 2019), the worst in South Asia. Access to appropriate SRH information and services for young people, especially unmarried girls and boys, is inadequate. Young people are also vulnerable to STI/HIV/AIDS and drug abuse.

The maternal mortality ratio (MMR) declined to an estimated 176 in 2015, from 574 in 1990 (UN Population Division estimate). The proportion of deliveries by medically trained providers has increased 2.6 times, from 16% in 2004 to the current level of 42% (BDHS 2014). That means, 58% of all deliveries are conducted without any skilled health personnel (BDHS 2014). Still an estimated 5,200 women die in pregnancy or childbirth every year. Tackling maternal mortality and morbidity including obstetric fistula, will continue to be a serious challenge. Majority (51%) of the maternal deaths are due to two preventable causes, i.e. haemorrhage and eclampsia. One fifth of all maternal deaths are due to obstetric causes related to abortion and its complications, 14% of pregnant women's deaths are associated with violence and injuries. Morbidity is estimated to be 30 times higher than that of maternal mortality. Ensuing safe delivery with referral linkages, and addressing "three delays" and management of complications and Emergency Obstetric Care (EmOC) services, are critically important for saving women's life as well as the newborns. About half of the pregnant women are malnourished (BMI <18) and most of them suffer from anaemia and other ailments related to nutritional deficiency. Therefore, despite some progress in Human Development Index (HDI) (136 in 2017) among 189 countries, the status of women still remains low (0.567 GDI).

Accordingly the Fragile State Index 2018 marked Bangladesh as one of the countries in the "Alert" category. With a Fragile State Index of 90.3, Bangladesh ranked 32 out of 178 countries.[1] Frequent calamitous cyclones and floods makes Bangladesh one of the most disaster prone countries in the world. According to the World Risk Index, the country is the fifth highest disaster risk country in the world and second in Asia after Philippines.[2] Man-made disasters are also prevalent such as collapses of multi-story building, frequent fire in industries and drowning of water vessels in the river or sea have very high case fatalities. Recently, the country has also hit the international media scene with the situation in the Bay of Bengal and Andaman Sea involving migrants and refugees – Rohingya and others – from Bangladesh and Myanmar.

The last (11th) national election was held on 30 December 2018 where all the 39 registered political parties contested. The Bangladesh Awami League led the Grand Alliance and won a landslide victory by winning majority of the seats of 300 in the National Assembly and formed

[1] The Fund for Peace, 2015

[2] The 2016 World Risk Report, the United Nations University Institute for Environment and Human Security (UNU-EHS) 2016

the government. However, the main opposition alliance, Jatiya Oikya Front has rejected the election's results and not taken their oath as Members of Parliament (MPs) yet.

UNFPA's 9th Country Programme of Support to the Bangladesh

The United Nations Population Fund (UNFPA) has been working in partnership with the Government of the People's Republic of Bangladesh since 1974 through technical advisory services and financial support. So far, UNFPA has completed eight country programme cycles, while it is currently carrying out its 9th country programme, 2017- 2020 (9th CP).

Country Programme is linked to UNDAF Action Plan (2017-2020) and contributing to all three UNDAF Outcomes (Outcome 1: All people have equal rights, access and opportunities; Outcome; 2: Sustainable and resilient environment; and Outcome 3: Inclusive and shared economic growth).

The 9th CP aims to contribute to effective implementation of international instruments and commitments in Bangladesh. The strategic priority areas of the programme are aligned with the 2030 Agenda and the Sustainable Development Goals. At the same time, it seeks to address the unfinished agenda of the International Conference on Population and Development, and is guided by the Convention for the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, the Beijing Platform for Action, the Declaration on the Elimination of Violence against Women, the Government's five-year plan, 2016-2020, the plan of action of the National Women's Advancement Policy 2011, Family Planning 2020, and the United Nations Development Assistance Framework (UNDAF), 2017-2020 and is directly contributing to the achievement of results under the national priorities on education, health, gender and equality of the 7th Five Year Plan of the Government of Bangladesh, as stated in the following programme outcomes:

Outcome 1: Sexual and reproductive health and rights- Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access.

Outcome 2: Adolescents and youth - Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.

Outcome 3: Gender equality and women's empowerment - Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

Outcome 4: Population dynamics - Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics

and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

The programme underscores the spirit of reaching those most left behind, including migrants, refugees, ethnic, religious and other minorities, tea garden workers, adolescent girls, and people living with or at higher risk of HIV. A careful geographic mapping exercise was conducted to select key target districts for its downstream implementation work where a large proportion of vulnerable population groups reside; while focusing on upstream advocacy for transformative policy and budgeting.

The results and resource framework (RRF) of the 9th CP clearly identified the outcomes and outputs with relevant indicators and resource requirements. The 9th CP set the target of a total of US$ 52.6 million (US$ 26.3 million from the Regular Resources and US$ 26.3 million to be mobilized from Other Resources) over the 4 years of 2017-2020. Although there is a significant decrease of UNFPA's regular resources in the past 3 years, UNFPA has been able to mobilize more resources from local development partners that has exceeded the 52.6 million USD committed in CPD.

The Country Programme Action Plan (CPAP) 2017-2020, developed based on the programme vision as stated in the Ninth Country Programme Document and in close consultation with key stakeholders, is an operation plan, which will guide UNFPA and Implementing Partners in programme planning, implementation, monitoring, reporting and resource mobilization processes.

UNFPA is programming in 19 underserved districts out of 64 districts in Bangladesh. SRHR component is programming in all 19 target districts, whereas Gender component in five districts and Adolescent and Youth component in 10 districts. There have been many interventions which are national in scope, e.g., advocacy, contraceptive security and the SWAp, campaign on GBV, standardization of life skills education etc. The district level programme interventions are being coordinated through the ten district offices; UNFPA has introduced local level planning as well to promote national ownership and capacity development for planning and budgeting and monitoring at the local level.

The programme is nationally executed with the Government, in close partnership with other United Nations agencies and non-government organizations. 14 government implementing partners (ministries/departments/academic institution), twenty five NGOs are carrying out the activities to achieve the above outputs and contributing to the outcomes. The Economic Relations Division (ERD) of the Ministry of Finance is the overall coordinating agency for the UN agencies, including UNFPA's 9th County programme.

In addition to the country programme, UNFPA Bangladesh has three joint programmes during the period (two with UNICEF and one with WHO), such as Improving sexual, reproductive health and rights including maternal and newborn health in Bangladesh (funded by GAC) is

being implemented in five target districts, Global Programme to Accelerate Action to End Child Marriage in two target districts, and Better Health in Bangladesh: Technical Assistance for Strengthening Health Systems (funded by DFID) in 20 districts including 10 CP9 target districts. In addition, CO has four multi-bilateral projects implemented with government and non-government Implementing Partners (Generation Breakthrough funded by the Kingdom of the Netherlands, Strengthening Midwifery-led Continuum of Care in Bangladesh (2017-2021), funded by Sida, ASTHA: Strengthening Access to Multi-sectoral Public Services for GBV Survivors in Bangladesh (November 2017 - December 2021) funded by the Kingdom of the Netherland, and Strengthening Sexual and Reproductive Health and Rights and Gender-Based Violence Services in Cox's Bazar (March 2019- March 2021), funded by DFATD) All these projects have contributed to the country programme.

The 9th Country Programme is currently on its third year of its 4-year cycle. The programme implementation suffered from a slow start in the first year and second year for some Government Implementing Partners, mainly due to the delay of approval process of TAPP (Technical Assistance Project Proposal) internally by the Government of Bangladesh which was necessary to initiate a UNFPA-supported project. The Country Programme thus needed to wait till 2018 for a smoother implementation to kick in, after all the necessary agreements were signed with the implementing partners. In addition, humanitarian response to several emergencies in 2017, including cyclone Mora, flood in northern districts of Bangladesh, landslide in Chittagong Hill Track areas, and the Rohingya refugee response, created some delays in implementing the 9th Country Programme. UNFPA's response to Rohingya refugee response is continuing up to date, with host communities are being targeted for response and recovery in addition to refugees.

During the last two years of the 9th Country Programme, the Country Programme has focused mainly on strengthening technical and institutional capacities of government counterparts. Capacity development activities have been promoted, including development of national guidelines, strategies, protocols and training materials, conducting training and orientations in relevant reproductive health, population and development and gender issues; supporting knowledge translation, and implementation of evidence-based high quality sexual reproductive care, life skills education and adolescent friendly services, and Gender-based Violence (GBV).

3. OBJECTIVES AND SCOPE OF THE EVALUATION

The objectives of the independent evaluation of the UNFPA 9th country programme for Bangladesh are:

- to provide an independent assessment of the relevance and progress towards the expected outputs and outcomes set forth in the results framework of the 9th country programme;

- to provide an analysis of how UNFPA has positioned itself within the development community and national partners with a view to adding value to the country's development results;
- to draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the 10th country programme (2021-2025);
- to assess UNFPA's comparative advantage in the four programme areas in both development and humanitarian settings.

The evaluation will cover the time period 2017-2019; and will include all activities planned and/or implemented at a national level and in 19 target districts during this period within each programme component (sexual reproductive health and rights, adolescents and youth, gender equality and women's empowerment and population dynamics). Besides the assessment of the intended effects of the programme, the evaluation also will identify unintended effects.

4. EVALUATION CRITERIA AND PRELIMINARY EVALUATION QUESTIONS

In accordance with the methodology for CPEs as set out in the UNFPA Evaluation Handbook (2019)[3], the evaluation will be based on a number of evaluation questions (limited to a maximum of eight) covering the following OECD DAC and other UNFPA-specific evaluation criteria.

Relevance

- To what extent was the UNFPA country programme able to (i) address the various needs of the population, including vulnerable and marginalized groups, (ii) align with government priorities; and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation?

- What are the main comparative advantages of UNFPA in Bangladesh particularly in relation to other organizations operating in the country and how well were these utilized to achieve the results?

Effectiveness

- To what extent have the expected outputs of the 9th country programme been achieved in the development and humanitarian contexts? And to what extent have these outputs contributed to the achievements of the outcomes of the 9th country programme?

- To what extent has UNFPA contributed to improved humanitarian preparedness in Bangladesh in the area of SRHR, including maternal health, and of GBV?

[3] https://www.unfpa.org/EvaluationHandbook

Efficiency

- To what extent has UNFPA made good use of its human, financial and administrative resources, and used an appropriate combination of tools and to demonstrate accountability to stakeholders and pursue the achievement of the outcomes defined in the 9th country programme in a timely manner?

Sustainability

- To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to address the challenges to ensure ownership and the durability of effects?
- To what extent has the CO established, maintained and leveraged different types of partnerships to utilize UNFPA's comparative strength to achieve the outputs and outcomes of the 9th country programme

Coordination

- To what extent did the UNFPA country office contribute to the good functioning of coordination mechanisms and to an adequate division of tasks (i.e. avoiding overlap and duplication of activities / seeking synergies) within the United Nations system?
- To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country? Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?

Coverage and Connectedness (Humanitarian Response)

- To what extent did UNFPA contribute to humanitarian response coordination?
- To what extent are UNFPA interventions and approaches to addressing SRHR, GBV and harmful practices in humanitarian settings in line with the principles of coverage, coherence and connectedness?

The generic questions listed above are only indicative; the final set of evaluation questions will be determined during the design phase, after a discussion with the evaluation reference group and key stakeholders.

5. METHODOLOGY AND APPROACH

Evaluation Approach

The Evaluation will utilize a mixed method approach, using qualitative and quantitative methods as necessary. The theory of change used to design the 9th Country Programme Action Plan will

be reviewed and revised as necessary, based on stakeholder consultations to provide the basis for this evaluation.

The evaluation will pay special attention to ensure equity, gender and human rights based approaches are embedded into the data collection and analysis. It will be also guided by the UNEG ethical guidelines for evaluation, as well as UNEG Norms and Standards. The evaluation will be transparent, inclusive and participatory as well as gender and human rights responsive. It will seek and utilize data disaggregated by age, gender, vulnerable groups, etc. to ensure findings are gender reflective and targeted.

Sampling Strategy

The team will identify suitable sampling strategy to select, interventions to scrutinize, field visits as well as stakeholders to interview. Sampled sites and stakeholders should reflect the full range of interventions under CP9 in terms of themes and contexts (development programming and humanitarian response) across priority geographic areas of work as well as target groups.

Data Collection

Primary data will be collected at the national and sub-national levels through semi-structured interviews, focus group discussions and direct observation during field site visits as appropriate.

Secondary data will be collected through desk review of existing literature (evaluations, research and assessments conducted by CO and other partners in the country), annual reviews/progress reports, and other monitored data.

Validation mechanisms

The Evaluation Team will use a variety of methods to ensure the validity of the data collected, including systematic triangulation of data sources and data collection. Further, the team will validate findings with key stakeholders and ensure that there are no factual or interpretive errors or missing evidence that could materially change findings.

Stakeholder participation

An inclusive approach, involving a broad range of partners and stakeholders, will be taken. Communication with stakeholders with respect to its purpose, the criteria applied, and the intended use of the findings will be ensured at all stages of the evaluation. The evaluation team will perform a stakeholder mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders include representatives from the Government, civil-society organizations, the private-sector, sister UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme. Every effort will be made to include key stakeholders as part of the evaluation process either as sources of data (primary/secondary) or through their representation in the ERG.

Evaluation audience

Findings, lessons learned and recommendations of the CPE shall be used to assess the achievements of the 9th CP and to inform the development of the 10th Country Program. For transparency and accountability purposes, the CPE report shall be communicated to all stakeholders including UNFPA corporate managers and the Executive Board, national and district level partners, government, civil society organizations and donors.

6. EVALUATION PROCESS

The evaluation will unfold in five phases, each of them including several steps.

1) Preparation phase

This phase will include:

- Drafting the evaluation Terms of Reference;
- Approval of the ToR by IEO;
- Recruitment of a team of evaluators;
- Set up the Evaluation Reference Group;
- Orientation of key national government counterparts to the evaluation process.

2) Design phase

This phase will include:

- Conduct *desk review* of all relevant documents available at UNFPA headquarters, regional office and country office levels regarding the country programme for the period under assessment: 2017-2019;
- Develop a *stakeholder map* – The evaluation team will prepare a map of stakeholders relevant to the evaluation and strength of relationship to programme. The mapping exercise will include state, civil-society stakeholders and other development actors including, sister UN agencies and bilateral donors;
- Reconstruct the programme Theory of Change (TOC) – revisit the existing TOC that links planned activities to the intended results of the programme;
- Develop the evaluation matrix – finalize the evaluation questions, identify related assumptions and indicators to be assessed, and data sources (see CPE Handbook);
- Develop a data collection and analysis strategy as well as a concrete work plan for the field phase, including division of labor;
- Specify limitations and challenges expected to conduct the evaluation and any mitigation efforts to be taken to overcome these.

- Share with ERG for review, discussion and finalization of the report addressing all comments received.

- Clearance of the design report by the Regional M&E Advisor and CO Approval of the design report.

At the end of the design phase, the evaluation team will produce **a design report**, displaying the results of the above-listed steps and tasks.

3) Field phase

The evaluation team will collect data involving series of individual and group interviews, focus group discussions and field visits to answer the evaluation questions identified in the design phase.

Four weeks will be allocated to this exercise.

At the end of the field phase, the evaluation team will provide the CO with a debriefing presentation on the preliminary findings of the evaluation.

4) Reporting phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the CO at the field phase debriefing meeting. This **first draft final report** will be submitted to the evaluation reference group for comments (in writing). The evaluation team will submit a **second draft** of the report addressing the comments made by the reference group.

This second draft report will form the basis for an **in-country dissemination workshop**, which will be attended by the CO as well as all the key programme stakeholders (including key national counterparts). The **final report** will be drafted taking into account comments received from the participants of the workshop.

The Report will be cleared by the CO and submitted with an EQA to the Regional M&E Advisor for **approval**. The quality of the report will be assessed based on the criteria set out in the CPE Guidance (see Annex 6 for details). Once approved, the Regional M&E Advisor will submit EQA (along with the Report) to IEO for validation and finalization of the quality assessment of the CPE.

5) Facilitation of use and dissemination phase

This phase will include:

- Publishing and dissemination of the final evaluation report to key stakeholders including government partners, implementing partners, development partners including bilateral donors, sister UN agencies, relevant civil society/academic institutions, UNFPA (APRO, and HQ -IEO, and Programme and Technical Division);
- Preparation of the management response to the recommendations
- Periodic follow-up of the recommendations of the evaluation.

7. EXPECTED OUTPUTS

The evaluation team will produce the following deliverables:

- an approved design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and the corresponding judgement criteria and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase;
- a debriefing presentation document (*Power Point*) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of the field phase;
- a draft final evaluation report (potentially followed by a second draft, taking into account potential comments from the evaluation reference group and UNFPA);
- a power point presentation of the results of the evaluation for the in-country stakeholder workshop;
- an approved final evaluation report, with annexes, based on comments expressed during the in-country stakeholder workshop.
- an evaluation brief, a 2-3 page summary of the key evaluation findings, conclusions and recommendations.

All deliverables will be in *English*.

8. WORK PLAN AND INDICATIVE TIME SCHEDULE OF DELIVERABLES

Phases/deliverables	Dates
1. Preparatory phase	
drafting of the evaluation Terms of Reference	April 10, 2019
constitution of an evaluation reference group (ERG)	April 18, 2019
review of the TOR by the ERG	April 25, 2019
orientation of UNFPA main national partners to the evaluation process	April 30, 2019
approval of the ToR by APRO and EO	May6, 2019
selection and recruitment of a team of evaluators;	May 8, 2019
approval of the Team by IEO	May 15, 2019
2. Design phase	
Draft design report	May 31, 2019
Final design report	June 17, 2019
3. Field phase	June 18 - July 9, 2019
4. Synthesis phase	
1st draft final report	Aug 7, 2019
2nd draft final report	August 28, 2019

Stakeholder workshop (a half-day meeting in Dhaka), the exact day to be confirmed	September 19, 2019
Final report, Evaluation Brief, (and EQA by the CO)	Oct 03, 2019
5. Dissemination and follow-up phase	
Dissemination of the report within the CO and finalizing Management response	October 17, 2019
Integration of recommendations into the new CPD	December 30, 2019

9. COMPOSITION OF THE EVALUATION TEAM

Qualifications of the evaluation team members:

1. The **Evaluation Team Leader** will be an international expert in monitoring and evaluation of development programmes with:

- Advanced degree in evaluation, development studies, public health, population and gender studies or any other social science studies
- At least 10 years' proven experience in conducting evaluations in the field of development for UN organizations or other international organizations
- Experience in leading complex programme and/or country level evaluations
- Experience in the South Asia region and preferably in Bangladesh
- Strong technical and analytical capacities and demonstrated knowledge of evaluation methods and techniques for data collection and analysis, an understanding of UNFPA mandate or the ICPD agenda
- Familiarity with the humanitarian-development nexus is desirable
- Excellent leadership, communication ability and excellent writing skills in English
- Expertise in humanitarian programming and vulnerable contexts
- Familiarity with UNFPA or UN
- Ability to lead a diverse team

The Team Leader will be responsible for:

- Providing overall leadership on the independent evaluation of the UNFPA CPE based on inputs and insights from the other consultants in the evaluation team;
- Covering at least one component (Population and Development, Coordination) of the CPE;
- Supervising and coordinating the work of evaluation team members and responsible for the quality assurance of all evaluation deliverables
- Developing the design report including the evaluation matrix and the work plan;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders;

- Compiling the first comprehensive draft of the evaluation report, addressing the comments from ERG to produce the 2nd draft and final evaluation report in line with UNFPA evaluation quality standards;
- Ensuring that all the evaluation team members selected to work under his/her supervision are fully briefed about the whole evaluation process, objectives, methodology framework, evaluation tools, ethical standards, and key milestones/deliverables.

2. Evaluator (SRHR) will be an international consultant who fulfils the following criteria:

- Master's Degree in health sciences, including public health;
- At least 10 years of previous experience in conducting complex evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
- Specialization and significant experience in the area of sexual reproductive health and rights;
- Significant experience in and/or knowledge of humanitarian settings and fragile contexts;
- Familiarity with UN and/or UNFPA mandate and activities;
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Excellent analytical, communication and writing skills;
- Fluency in English is required.

The Evaluator (SRHR) will be responsible for:

- Covering the SRHR, including Adolescent SRHR, component of the CPE, including under humanitarian contexts;
- Developing the SRHR part of the design report including the evaluation matrix;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders in the respective area;
- Draft the SRHR part of the 1st and 2nd drafts and the final evaluation report that meets all of UNFPA's evaluation quality standards;

3. **An Evaluator (Adolescents and Youth)** will be a national consultant who meets the following criteria:

- Master's Degree in social sciences, including population and gender studies, public health, psychology and other relevant fields;
- At least 7 years of experience in managing complex development programmes and conducting evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;

- Specialization and/or significant experience in adolescents and youth development, including life skills education/comprehensive sexuality education, sexual and reproductive health and rights, and prevention of child marriage);
- Significant knowledge and experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Significant experience in and/or knowledge of humanitarian settings and fragile contexts;
- Familiarity with UN and/or UNFPA mandate and activities;
- Strong interpersonal skills and ability to work in a multi-cultural team;
- Excellent analytical, communication and writing skills;
- Fluency in English is required.

The Evaluator (Adolescents and Youth) will be responsible for:

- Covering the A&Y component of the CPE, focusing on life skills education (LSE), with linkages to ASRHR and GBV programmes, including under humanitarian contexts;
- Developing the A&Y part of the design report including the evaluation matrix;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders in the respective area;
- Draft the A&Y part (LSE) and provide inputs on ASRHR and child marriage related parts of the 1st and 2nd drafts and the final evaluation report that meets all of UNFPA's evaluation quality standards;

4. **An Evaluator (Women's Empowerment and Gender Equality)** will be a national consultant who meets the following criteria:
   - Master's Degree in social sciences, including population and gender studies, and other relevant fields;
   - At least 10 years of experience in conducting complex evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
   - Specialization and/or significant experience in gender, especially in Gender-Based Violence and harmful practices (e.g. child marriage);
   - Significant knowledge and experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations;
   - Significant experience in and/or knowledge of humanitarian settings and fragile contexts;
   - Familiarity with UN and/or UNFPA mandate and activities;
   - Strong interpersonal skills and ability to work in a multi-cultural team;
   - Excellent analytical, communication and writing skills;
   - Fluency in English is required.

The Evaluator (Gender) will be responsible for

- Covering the Gender component of the CPE, focusing on gender quality and women's empowerment, with linkages to gender-based violence and harmful practices (i.e. child marriage), including under humanitarian contexts;
- Developing the Gender part of the design report including the evaluation matrix;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders in the respective area;
- Draft the Gender part (Gender equality and women's empowerment) and provide inputs on GBV and child marriage related parts of the 1st and 2nd drafts and the final evaluation report that meets all of UNFPA's evaluation quality standards;

5. An **Interpreter/Assistant** will be a national consultant who meets the following requirements:

- Bachelor's degree in social sciences, business administration or any other relevant areas;
- At least 4 years of experience in interpretation/translation in the development field;
- Profound knowledge of English and skills of written and oral translation to and from Bangla language;
- Experience with results based programme management terminology in English and Bangla languages;
- Relevant knowledge and experiences in national development context;
- Experience in administrative support.

Interpreter/Assistant will be responsible for:

- Assist the team leader with interpretation during the field phase for conducting group/individual meetings and focus group discussions with beneficiaries
- Assist with translation of written documents.
- Assist the evaluation team with general administrative/logistic work, including scheduling meetings, interviews;
- Organize evaluation team meetings as guided by the evaluation team leader when required.

Repartition of workdays among the evaluation team will be the following:

- 70 (seventy) working days for Team Leader;
- 60 (sixty) working days for Evaluator (SRHR);
- 40 (forty) working days for Evaluator (Adolescents & Youth);
- 60 (fifty) working days for Evaluator (Women's Empowerment and Gender Equality);
- 40 (forty) working days for Interpreter/Assistant

Payment of fees will be based on the delivery of outputs, as follows:

- Upon receipt of the approved design report: 20%

- Upon completion of the field phase 20%
- Upon receipt of the second draft evaluation report: 20%
- Upon receipt of the approved final evaluation report and evaluation brief: 40%

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

10. MANAGEMENT OF EVALUATION

The **evaluation team** will consist of the evaluation manager and the evaluation team members. In the following, the roles and responsibilities of each position are specified:

- **A team leader** (international consultant) with overall responsibility for the evaluation process including the production of the final report. S/he will lead and coordinate the work of the evaluation team and will also be responsible for the quality assurance of all evaluation deliverables. In addition, the Team Leader will be responsible for the data collection and analysis work of the Population and Development component. She/he will be responsible for putting together the design report, the draft final and the final evaluation reports based on inputs from other evaluation team members.
- **A team member** (international consultant), who will provide expertise in the areas of sexual reproductive health and rights). She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the draft final and final evaluation reports, including (but not limited to) SRHR and ASRHR sections relating to her/his area of expertise.
- **Two team members** (national consultants), who will each provide expertise in: 1) Gender Equality and Women's Empowerment, and 2) Adolescents and Youth. Each evaluator will take part in the data collection and analysis work during the design and field phases. Each evaluator will be responsible for drafting key parts of the design report and of the draft final and final evaluation reports, including (but not limited to) sections relating to her/his area of expertise.
- The team might be assisted by a translator/interpreter, according to its needs.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

The manager of the evaluation will be assisted by an **Evaluation** R**eference Group** (ERG) composed of the following members:

- Deputy Secretary, Economic Relations Department, Ministry of Finance
- Deputy Chief (Health), Ministry of Health and Family Welfare
- Chairman, Population Sciences Department of Dhaka University
- Deputy Inspector General and Project Director, Department of Inspection for Factories and Establishment, Ministry of Labour and Employment
- Head of Health, Plan International INGO
- UNFPA Asia Pacific Regional Office Monitoring and Evaluation Advisor
- UNFPA Bangladesh Deputy Representative
- UNFPA Bangladesh Monitoring and Evaluation Specialist (Coordinator)

The role of the reference group will be of a technical nature to provide constructive guidance and feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of this exercise. Its main tasks will be:

- Provide input to the CPE ToR;
- Provide comments on the design report, including fine-tuning of the evaluation questions;
- Facilitate access of evaluation team to information sources (documents and interviewees) to support data collection;
- Provide comments on the main deliverables of the evaluation including the draft and final CPE report.

The Coordinator and the reference group members will communicate mostly via e-mail, although face-to-face and "virtual" meetings (via tele or videoconference) may also be convened.

A CO evaluation manager (Monitoring and Evaluation Specialist) will be assigned to interact on a day-to-day basis with the evaluation team and who, together with the M&E National Programme Officer and the evaluation reference group, will ensure that all the necessary aspects of CP evaluation are well taken into account by the evaluation team.

The evaluation manager under the supervision of the Representative and in close collaboration with Deputy Representative, will manage the overall evaluation, and will carry out the following functions:

- To ensure consistency throughout the evaluation process (from ToR to dissemination of results and follow-up of recommendations) and assumes day-to-day responsibility for managing the evaluation;
- To coordinate the development of the ToR for the Country Programme Evaluation, with support from APRO and EO;
- To correspond with the reference group members at strategic points throughout the evaluation;
- To provide/facilitate the provision of documents and other resources available in the country office;

- To support the evaluation team in the development of the inception report;
- To support all phases of the evaluation and assesses the quality of related deliverables (inception report, draft and final evaluation reports)
- To be the first point of contact and bridge the communication between CO staff, senior management, APRO, EO and evaluation team throughout the evaluation.

APRO M&E Advisor: Will be responsible for Clearing the ToR for IEO approval, and approving the design report and the final evaluation report.

IEO: Will be responsible for approving the ToR, the evaluation team, and providing the final EQA

11. BIBLIOGRAPHY

#	Title
1	Bangladesh Government 7th Five Year Plan (2016-2020)
2	UNDAF (2017-2020)
3	Country Programme Document (2017-2020)
4	CPAP (2017-2020)
5	SDG's Monitoring and Evaluation Framework for Bangladesh
6	National Action Plan of Ministries/Division by Targets for the implementation of SDGs
7	UNDAF Annual Results Report 2017
8	UNDAF Joint AWP
9	Bangladesh Country Analysis 2015
10	Bangladesh CO Annual Report 2017 and 2018
11	Bangladesh CO SIS Annual Report 2017 and 2018
12	Updated CPAP M&E Framework
13	Project Documents
13.1	GAC Cox's Bazar host community project (Project proposals, Results Framework, Donor progress reports)
13.2	DFID SNMP project (Project proposals, Results Framework, Donor progress reports)
13.3	DFID Better Health (Project proposals, Results Framework, Donor progress reports)

13.4	Sida (Project proposals, Results Framework, Donor progress reports)
13.5	Sida Cox's Bazar project for host communities (Project proposals, Results Framework)
13.6	Global Programme to Eliminate Child Marriage (GPECM) (Project proposals, Results Framework, Donor progress reports)
13.7	Generation Breakthrough (Project proposals including cost extension, Results Framework, Donor progress reports)
13.8	ASTHA Project (Project proposals including cost extension, Results Framework, Donor progress reports)
14	Baseline/evaluation
14.1	GAC project baseline survey report
14.2	GPECM baseline survey report
14.3	Generation Breakthrough Baseline and Midterm Evalution Report
14.4	ASTHA Baseline survey report
14.5	CPAP baseline data
14.6	CPAP periodic monitoring data
15	Studies/research
15.1	FP related
15.2	HIV, STI & Urban health
15.3	Cervical cancer related
15.4	Cellphone based surveillance
15.5	GBSS (both primary and secondary analysis)
15.6	Rohingya study
15.7	VAW 2015
15.8	BDHS 2014 (BDHS 2017)
15.9	MICS 2012/2013
16	Other Documents
16.1	SOP (Police)
16.2	Cervical cancer strategy with Action Plan
16.3	Fistula strategy (English version is not yet approved by Ministry of Health and Family Welfare)
16.4	Health sector response to GBV

16.5	PPH and Eclampsia Action Plan
16.6	National Midwifery Policy
17	AWP (2017, 2018 and 2019)
18	IPs Work Plan Progress Reports
19	8th Country Programme Evaluation Report (2012-2016)
20	Progress Programme Review meeting reports/Documents with Government
21	Joint monitoring reports
22	CPAP Monitoring Tools
23	Success stories
24	CXB Humanitarian project proposals
25	CXB service data and qualitative data (FGD)
26	CXB monitoring tools
27	Budget and Expenditure Analysis 2017, 2018, 2019
28	CPAP TOC with expenditures 2017, 2018, 2019
29	Maps
30	Bangladesh Population Policy 2012
31	National Health Policy 2011

12. ANNEXES

ANNEX 1: UNEG/ UNFPA Ethical Code of Conduct for Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business

Evaluation Team /Evaluators:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent,** implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future.

Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. Should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and: respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.

3. Evaluations sometimes uncover evidence of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.

4. Should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.

5. They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

[Please date, sign and write “Read and approved”]

ANNEX 2: List of Atlas projects for the period under evaluation

Project ID	Project ID Title

BGD09ASR	ASRHR Information and Services
BGD09CXC	Cervical cancer
BGD09D4D	Data for Development
BGD09D4P	Data for Policy and Planning
BGD09ECM	Ending Child Marriage
BGD09EMG	Emergency Preparedness
BGD09EOC	EMONC
BGD09FIS	Fistula
BGD09FPN	Family Planning
BGD09GBV	GBV Information and Services
BGD09GEN	Enabling Policy Environment
BGD09HGV	Health sector response to GBV
BGD09HIV	STI/HIV
BGD09LSE	Life Skills Education for A&Y
BGD09MRG	Marginalized Population
BGD09MWC	Midwife-lead continuum of care
BGD09OPS	Operations and Management
BGD09PCA	PCA

ANNEX 3: A list of stakeholders by areas of intervention

#	Atlas IP Code	Implementing Partners	Programme Area
1	PGBD03	Bangladesh Police, Ministry of Home Affairs	Gender
2	PGBD04	Department of Women Affairs, Ministry of Women and Children Affairs	Gender and A&Y
3	PGBD05	Directorate General of Health Services, Ministry of Health and Family Welfare	SRHR
4	PGBD06	Directorate General of Family Planning, Ministry of Health and Family Welfare	SRHR
5	PGBD07	Parliament Secretariat	Population & Development
6	PGBD13	Bangladesh Bureau of Statistics	Population & Development
7	PGBD18	General Economics Division, Planning Commission	Population & Development
8	PGBD19	Department of Population Sciences, Dhaka University	Population & Development
9	PGBD21	Directorate of Nursing Service, Ministry of Health and Family Welfare	SRHR
10	PGBD23	National Skills Development Council	A&Y
11	PGBD24	Department of Youth Development, Ministry of Youth and Sports	A&Y
12	PGBD25	National Curriculum and Textbook Board	A&Y
13	PGBD26	Department of Inspection for Factories and Establishment	Gender
14	PN0178	International Centre for Diarrheal Disease Research Bangladesh, NGO	SRHR
15	PN4394	Concerned Women for Family Development, NGO	A&Y
16	PN5774	Research, Training and Management Institute, NGO	SRHR
17	PN6059	Plan International Bangladesh, NGO	A&Y
18	PN6482	Centre for Injury Prevention & Research Bangladesh, NGO	SRHR
19	PN6488	Dalarna University	SRHR
20	PN6619	BBC Media Action Bangladesh, NGO	A&Y and SRHR
21	PN6664	The Population Council, NGO	A&Y
22	PN6690	The Royal College of Midwives	SRHR
23	PN6700	Save the Children International, NGO	SRHR

24	PN6721	Mukti Cox's Bazar, NGO	Gender
25	PN6747	Action Aid Bangladesh, NGO	Gender
26	PN6766	Auckland University	SRHR
27	PN6788	Ipas Bangladesh, NGO	SRHR
28	PN6789	Green Hill, NGO	SRHR
29	PN6790	Hope Foundation Bangladesh, NGO	SRHR
30	PN6817	Gana Unnayan Kendra, NGO	Gender
31	PN6825	Underprivileged Children's Education Programme Bangladesh, NGO	A&Y
32	PN6862	Light House, NGO	SRHR
33	PN6887	Ain o Salish Kendra, NGO	Gender
34	PN6911	Partners in Health & Development, NGO	SRHR
35	PN6913	International Rescue Committee, NGO	SRHR and A&Y
36	PN6991	World Mission Prayer League-LAMB, NGO	SRHR

Note:

- The stakeholder map will be prepared to include other key stakeholders: Economic Relations Division of Ministry of Finance, UN agencies (UNICEF, UN Women, WHO, RCO, ILO), Development Partners (Canada, UK, Netherlands, World Bank, Sweden), CSOs and beneficiaries.
- For transparency and accountability purposes, the CPE report shall be communicated to all stakeholders, including UNFPA corporate managers and the Executive Board, national and district level partners, government, civil society organizations and donors.

ANNEX 4: A short outline of the structure of both design and final evaluation reports

ANNEX 4.1: Design Report (20-30 pages total)

Cover page

Second page

Country map (half page)

Table (half page)

Evaluation Team	
Titles/position in the team	Names

Third page

Table of contents

Section	Title	Suggested length
CHAPTER 1:	Introduction	1-2 pages max
1.1	Purpose and objectives of the country programme evaluation	
1.2	Scope of the evaluation	
1.3	Purpose of the design report	
CHAPTER 2:	Country context	4-6 pages max
2.1	Development challenges and national strategies	
2.2	The role of external assistance	
CHAPTER 3:	UNFPA strategic response and country programme	5-7 pages max
3.1	UNFPA strategic response	
3.2	UNFPA response through the country programme	
3.2.1	The country programme	

3.2.2 The country programme financial structure

CHAPTER 4:	Methodological approach	7-10 pages max

4.1 Evaluation criteria and evaluation questions

4.2 Methods for data collection and analysis

4.3 Selection of the sample of stakeholders

4.4 Evaluability assessment, limitations and risks

CHAPTER 5:	Evaluation phases, work plan, deliverables, management structure and quality assurance	3-5 pages max

5.1 Process overview

5.2 Team composition and distribution of tasks

5.3 Resource requirements and logistics support

5.4 Work plan

ANNEXES:

Annex 1 Terms of Reference

Annex 2. Evaluation Matrix

Annex 3. Templates or outlines of data-collection methods (e.g. interview protocols/ guides, logbooks or equivalent, survey questionnaires)

Annex 4. List of Atlas interventions and financial data

Annex 5. Stakeholders map and list of persons consulted

Annex 6. Bibliography/ documents consulted

Annex 7. CPE agenda

Abbreviations and Acronyms

List of tables

List of figures

The key facts table

ANNEX 4.2 : Final Evaluation Report

Cover page

Second page

Country map (half page)

Table (half page)

Evaluation Team

Third page

Acknowledgements

Fourth page

Table of contents

Fifth page

Abbreviations and acronyms

List of tables

List of figures

Sixth page

Key facts table

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

1.1	Purpose and objectives of the Country Programme Evaluation	5-7 pages max
1.2	Scope of the evaluation	
1.3	Methodology and process	
CHAPTER 2:	Country context	
2.1	Development challenges and national strategies	5-6 pages max
2.2	The role of external assistance	
CHAPTER 3:	UN/UNFPA response and programme strategies	
3.1	UNFPA strategic response	
3.2	UNFPA response through the country programme	5-7 pages max
3.2.1	Brief description of UNFPA previous cycle strategy, goals and achievements	
3.2.2	Current UNFPA country 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 4	
CHAPTER 5:	Conclusion	

5.1	Strategic level	6 pages max
5.2	Programmatic level	
CHAPTER 6:	Recommendations	
6.1	Recommendations	4-5 pages
(Total number of pages)		55-70 pages max

ANNEX 5: A template for the evaluation matrix

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Evaluation question 1			
Assumption 1:			
Assumption 2:			
Assumption 3:			
Evaluation question 2			
Assumption 1:			
Assumption 2:			
Assumption 3:			

Evaluation question 3			
Assumption 1:			
Assumption 2:			
Assumption 3:			

ANNEX 6: Evaluation Quality Assessment template and explanatory note

Annex 10: Evaluation Quality Assessment (EQA) Grid (Revised Template)

Organizational unit:		**Year of report:**	
Title of evaluation report:			
Overall quality of report:		**Date of assessment:**	
Overall comments:	[insert text]		

Assessment Levels

Very good:	strong, above average, best practice	**Good:**	satisfactory, respectable	**Fair:**	with some weaknesses, still acceptable	**Unsatis-factory:**	weak, does not meet minimal quality standards

Quality Assessment Criteria	*Insert assessment level followed by main comments.* (use 'shading' function to give cells corresponding colour)	
1. Structure and Clarity of Reporting	Assessment Level:	

To ensure the report is comprehensive and user-friendly • Is the report easy to read and understand (i.e. written in an accessible non-technical language appropriate for the intended audience)? • Is the report focused and to the point (e.g. not too lengthy)? • Is the report structured in a logical way? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned (where applicable)? • Do the annexes contain – at a minimum – the ToRs; a bibliography, a list of interviewees, the evaluation matrix and methodological tools used (e.g. interview guides; focus group notes, outline of surveys)? *Executive summary* • Is an executive summary included in the report, written as a stand-alone section and presenting the main results of the evaluation? • 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)? • Is the executive summary reasonably concise (e.g. with a maximum length of 5-10 pages)?	Comment:	
2. Design and Methodology	Assessment Level:	

To ensure that the evaluation is put within its context • Does the evaluation describe whether the evaluation is for accountability and/or learning purposes? • Does the evaluation describe the target audience for the evaluation? • Is the development and institutional context of the evaluation clearly described? • Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change? • Does the evaluation explain any constraints and/or general limitations? *To ensure a rigorous design and methodology* • Is the evaluation approach and framework clearly described? Does it establish the evaluation questions, assumptions, indicators, data sources and methods for data collection? • Were the methods chosen appropriate for addressing the evaluation questions? Are the tools for data collection described and justified? • Is the methods for analysis clearly described? • Are methodological limitations acknowledged and their impact on the evaluation described? (Does it discuss how any bias has been overcome?) • Is the sampling strategy described? Does the design include validation techniques? • Is there evidence of involvement of stakeholders in the evaluation design? (Is there a comprehensive/credible stakeholder map?) • Does the methodology enable the collection and analysis of disaggregated data? • Is the design and methodology appropriate for assessing the cross-cutting issues (equity and vulnerability, gender equality and human rights)?	Comment:	
3. Reliability of Data	Assessment Level:	

To ensure quality of data and robust data collection processes • Did the evaluation triangulate all data collected? • Did the evaluation clearly identify and make use of qualitative and quantitative data sources? • Did the evaluation make explicit any possible issues (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues? I.e. did the evaluation make explicit possible limitations of the data collected? • Is there evidence that data has been collected with a sensitivity to issues of discrimination and other ethical considerations? • Is there adequate gender disaggregation of data? And if this has not been possible, is it explained? • Does the evaluation make explicit the level of involvement of different stakeholders in the different phases of the evaluation process?	Comment:

4. Analysis and Findings	Assessment Level:	

<table>
<tr><td></td><td colspan="2">Comment:</td></tr>
<tr><td rowspan="2">5. Conclusions

To assess the validity of conclusions

• Are conclusions credible and clearly related to the findings?
• Are the conclusions demonstrating an appropriate level of analytical abstraction?
• Are conclusions conveying the evaluators' unbiased judgment of the intervention?</td><td>Assessment Level:</td><td></td></tr>
<tr><td colspan="2">Comment:</td></tr>
<tr><td>6. Recommendations</td><td>Assessment Level:</td><td></td></tr>
</table>

To ensure the usefulness and clarity of recommendations • Do recommendations flow logically from conclusions? • Are the recommendations sufficiently clear, targeted at the intended users and operationally-feasible? • Do recommendations reflect stakeholders' consultations whilst remaining balanced and impartial? • Is the number of recommendations manageable? • Are the recommendations prioritized and clearly presented to facilitate appropriate management response and follow up on each specific recommendation?	Comment:	
7. Gender *To assess the integration of Gender Equality and Empowerment of Women (GEEW)*[4] • Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected? • Do evaluation criteria and evaluation questions specifically address how GEEW has been integrated into design, planning, implementation of the intervention and the results achieved? • Have gender-responsive evaluation methodology, methods and tools, and data analysis techniques been selected? • Do the evaluation findings, conclusions and recommendations reflect a gender analysis?	Assessment Level: Comment:	

Overall Evaluation Quality Assessment

[4] This assessment criteria is fully based on the UN-SWAP Scoring Tool, see Annex 7. Each sub-criteria shall be equally weighted (in correlation with the calculation in the tool and totaling the scores 11-12 = very good, 8-10 = good, 4-7 = Fair, 0-3=unsatisfactory). One question is if this criteria should be included in the overall evaluation quality assessment grid, or form a separate column and be assessed on its own.

	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	**7**	**22**	**63**	**7**
Overall assessment level of evaluation report			**Fair**	
	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 'finding and analysis' 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[5]:

- How it can be used?

[5] The purpose here is to clarify in what way the report can be used. This in order to assist the elaboration of a relevant Management Response and the wider use of the evaluation findings back into programming. When a report has been assessed as Fair, it is obligatory to fill this text box in.

- What aspects to be cautious about?

Where relevant, please explain the overall assessment Very good, Good or Unsatisfactory[6]:

Consideration of significant constraints[7]

The quality of this evaluation report has been hampered by exceptionally difficult circumstances: ☐ yes ☐ no

If yes, please explain:

[6] The purpose is, where relevant, to clarify for example severe unbalances in the report (for example, the report is good overall but recommendations very weak). Is optional to fill in.

[7] E.g. this should only be used in case of significant events that has severely hampering the evaluation process like natural disasters, evaluators falling sick, unexpected significant travel restrictions, etc. More 'normal' limitations should be mentioned under relevant section above.

ANNEX 7: Management response template

UNFPA Management response	Country Programme Evaluations *(from-to): ……(name of the country)*

Note: The following management response lists the recommendations as they appear in the evaluation report. Please refer to the report for more details on each recommendation. Recommendations may be organized by clusters, e.g.: strategic recommendations, recommendations associated with the country programme, recommendations associated with cross-cutting issues. Within each cluster, recommendations should be ranked by priority levels (from 1 to 3).

Instructions for completing the management response:

1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year later.

Cluster 1: Strategic recommendations		
Recommendation #	**To ……. *(e.g Executive Director's Office*)**	**Priority Level ….*(from 1 to 3)***
Management response - *Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation*:……		

Key action(s)	**Deadline**	**Responsible unit(s)**	**Annual implementation status updates**	
			Status (ongoing or completed)	**Comments**

Recommendation #	**To …….(*e.g. Country office*)**	**Priority level …..**

Management response - *Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation*:……

…….

……..…….....

.....

Key action(s)	**Deadline**	**Responsible unit(s)**	**Annual implementation status updates**	
			Status (ongoing or completed)	**Comments**

Cluster 2: Recommendations associated with the programme		
Recommendation #	**To ……..**	**Priority level …..**

Management response - *Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation*:……

……..……

……..…….....

.....

Key action(s)	**Deadline**	**Responsible unit(s)**	**Annual implementation status updates**	
			Status (ongoing or completed)	**Comments**

Clusters 3: Recommendations associated with cross-cutting issues

Recommendation #	**To ……**	**Priority level …..**

Management response - *Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation*:…….

……..

……..……..

.....

Key action(s)	**Deadline**	**Responsible unit(s)**	**Annual implementation status updates**	
			Status (ongoing or completed)	**Comments**

ANNEX 8: United Nations-approved editing guidelines

Instructions for the preparation of documents

Length of reports

Reports originating in the Secretariat must not exceed 8,500 words in length (10,700 words for documents not originating in the Secretariat), including any footnotes, headings or hidden text. A waiver must be requested for reports that exceed the limit.

Format

Manuscripts should be transmitted for processing in electronic form. For technical specifications on format and media to be used in preparing documents at Headquarters, see the latest version of the DGACM guide to document submission.

For documents prepared at offices away from Headquarters, click on the links below:

United Nations Office at Geneva

United Nations Office at Nairobi

United Nations Office at Vienna

Main headings and subheadings should be in bold print. Initial capitals are used only for the first word and words normally capitalized. For more detailed instructions, see Format/Headings and subheadings and Mastheads and cover pages.

Italics and bold print are not used for emphasis, except where the General Assembly has requested the use of bold print for recommendations (see also Italics and bold print).

Revised texts

If a text is a revised version of a previously issued document (such as a draft resolution), or is the final version of a report already submitted in draft form for advance editing/translation, all changes, including deletions, must be clearly indicated by means of Microsoft Word track changes.

References and quotations

Manuscripts should not include lengthy quotations from texts previously circulated as United Nations documents, such as General Assembly resolutions and earlier reports of the Secretary-General, nor should such texts or excerpts therefrom be attached as annexes.

Internal cross-references should be carefully checked in the final draft, as the paragraph numbers may have changed from those in earlier drafts.

Necessary quotations and references should be carefully checked for accuracy. In the case of United Nations documents, paragraph numbers, not pages, should be cited.

For more detailed instructions, see Editorial guidelines/Style/Quotations.

Abbreviations and acronyms

Abbreviations and acronyms should always be explained. The full name should be spelled out the first time it occurs in the text, or a complete list should be provided.

Abbreviations and acronyms are not used for the names of Member States, most commissions, committees or other subsidiary bodies, major United Nations offices, Secretariat departments, or in document titles or internal headings.

Names of subsidiary bodies, major United Nations offices and Secretariat departments should be given in full the first time they occur in a text. Short titles (e.g. "the Council", "the "Commission", "the Department") are used thereafter.

For a list of abbreviations and acronyms used in United Nations documents, see Editorial guidelines/Style/Abbreviations and acronyms.

Names

For geographical names, including countries, see UNTERM. If the location does not appear therein, the GeoNames database of the National Geospatial Intelligence Agency is a useful guide.

For individuals, corporations etc., verify correct names or most commonly used spellings or transliterations, and use consistently throughout.

When general terms such as president, representative and so on are used, it would be helpful to the translators to indicate the gender of the person.

When animal or plant species are mentioned, the scientific (Latin) designation should be included in addition to the common or vernacular name, as the latter may not provide sufficient information to allow an accurate translation.

Use of the first person

The first person may be used in reports of the Secretary-General.

Additional guidelines

For further guidelines on drafting and format, see Editorial guidelines/Basic documents and Format.

Country names and currencies

Country names and currencies are listed in the United Nations Multilingual Terminology Database (http://untermportal.un.org). To start your search, enter the name of the country in the "search" field. Under "subjects" on the left pane, click on "country names", then click on "view" beside the entry. Both the short and formal country names are given. The short form is used for most purposes in the United Nations. The formal name is generally used in legal texts, such as treaties.

The country name is normally given after the name of a city, unless the city is the capital.

Except in communications from Member States, country names should not be used in the possessive form: the population of the Sudan, not the Sudan's population

In communications from Member States issued as United Nations documents, the country designations used by the author of the communication are retained in the edited text, even if they are not consistent with established United Nations terminology. For further information, see "Communications from Member States" in Editorial guidelines/Policy questions.

In reports containing information from Member States that is reproduced as received, the designations used by the Member States are not changed and the following disclaimer is inserted as a footnote on the cover page of the report:

Note: The information provided by Member States has been reproduced as received. The designations employed do not imply the expression of any opinion whatsoever on the part of the United Nations Secretariat concerning the legal status of any country, territory or area, or of its authorities.

Footnotes and other references

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Policy questions

Links on this page will connect you to policy documents that may be of interest to authors and editors, including editorial directives and documents in the series "Regulations for the control and limitation of documentation".

Covers and title pages of publications (Editorial Manual, article H 1, pp. 467-472)

Attribution of authorship

Copyright principles, practice and procedure

1987

1992

Criteria for the selection of material to be issued as United Nations publications

Mention of names of commercial firms (Editorial Manual, article H 8, p. 502)

Newsletters and other information materials in printed or electronic format

Use of the United Nations emblem on documents and publications (Editorial Manual, article H 3, pp. 478-485)

Papers and reports of seminars and similar meetings (Editorial Manual, article H 9, pp. 503-511)

ISBN and ISSN for United Nations publications

Categories of distribution of documents and meeting records (Editorial Manual, article H 4, pp. 487-88)

Guidelines for publication of maps

References and acknowledgements

Guidelines for electronic publishing

Guidelines for publishing in an electronic format

United Nations Internet publishing

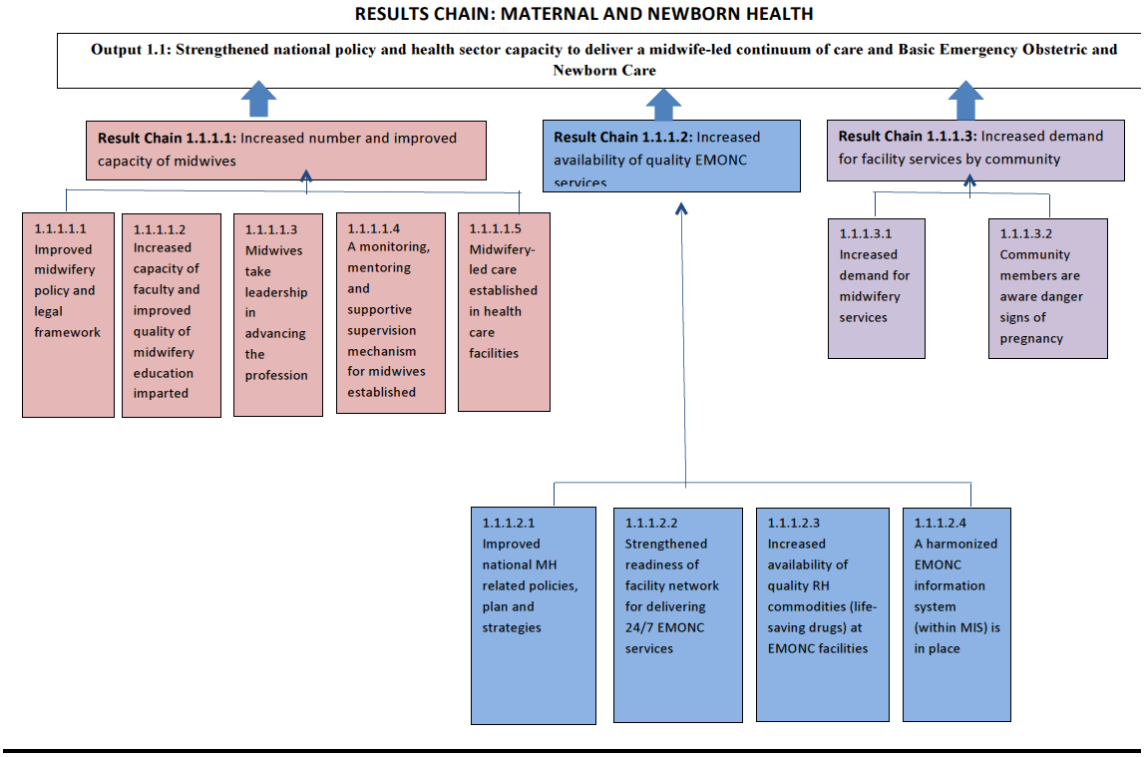
Terminology: "Persian Gulf" and "Gulf"

Nomenclature: Falkland Islands (Malvinas)

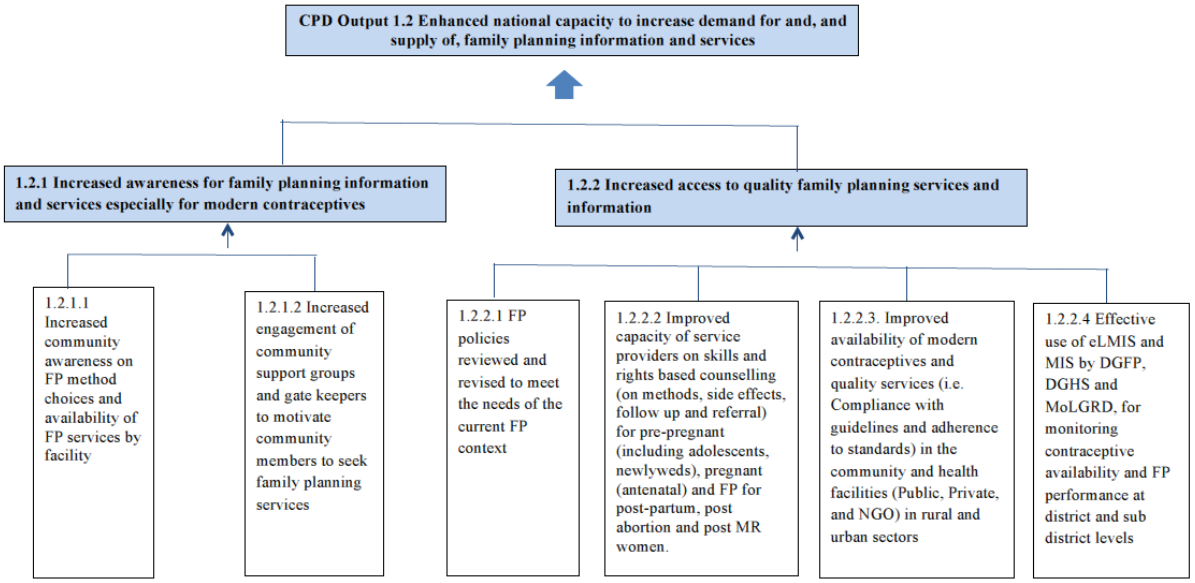
Guidelines for gender-inclusive language

Proofreading marks: Use standard proofreading marks (see model) to help speed up the editing process and make it possible for colleagues to understand the changes made to a document.

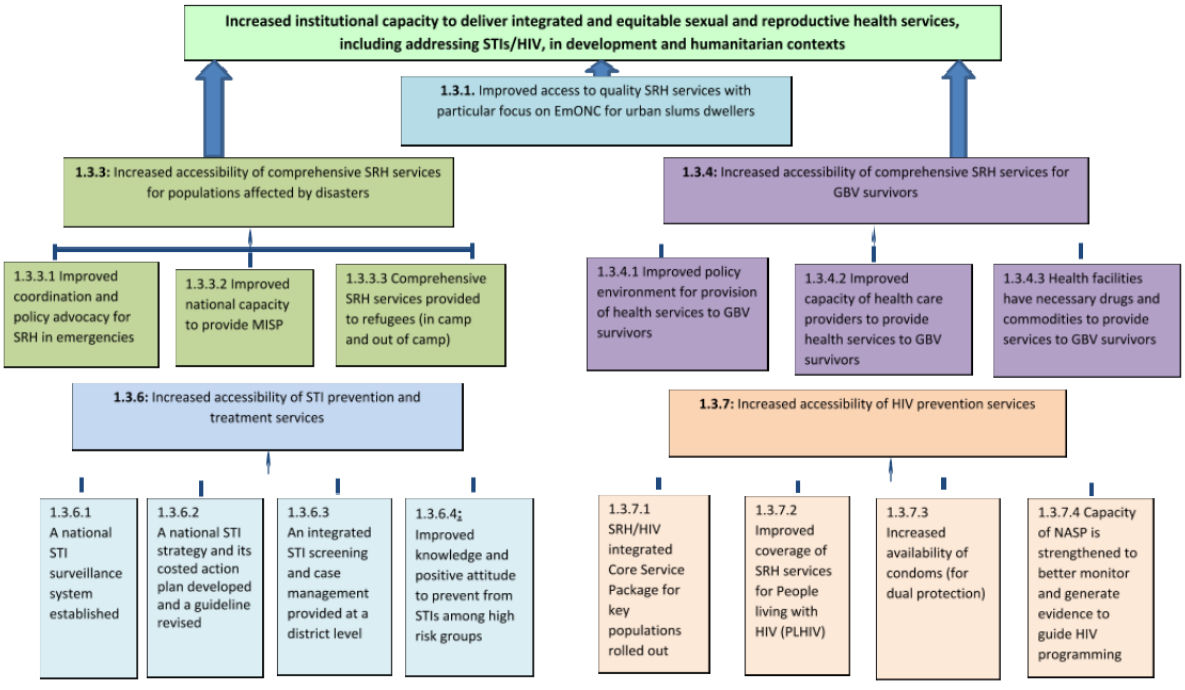
ANNEX 9: Theory of Change for CP9



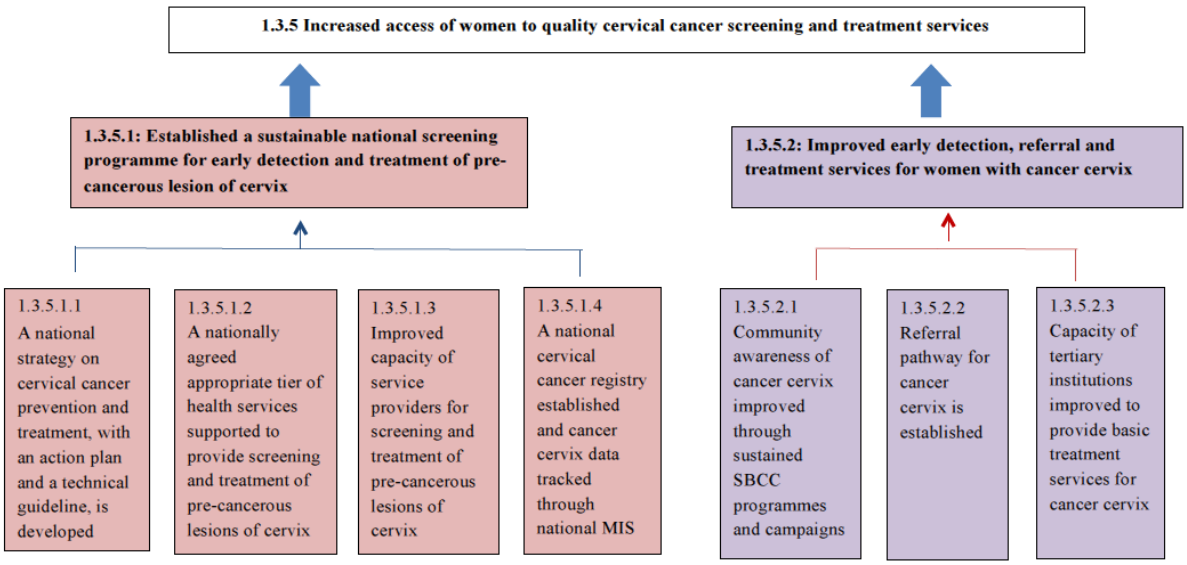
Results Chain: Family Planning



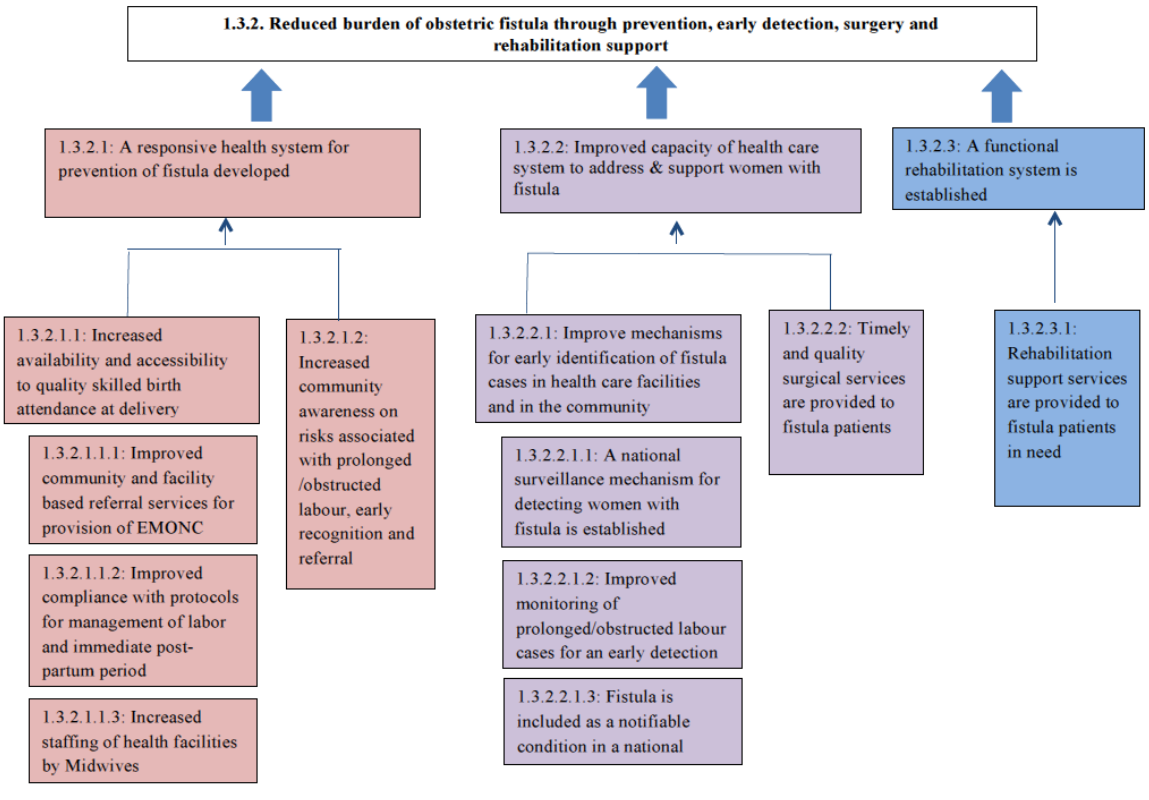
RESULTS CHAIN: INTEGRATED SRH SERVICES



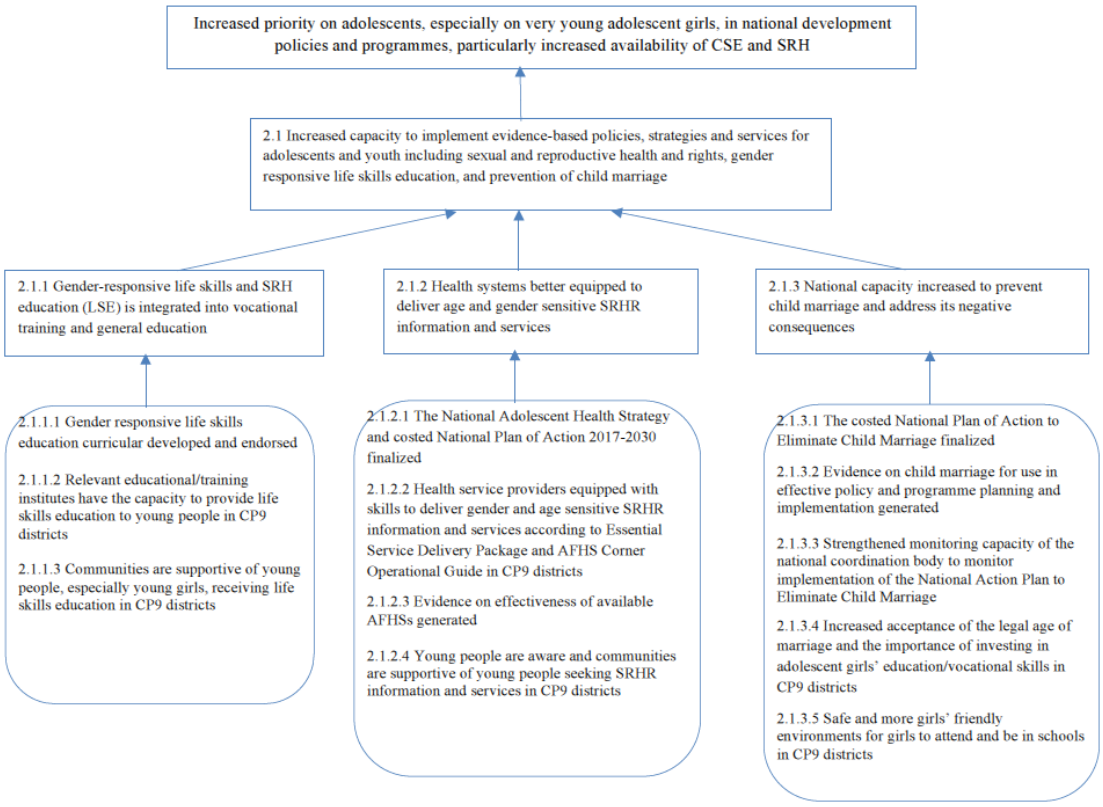
RESULTS CHAIN: CERVICAL CANCER



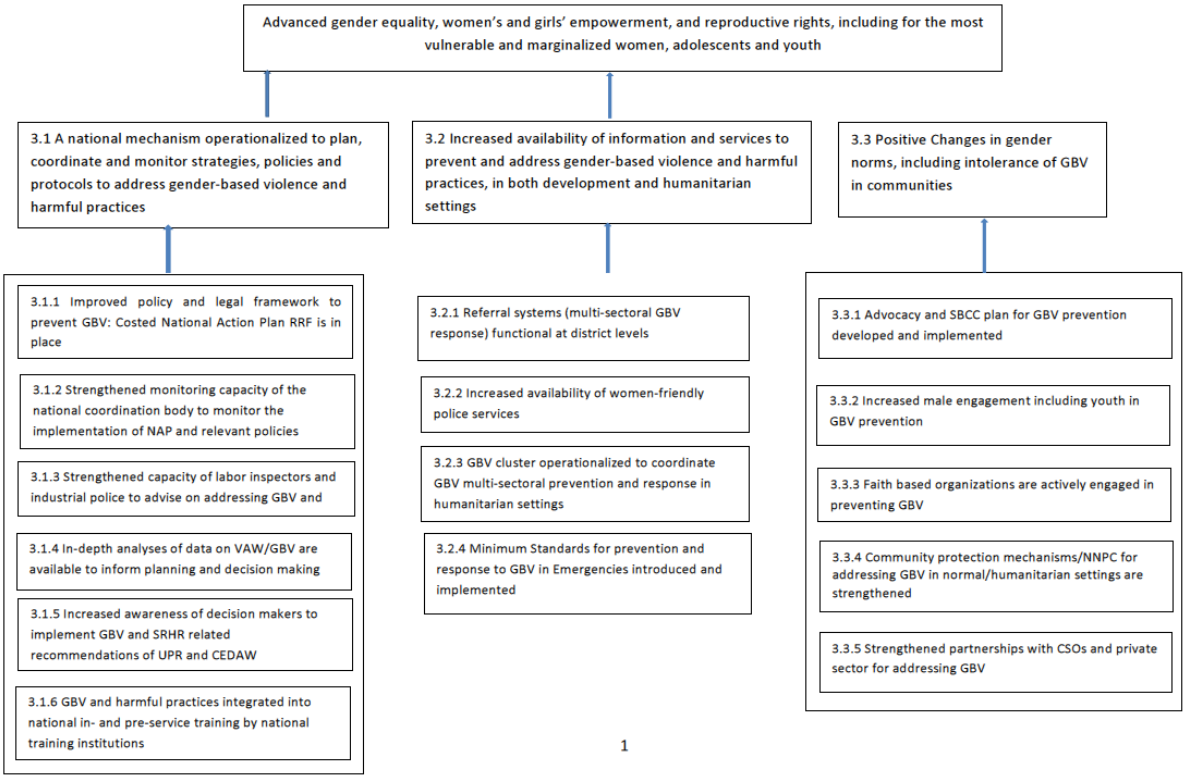
RESULTS CHAIN: OBSTETRIC FISTULA



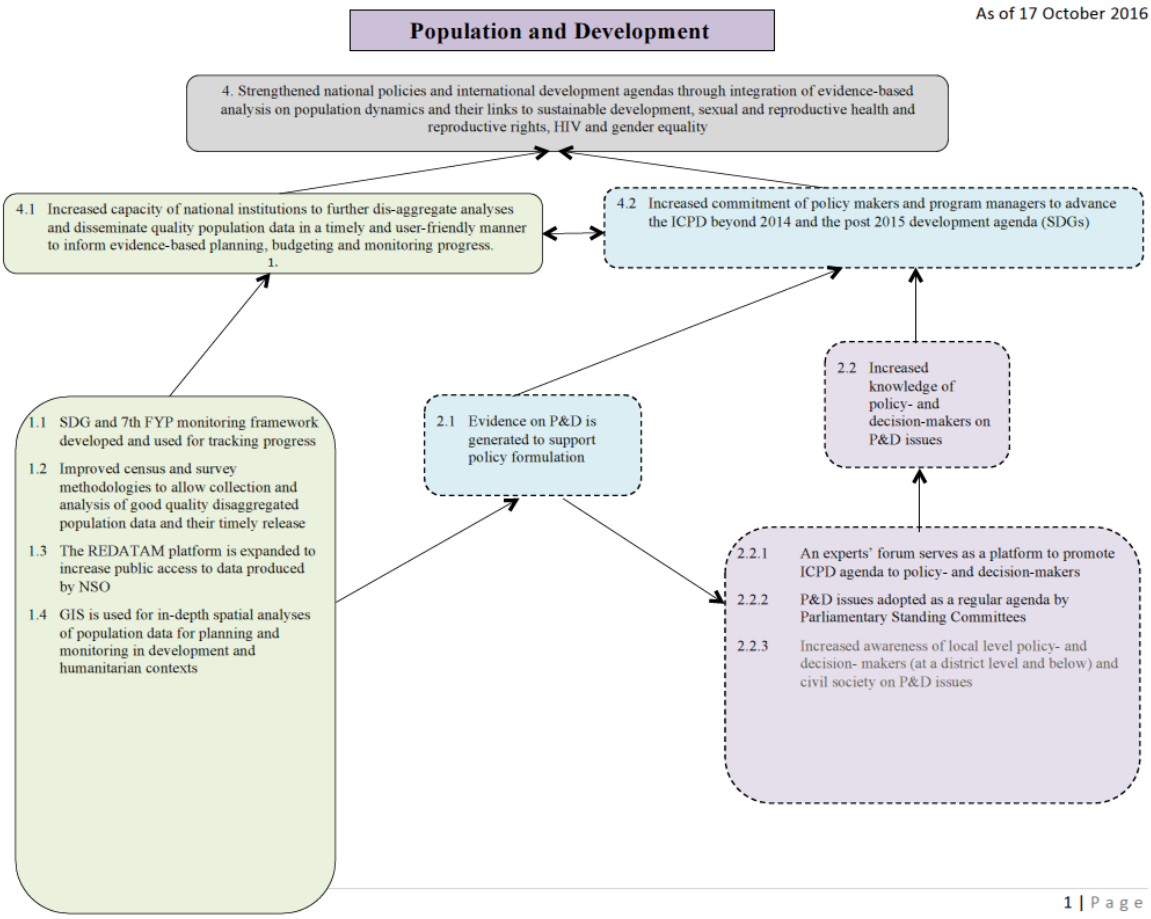
RESULTS CHAIN: ADOLESCENT AND YOUTH



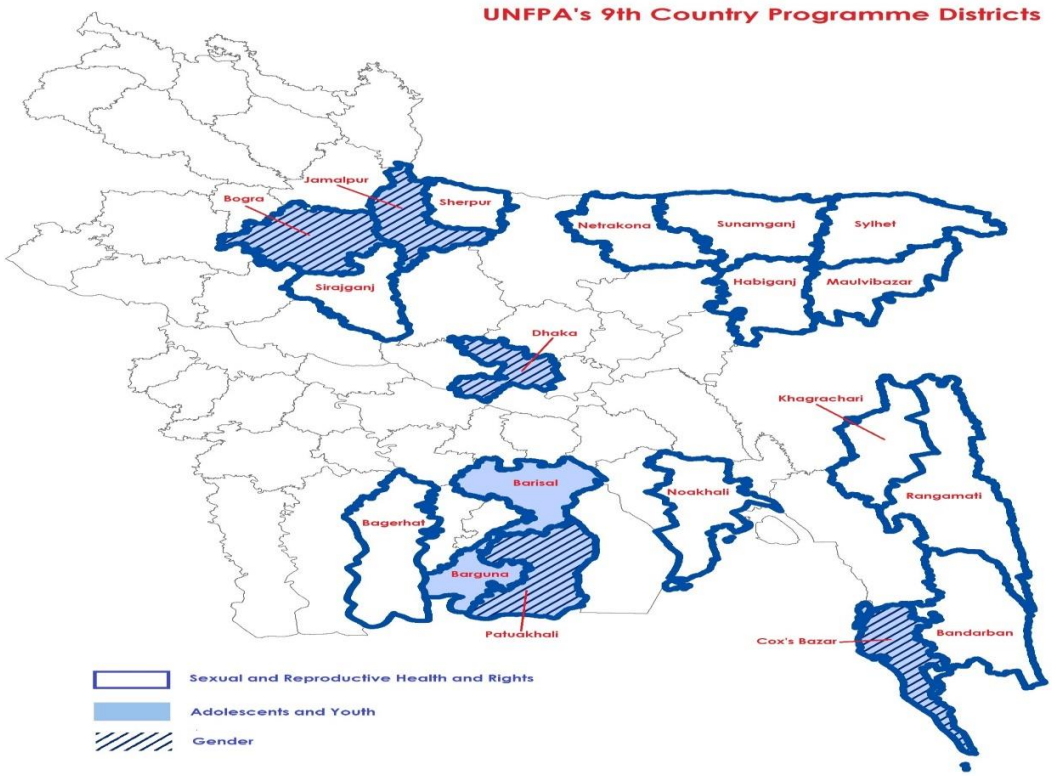
Results Chain: Gender



1


As of 17 October 2016
Population and Development
4. Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality
4.1 Increased capacity of national institutions to further dis-aggregate analyses and disseminate quality population data in a timely and user-friendly manner to inform evidence-based planning, budgeting and monitoring progress.
1.
4.2 Increased commitment of policy makers and program managers to advance the ICPD beyond 2014 and the post 2015 development agenda (SDGs)
2.2 Increased knowledge of policy- and decision-makers on P&D issues
1.1 SDG and 7th FYP monitoring framework developed and used for tracking progress
1.2 Improved census and survey methodologies to allow collection and analysis of good quality disaggregated population data and their timely release
1.3 The REDATAM platform is expanded to increase public access to data produced by NSO
1.4 GIS is used for in-depth spatial analyses of population data for planning and monitoring in development and humanitarian contexts
2.1 Evidence on P&D is generated to support policy formulation
2.2.1 An experts' forum serves as a platform to promote ICPD agenda to policy- and decision-makers
2.2.2 P&D issues adopted as a regular agenda by Parliamentary Standing Committees
2.2.3 Increased awareness of local level policy- and decision- makers (at a district level and below) and civil society on P&D issues
1 | Page

ANNEX 10: Map of CP9 target districts



Annex 2: List of Persons/Institutions met

(11 pages)

no	Institution	People met	M/F Other	Location and Link with CP	
1	Economic Relations Division	Baby Rani Kamakar	F	Deputy Secretary	ERD Desk Officer for UNFPA programme
2	Bangladesh Parliament	Prof. Dr. Md. Habib Millat, MP	M	BD Parliament Secretariat	Member BAPPD
3	Bangladesh Parliament	Prof. Dr. AFM Ruhul Haque	M	BD Parliament Secretariat	Member BAPPD
4	ASK- Astha Project	KhaledaKhanum, Team Leader	F	UNFPO CO	UNFPA IP
5	Human Rights Forum on UPR and CEDAW-	Mr. Ranjan Karmakar	M	UNFPA CO	Collaborative partner
6	Womens Help Desk, Mdpur Thana	NishatJahan SI Md.purthana	F	Md.purthana	BD Police Stop GBV partner
7	WHD, Kamrangir Char	Sonia Parvin, SI; ShaplaKhatoon, ASI	F	Kamrangir char thana	-do-
8	Programme Specialist, EVAW, UNWoman	Giulia Pelosi	F	By phone	UN Agencies
9	DWA focal person	Parveen Sultana	F	DWA, Dhaka	UNFPA IP
10	Additional SP	Md. Saifullah	M	BD Police focal	UNFPA IP
11	DIG, DIFE	MatiurRahaman	M	UNFPA CO	UNFPA IP
12	Training session with Leather Goods Owners Assoc.	Observation		Dhaka Six Seasons Hotel	UNFPA supports activities
13 to 28	Tangail Brothel	Sex worker project Tangail Group of women and IPs (list not available)	F -12 M- 4		SRHR
29	Civil Surgeon's Office, JamalpurSadar	Dr. Goutum Roy	M	JamalpurSadar	
30	Assistant Director, Consultant (Obs&Gyne	Dr. Fatema	F	Jamalpur District Hospital	
31	OCC brief visit	Rashed	M	-do-	
32	Women Help desk, JamalpurSadar Thana	Jyotsna Begum, SI SaziaAfia, ASI	F	Jamalpur Saf dar Thana	
33	ASI	Md. Bashiruddin Abu Sufian ASI (sadar)	M	-do-	
34	Unnayan Shangho	Jahangir Alam	M	Jamalpur	Not direct IP but linked by Astha
35 to 36	Judge Court, Jamalpur 36-District	Session Judge. Md. Saiful Islam, Md. Mustafizur Rahman	M M	Judge Court Jamalpur	Court help desk allies

		District Legal Aid Officer			
37 /38	Shabolamby Program Director, Astha	Shapan Pal Sabina Yasmin (PC Astha)	M F	Jamalpur	UNFPA IP
	WHD, Dewanganj Model Thana	Rajiv Chandra Sarker, SI Fahima Kamal Shoma, ASI	M F	Dewanganj Thana	UNFPA Prog. Stop GBV
	Former UNFPA prog. Of 9th CP (local partner of AAB)	Julekha Akhter Mukta	F	Case worker	Former prog. In current Astha area
	UNFPA	Asad - Stop GBV Apurba-Astha Shuvasish - A&Y Atahar - SRHR	M (4)	Circuit House Jamalpur	UNFPA Officials
24	Women help Desk, Sharishabari thana	MstAsmaKhatun SI, Yasmin, ASI 2 constables :Ripa Akhter and Happy. Md. Nazrul, OCC	F (2) M (1)	Sharishabarithana	UNFPA Prog. Stop GBV
25	Upazila MohilaKormokorta, DWA	ShailaNaznin	F	Sharishabari UPZ	Advancing WR
	TRAVEL to PATUAKHALI				
26	SP/Addl. SP- Focal Gender program	Md. Abul Hossain Sufian	M	Patuakhali sadar	
27	SI Women Help Desk (WHD)	Runa Laila	F	Sadar Thana, Patuakhali	
28	Legal aid officer, ASTHA Court help desk	Noushin Afroze	F	Judge Court, Patuakhali District	
29	Deputy Director- Department of Women Affairs-	DilaraKhanum, Shahida Begum	F	DWA office, Patuakhali	
30	UNFPA IPs CWFD Astha	Mizanur Rahman and Monir Hossain Astha) Hasina	M F	CWFD Office Patuakhali	
31	UNFP Coordinators	Kamrujjaman (Field Officer) md. Shaiul Alam (Astha) A.M.Minhaz Reza (StopGBV&AWR)	M (2) F (1)	CWFD office Paruakhali	
	SCF Mentor	Dr. Nusrat Jahan Moni	F	-do-	
32	UNFPA Non IPs Shuktara KM Enayet Hossain, ED SDA	Mahbuba Islam	F M	-do-	

33	SCF Mentor	Dr Nusrat Jahan Moni	F	-do-	
34	Kalapara Patuakhali				
35	Head teacher / Staff Bongobandhu High School	Md. Nizamuddin Asst. Teacher Md. Jamal Hossain, Asst. Teacher Md. Shamim Miah, Asst. Teacher Nilufa Yeasmin, Asst. Librarian Md. Saidul Islam, Technical Officer Md. KhallilurRhaman Head Teacher	M (5) F (1)	**Bongobandhu**	
36	NNPC, Nilgonj & Court yard meeting	Sonchita Roy, Nazma Akhter,	**F (2)**	Case writer Case manager,Astha	
37	OCC	Md. IdrisAlam, POKalapara	**M**		
38	UH&FPO, Labor In-charge/Midwives	Papia Sultana	F	Certified midwife	
39	Upazila Women Affairs Officer-	Taslima Akhter	**F**		
40	Women Help Desk (WHD)–Baufal	Shakila Rahman, SI	**F**		
41	BGMEA	Matiur Rahaman	M	UNFPA IP	
42	Deputy Director NLASO	Abeda Sultana	F	Resource person linked with Astha	
43	BLAST	Adv. Barakat Ali	M	Resource person linked with DIFE	
CXB					
44	Chief Exec. Mukti	Bimal Chandra Sarker	M	Mukti Office CXB	UNFPA IP
45	Manager, GUK	Rokonuzzaman, Zillulla	M	GUK Office CXB	UNFPA IP
46	OCC Coordinator	Rafia Akhter	F	Hospital CXB District	GBV contact person
47/ 48	Mukti's Women friendly Space FGD	Shahina Yasmin (case manager) Hasna Akhter, (wfs)	F (2)	Kutupalong Camp 4, OO zone	IP intervention
49/ 51	UNFPA Humanitraian team (GBV/SRHR)	Manju, Mai, Sarah Baird	F (3)	UNFPA Office	UNFPA officials
52	GBV Sub Sector meeting (observations)	Chaired by Mwajuma Msangi (UNFPA)	Mixed group	UNHCR Meeting room	Humanitarian GBV stakeholder, CXB
53	UNICEF Child Protection GBViE sp.	Gertrude Mubiro Musubo	F	UNHCR Meeting Room	UN Agency
54/ 57	UNFPA Officals and Astha IP	Md. Iqbal Hossian, District Facilitator Md. Jasimuddin, PC, Astha	M (4)	CXB	UNFPA

		Saman Bijog Chakma, District Facilitator AWR&Stop GBV			
58	RRRC, CXB	Mohammed Abul Kalam	M	RRRC Office, CXB	Chief Govt. officer (Hum)
59	DWA	Subrata Biswas	M	DWA Office, CXB	Advancement of WR IP
60	Court Help Desk	Adv. Gulshan ara	F	District Judge Court, CXB	Astha Implementor
61	WHD , Sadar police station	Anne Roy SI	F	Sadar Police station, CXB	Stop GB IP
62/ 73	Madinatul Ulum Mahila Kamil Madrash - Tejgaon, Attached with Relegate (No 1), Tejgaon, Farmgate, Dhaka	Number of Girls participated : 12	F (12)		A&Y
74 / 95	Sher-E-Bangla Nagar Govt. Girls High School, Agargaon, Sher-E-Bangla Nagar, Dhaka	Number of Girls participated : 22	F(22)		A&Y
96 / 135	Shibpur Govt. Primary School, Shorishabarri, Jamalpur	Number of Girls participated : 40	F(40)		A&Y
136 / 157	Kuakata Bongobondhu High School, Kuakata, Kolapara, Potuakhali	Number of boys participated : 32	M(32)		A&Y
158 / 171	A FGD was also conducted with adolescent girls in Kutupalang Camp Site, Cox'sbazar,	14 girls were present there. 14	F(14)		A&Y
171	UNFPA	Asa Torkelsson	F	Country Representative	
172	UNFPA	Eiko Narita	F	Deputy Represntative	
173	UNFPA	Oyuntsetseg	F	M&E	
174	UNFPA	Jefarson Chakma	M	M&E	
175	UNFPA	Sathyanarayanan Doraiswamy	M	Chief RH	
176	UNFPA	Rondi Anderson	F	Technical Specialist-Midwifery	
177	UNFPA	Sheikh Md. Jakaria	M	Programme Analyst Compliance SRHR	

178	UNFPA	Abu Sayed Mohammad Hasan	**M**	Programe Specialist-SRHR	
179	UNFPA	Md. Azmal Hossain	M	Programme Analyst - Urban Health	
180	UNFPA	Jennifer Stevens	F	Midwifery Education Specialist	
181	UNFPA	Rahat ara Nur	F	Project Technical Officer-HIV and STI	
182	UNFPA	Dr. Animesh Biswas	M	Project Technical Officer-Fistula	
183	UNFPA	Sabbir Ahmed	M	Programme Associare-RH	
184	UNFPA	Nayeem Munier	F	IUNV - Programme Associate - SRH	
185	UNFPA	Nabila Purno	F	Programme Analyst-Maternal Health	
186	UNFPA	Farah Faizah	F	Project Assistant	
187	UNFPA	Asa Forssgein		JPO-RH	
188	UNFPA	Boni Amin		Consultant-Finance Officer	
189	UNFPA	Md. Shamsuz Zaman	M	Programme Analyst SRHR	
190	UNFPA	Dr Musa	M	Senior Advisor on Maternal Health and Government Liaison	
191	UNFPA	Md. Bashir Ullah	M	Project Finance & Admin Officer-DGFP	
192	UNFPA	Delowar Jahan		Project Finance & Admin Officer – DGHS	
193	UNFPA	Farida Begum	F	Programme Analyst-Midwifery	
194	UNFPA	Murshida Akhter	F	Humanitarian Specialist	
195	UNFPA	Shamima Pervin	F	NPO - Gender	
196	UNFPA	Quazi Mamun Hossain	M	MIS Officer-Family Planning	
197 / 199	UNFPA	Dr. RahatAraNur Dr. ShamimaParvin Shamsuzzaman	F (2) M	UNFPA CO	**STI/HIV/Health sector response to GBV** TO HIV/STI NPO Program Analysts SRHR
200	UNFPA	Pronita Raha	F	Midwifery Project Officer-BNMC	

201	UNFPA	Rabeya Basri		Midwifery Project Officer-DGNM	
202	UNFPA	Mohammad Azad Rahman	M	Project Technical Officer-FP and MNH	
203	UNFPA	Dewan Imdad	M	Programme Analyst - Urban Health	
204	UNFPA	Mahboob E Alam	M	National Programme Officer – Population & Development	
205	UNFPA (Consultant)	Khondker Zakiur Rahman	M	Population & Development	Coordination – GED, BBS, Parliamentaria n
206	UNRCO	Rumana Khan	F	UN Resident Coordinator's Office	
207	UNRCO	Henry Glorieux	M	Humanitarian Affairs Advisor	
208	UNRCO	Kazi Shahidur Rahaman	M	Humanitarian Affairs Specialist	
209	UNICEF	Maya Vandenent	F	Chief of Health	Leads UNICEF counterpart team/ Partner UN agency
210	RTMI	Syed Jaglul Pasha	M	Executive Director	IP
211	RTMI	(name not written down)	F	Deputy Director	
212	Greenhill	Dr Janatha		Director	
213	Greenhill	Lal Chhuak Pangkhua		Project Director	
214	Greenhill	Livingstone Chahuna		Head Monitoring and Evaluation	
215	Embassy Sweden	Carin Zetterlund	F	First Secretary, Embassy of Sweden	Health Sector, Development Co-operation
216	Save the Children International	Md. Khairul Alam	M	Deputy Director, Implementation	Strengthening National Midwifery programme
217	SCI	Dr. Shapa Pinki Saha		Clinical mentor	
218	High Commission of Canada	Sylvia Islam	F	Senior Development Advisor	Development Partner, Donor
219	High Commission of Canada	Gabrielle Mathieu		First Secretary Development	Development Partner, Donor
220	DGHS MoHFW	Prof. Dr. Abul Kalam Azad	M	Director General	Strategic partners/IP
221	DGHS MoHFW	Prof. Dr. Nasima Sultana	F	Additional Director General -	

				Administration	
222	DGHS MoHFW	Dr. Md. Belal Hossain	M	Deputy Director & Programme Manager	
223	DGHS MoHFW	Dr. Md. Mushair-ul-Islam	M	Deputy Director & Programme Manager	
224	DGNM MoHFW	Ms. Tandra Sikder	F	Director General	
225	DGNM MoHFW	Zahera Khatun		Dir. & Programme Manager	
226	DGNM MoHFW	Firoza Begum	F	Deputy Director Midwifery	
227	DGNM MoHFW	Shirina Akhter	F	Assistant Director Midwifery and Deputy Programme Manager	
228	DGNM MoHFW	Atroza Baner	F	Nursing Officer	
229	DGFP MoHFW	Dr. Mohammed Sharif	M	Director, MCH Service and Line Director, MC-RAH	
230	DGFP MoHFW	Dr. Md. Mainuddin Ahmed	M	Line Director-CCSDP	
231	DGFP MoHFW	Dr. Md. Sarwar Bari	M	Dir.(Finance) & Line Director (FP-FSD)	
232	DGFP MoHFW	Dr. Md. Shamsul Darim	M	Programme Manager	
233	OGSB	Sumaya Binte Masud	F	Program Manager Mentorship Program	
234	UCEP	Morsheda Parvin	F	Senior Specialist Education	
235	Lighthouse	Md. Harun-or-Rashid	M	Chief Executive	IP
236	CIPRB	Prof. Dr. Md. Abdul Halim	M	Director Reproductive & Child Health	
237	LAMB	Sajal Badiya		Programme Manager	
238	IPASS	Sayed Rubayet		Country Director	IP
239	PHD	Dr. Daniel Hasan	M	Deputy Country Director	IP
240	Hope Foundation for Women & Children of Bangladesh	Mr. Zahiduzzaman	M	Country Representative	
241	Hope foundation	Iftikher Mahmood, MD	M	President and Founder	
242	WHO	Dr. Balwinder	M		Strategic Partner

243	UNHCR	Dr. Sandra Harlass	F	Senior Public Health Officer	
244	BBC Media Action	Arif Al Mamun	M	Head of Research	
245	CARE Bangladesh			Deputy Country Director	
246	ERD, Min of Finance	Baby Rani Karmakar			Coordination
247	(BBS) Statistics and Information Division (SID), Min of Planning	Bikash Kishore Das	M	Additional Secretary	PSC & PTC Member
248	Bangladesh Bureau of Statistics (BBS)	Md. Maksud Hossain	M	Deputy Director	IP/Program Implemention Officer
249	General Economics Division (GED)	Khondker Ahsan Hossain	M	Joint Chief	Project Director
250	Department of Population Sciences, University of Dhaka	UNFPA Prof. Dr. Mohammad Mainul Islam IP	M	Chairman & Project Director	Project Director
251 / 253	Population Council	Three members join in a group discussion	M(2) F(1)		Collaborating Partner, Work on Population
254	RCM	Joy Kemp	F	Global Professional Advisor, External Relations Team	
255	RCM	Tara Shoham	F	Project Manager	
256	RCM	Tamara Curtis	F	Consultant	
257	Dalarna University	Kerstin Erlandsson	F	Associate Professor	
Sub-national Level					
	Jamapur District				
258	District Civil Surgeon office	District Civil Surgeon	M	*With CPE Team*	
259	District General Hospital	Junior Consultant obstetrics and gynecology	F		
	District General Hospital	Ms Rochna	F	Midwife	
260	District General Hospital	Ms Salina	F	Midwife	
261	DDFP Office			*With CPE Team*	
262	CSO Unnyan Sangha	Director	M		
263	CSO Unnyan Sangha	District manager	M		
264	District Hospital			*With CPE Team*	
265	Jamapur, Field Officers' group meeting	Athar Ali	M	*With CPE Team*	
266	Circuit house	Shuvasish Monigram	M	*With CPE Team*	
267	Circuit house	Asad Khan	M	*With CPE Team*	
268	Circuit house	Apurba Chakrabarty	M	*With CPE Team*	

Dewanganj Upazila					
	Upazila Health Complex (UHC)			*With CPE Team*	
269	UHC	Majeda	F	Midwife	
270	UHC	Farhana	F	Midwife	
271	UHC	Hafiza	F	Midwife	
272	UHC	Anesha	F	Midwife	
273	UHC	Taslima	F	Midwife	
274	UHC	Jasmin	F	Midwife	
275	UHC	Shumi	F	Midwife	
	District Civil Surgeon office	Athar Ali	M	UNFPA Field Officer	
	UN&FWC Mohadan			*With CPE Team*	
276	Sharishabari UHC	Dr. ABM Shafigur Rahman	M	*With CPE Team*	
278	Sharishabari UHC		F	Midwife	
279	Sharishabari UHC		F	Midwife	
	Sunamganj Sadar				
List below are in addition to the 279 (approximate) following 98 were interviewed. Few more names are missing in the list					

People met/interviewed in other Districts (some were met as groups while others individually)

Sunamganj Sadar (6 F, 7 M)

1.Dr. Ashutosh Das, Civil Surgeon, Sunamganj Sadar
2.Lipika Das, Junior Consultant, Gynecology
3.Monowara Begum, Family Planning Visitor
4.Ferdousi Shahina, Certified Midwife (Advanced 6 month course: 2014
5. Aklima Khatun, Certified midwife (advanced: 2012)
6. Dr. Towhida Bulbul, Midwife mentor
7. Rina (Fistula worker)
8. Md. Shahjahan, Deputy Director, Statistics, Sunamganj
9. Amjad Hossain, District Census Co-ordinator
10. Rupal Chandra Das, Data Entry Operator
11. Jasim Babilu, Office Assistant (stats)
12. Md. Mozammel Huq, Deputy Director, Family Planning, Sunamganj
13. Md. Abdul Qayyum, Family Planning Facilitator, Sunamganj

Kaima Community Centre, Derai (11F, 8 M)

1. Rashida Begom, CSBA, Birth Attendant
2. Abhijit Talukdar, UP Member and Chairman of Community group of Kaima
3. Sonali Rani Das, FWA, Family Planning
4. Subrata Sutradhar, Family Planning Inspector
5. Jayanti Rani Das, CHCP
6. Shamsul Huq, Land donor for Kaima Clinic
7. Manzoor Alam Chowdhury, Chairman, Derai Upazila
8. Mahan Chowdhury, Vice Chairman, Derai
9. Advocate Rina Sinha, Vice Chairman, Derai

Derai Upazila Health Complex

10. Dr. Mahbubur Rahman, Upazila Health and Family Planning Officer

11. Dr. Nazia Islam, Medical Officer
12. Dr. Rita Rani Pal, Senior Gynecologist
13. Suman Ray Chowdhury, Resident Medical Officer
14. Dr. Shafiqul Islam, Dental Surgeon
15. Dr. Moni Rani Talukdar, medical officer
16. Najmun Nahar, midwife
17. Rani Das, Senior Staff Nurse (certified midwife)
18. Moushumi Khatun, midwife
19. Khairul Alam, Nursing, in charge

Jagannathpur: Family Welfare Centre, Patli, Jagannathpur (10F, 9M)

1. Dr. Sheikh Md. Moniruzzaman, Medical Officer MCHFP, Jagannathpur Upazila
2. Ekramul Huq, Upazila Family Planning Officer, in charge
3. Rina Akhter, FWV (Family Welfare Visitor)
4. Dr. Faruk Ahmed, SACMO (Medical Assistant)
5. Sirajul Huq, Union Parishad Chairman
6. Abul Khair CHCP
7. Rafiqul Islam, Family Planning Inspector
8. Khaled Hassan, Union Parishad Member
9. Hasna Begum, Private CSBA
10. Selina Akhter, FWA
11. Nasima Begum, Private CSBA
12. Shapra Sharma,PPV
13. Rahena Begum, FWA
14. Protima Rani, Project Officer, Care Bangladesh
15. Mina Rani Sarker, FWA
16. Sanchita Dey, FWA
17. Manoj Kanti, Health Assistant,
18. Rashed Begum, PPV
19. Rubi Rani Gupta, Private CSBA

Jagannathpur Upazila Health Complex: (2 F, 4 M)

1. Dr. Madhushudhan Dhar, UH&FPO,
2. Dr. Sharmin Ara, Resident Medical Officer, Gynecologist
3. Saima Begum, Midwife
4. Dr. Tarekul Islam, Medical Officer
5. Dr, Nazmul Islam, Dental Surgeon
6. Dr. Md. Omar Faruq, Medical Officer (Junior Consultant, ENT)

Moulvibazar (11 F, 9 M)

1. Nargis Akhter, UNFPA supported Fistula Co-coordinator
2. Dr. Shapla Pinky Saha, Midwife mentor, Save the Children
3. Dr. Md. Shahjahan Kabir, Civil Surgeon, Moulvibazar
4. Dr. Partha Sarati Dutta, Superintendent, District Hospital (Deputy Director)
5. Dr. Farzana Huq, Junior Consultant, Gynecology
6. Dr. Ahmed Faisal Zaman, RMO in Charge
7. Rina Khatun, Intern, Midwife
8. Najma Begum, Senior Staff Nurse
9. Ranjana Rani Ray, Midwife, District Public Health
10. Selina Begum, Labor Ward, In –Charge
11. Ruma Rani Mridha, Staff Nurse
12. Monowara Begum, Senior Staff Nurse

13. Priyanka Shome, 3rd Year Student,
14. Kani Lashkar Rupa, FP Facilitator
15. Dr. Md. Abdul Mannan, Asst. Director (CC), District FPCST&QIT Consultant
16. Md. Ashil Ali, Heed Bangladesh, Moulvibazar Dstrict Coordinator
17. Monosri Deb, Technical Officer, Generation Breakthrough
18. Md. Mirazul Islam, Field Manager, generation Breakthrough (GB)
19. Abdul Ahad, Technical officer, GB
20. Nasima Akhter Nipa, Technical officer, GB

Day: 4, Sreemangal, July 3, 2019 (8 F, 3 M)

1. Dr. Md. Mohsin, RMO and Acting UH&FPO
2. Josna Begum, Nursing Supervisor
3. Dr. Makhleka Morshed, Pediatrics Consultant
4. Shammia Tabassum, Midwife
5. Moni Begom, Midwife
6. Tamanna Chowdhury, Midwife
7. Jhorna Rani Halder, Staff Nurse
8. Farhana Akhter, Staff nurse
9. Hasina Akhter Staff Nurse
10. Delwara Begom Nursing Instructor
11. Dr. Ranjan Chandra Das, MO, MCH-FP

Saatgaon: (4 females)

1. Anamika Pal, FWV
2. Radhika Kar, Ex Volunteer, CIPRB
3. Zaheda Akhter, UNFPA, Project Midwife
4. Sabrina Akhter, Diploma Midwife

Bangladesh Tea Labourers' Association (six males)

1. Pankaj Khanda, VP, Tea Labor Association
2. Bijoy Hajra, Organizing Secretary, Tea Labor Association
3. Paresh Kalindi, treasurer, Tea Labor Association
4. Ram Bhojon, General Secretary
5. Ranjan Singh, Member
6. Tumpa, CIPRB, garden volunteer

Annex 3: List of Documents Consulted

- Adolescent Friendly Health Corners (AFHCs) in Selected Government Health Facilities in Bangladesh, An Early Qualitative Assessment, Population Council, 2017
- Adolescents in Bangladesh: A Situation Analysis of Programmatic Approaches to Sexual and Reproductive Health Education and Services, Population Council, 2017
- Annual Report 2018, Progress & Highlights, UNFPA
- Annual Work Plans of Implementing Partners 2017-2019
- ASTHA Baseline survey report
- ASTHA Project (Project proposals including cost extension, Results Framework, Donor progress reports)
- AWP (2017, 2018 and 2019)
- Bangladesh CO Annual Report 2017 and 2018
- Bangladesh CO SIS Annual Report 2017 and 2018
- Bangladesh Country Analysis 2015
- Bangladesh Demographic and Health Survey 2014. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, Mitra and Associates, and ICF International.
- Bangladesh Government 7th Five Year Plan (2016-2020)
- Bangladesh Population Policy 2012
- BBC Media Action Research and Learning Team, Improving reproductive and maternal health and gender based violence in Bangladesh: Evaluation of the BBC Media Action Hello Check Facebook page, December 2017.
- BDHS 2014 (BDHS 2017)
- Booklet on How to protect girl child and adolescent girls – the basic know-hows (Bangla), Ganashakkhorota Obhijaan, 2019
- Budget and Expenditure Analysis 2017, 2018, 2019
- Cellphone based surveillance
- Cervical cancer related
- Cervical cancer strategy with Action Plan
- Chowdhury, MahbubElahi, A situation analysis for identifying gaps in family planning service delivery system and making suggestions for strengthening of the future programme in Bangladesh, February 2017.
- Country Programme Document (2017-2020)
- CPAP (2017-2020)
- CPAP baseline data
- CPAP Monitoring Tools
- CPAP periodic monitoring data
- CPAP TOC with expenditures 2017, 2018, 2019
- Country Programme Evaluation Report CPE8 (2012-2016)
- CXB Humanitarian project proposals

- CXB monitoring tools
- CXB service data and qualitative data (FGD)
- Delaying Child Marriage through Community-Based Skills Development Programs for Girls – Results from a randomised controlled study in rural Bangladesh, Population Council, 2016.
- Demographic Profiling and Needs Assessment of maternal and Child Health (MCH) Care for the Rohingya Refugee Population in Cox's Bazar (UNFPA report)
- DFID Better Health (Project proposals, Results Framework, Donor progress reports)
- DFID SNMP project (Project proposals, Results Framework, Donor progress reports)
- Directorate General of Health Services, Directorate General of Family Planning and Directorate General of Nursing and Midwifery, Eclampsia and PPH Action Plan in Bangladesh 2017-2022, Dhaka, 2018
- Directorate General of Health Services, Health Services Division, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, National Strategy for Cervical Cancer Prevention and Control Bangladesh (2017-2022), Dhaka, 2017.
- Directorate General of Nursing and Midwifery, Ministry of Health and Family Welfare, National Policy Guideline for Midwives, 2018.
- Effective use of Population Resources in Bangladesh for Inclusive Economic Growth and Income Distribution: An Application of National Transfer of Accounts (NTA) (GED report)
- Fistula strategy (English version is not yet approved by Ministry of Health and Family Welfare)
- FP related documents
- GAC Cox's Bazar host community project (Project proposals, Results Framework, Donor progress reports)
- GAC project baseline survey report
- GBSS (both primary and secondary analysis)
- General Economics Division, Planning Commission, Government of the People's Republic of Bangladesh, 7th Five Year Plan FY2016 – FY2020, Accelerating Growth, Empowering Citizens, Dhaka, December 2015.
- Generation Breakthrough (Project proposals including cost extension, Results Framework, Donor progress reports)
- Generation Breakthrough Baseline and Midterm Evalution Report
- Global Programme to Eliminate Child Marriage (GPECM) (Project proposals, Results Framework, Donor progress reports)
- Government of the People's Republic of Bangladesh, Eradicating poverty and promoting prosperity in a changing world, voluntary National Review (VNR), 2017, Dhaka, June 2017; BMMS.
- Govindaraj, Ramesh, Dhushyanth Raju, Federica Secci, Sadia Chowdhury, and Jean-Jacques Frere. 2018. Health and Nutrition in Urban Bangladesh: Social Determinants and Health Sector Governance. Directions in Development. Washington, DC, 2018.

- GPECM baseline survey report
- Health sector response to GBV
- HIV, STI & Urban health
- https://www.dailystar.net/opinion/human-rights/news/changinging-the-narrative-rape-1777414
- IPs Work Plan Progress Reports
- ICPD Bangladesh Country Report
- Joint monitoring reports
- Maps
- Maternal mortality survey, unpublished.
- McAra Couper, Dr Judith and Dr Joan Skinner, An Assessment of Midwifery Education and a Framework for Midwifery Teacher Development in Bangladesh, New Zealand, January 2017.
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- Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, National Strategy for Adolescent Health 2017-2030, Dhaka, December 2016.
- MICS (UNICEF and BBS)
- MOPAN 2017-2018 Assessments: Organizational Performance Brief- UNFPA , Published May 2019 (MOPAN)
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- National Action Plan of Ministries/Division by Targets for the implementation of SDGs
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- National Institute of Population Research and Training, Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, Mitra and Associates, ICF Rockville, Maryland, USA, Bangladesh Demographic and Health Survey 2017-2018, Key Indicators. Dhaka, Bangladesh
- National Midwifery Policy
- NGOAB, GoB, Circular dated 15.7.2019

- Position paper dealing out overlaps and potential cost-savings associated with the harmaonization of Major Demographic Surveys in Bangladesh (SVRS, MICS and BDHS), UNFPA, Dhaka (undated, unpublished position paper)
- PPH and Eclampsia Action Plan
- Progress Programme Review meeting reports/Documents with Government
- Project Documents
- Report on Accelerating Action to End Child Marriage in Bangladesh, Population Council, 2018
- Rohingya study
- SDG's Monitoring and Evaluation Framework for Bangladesh
- Sida (Project proposals, Results Framework, Donor progress reports)
- Sida Cox's Bazar project for host communities (Project proposals, Results Framework)
- Small Area ATLAS of the disaster prone six districts (BBS)
- SOP (Police)
- Success stories
- Statistical Act-2013
- Systematic Review of Sexual and Reproductive Health of Young Population and the Sector of Investment to harness the demographic Dividend
- Training Manual for Gender Equality Programme at School Level, Generation Breakthrough Project, (Bangla), 2016, Directorate for Secondary and Higher Secondary Education, Ministry of Education.
- Trend Analysis of Dependant Population and its Socio-economic Welfare Implications of Managing them in 21st Century (GED)
- Trends and Patterns of Age Specific Fertility Rates, Adolescent Pregnancy and its Implications on Socioeconomic Development for Bangladesh (GED)
- UNDAF (2017-2020)
- UNDAF Joint AWP
- UNDAF, Bangladesh UNDAF Annual Results Report (2017) and UNFPA Bangladesh Annual report 2017, 2018
- UNFPA Bangladesh, 2017 Annual Report, January 2018; UNFPA Bangladesh, 2018 Annual Report, February 2019.
- UNFPA Bangladesh, 2018 Annual Report, February 2019.
- UNFPA Bangladesh, 2019 Annual Planning, April 2019.
- UNFPA Bangladesh, Ninth Country Programme Action Plan (2017-2020), Results Framework.
- UNFPA Country programme document, 2016
- UNFPA District Selection Dataset-short (Excel spreadsheet).
- UNFPA Implementing partners Annual Work Plans 2017-2019.
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- UNFPA Upazila Selection Criteria SRHR April 3, 2017 (Excel Spreadsheet).UNFPA Work Plans, 2019
- UNFPA, Debriefing by Gender Unit, UNFPA, 27th July 2019, UNFPA Bangladesh Annual Report, 2017, 2018
- Updated CPAP M&E Framework
- Voluntary National review (VNR) 2017: Eradicating Poverty and Promoting Prosperity in a Changing World, GED, Planning commission, GOB, 2017

Annex 4: Evaluation Matrices for UNFPA Bangladesh 9th CPE: 2017-2020

SRHR, A&Y, GEWE and P&D

SRHR: Relevance			
EQ 1: In what way(s) was the UNFPA country programme able to (i) address the various needs of the population, including vulnerable and marginalized groups, (ii) align with government priorities; and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation? **EQ 2. To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
The needs of the population and in particular of vulnerable groups (incl. vulnerable women, youth and the elderly as well as underserved areas and groups) have been taken into account in the design and implementation of the programme as well as incorporated in M&E of programme results	• Needs of the population assessed as part of the design process of CP9, including the identification of vulnerable groups and their SRHR and other needs • Consultation process took place in developing CP Action Plan • Gender analysis has been conducted and results included in the design of the country programme • The implementation of the programme is focused on reaching vulnerable groups	**Secondary Data** ○ Situation analysis / vulnerability assessment conducted as part of the design of the programme ○ UNFPA B'desh CP9 CPD and CPAP ○ CP9 COARs (for disaggregated reporting of results) ○ Proceedings of the consultation process of CPD and CPAP development **Primary Data** ○ Ministry of Finance, Economic Relations Division ○ Government implementing partners ○ Non-Governmental implementing partners ○ Development partners (donors) ○ UNFPA staff	○ Desk Review ○ Semi-structured key informant interviews

The country programme and its output and outcome level changes are in line with Government of Bangladesh strategies and plans	• CP 9 is in line with the 7th Bangladesh National Development plan • CP 9 is in line with relevant Government strategies and policies regarding SRHR, GEWE, youth development and statistical capacity development	**Secondary Data** ○ B'desh 7th National Development plan ○ Government strategies and policies regarding SRHR, GEWE, youth development and statistical capacity development ○ UNFPA B'desh CPD and CPAP **Primary Data** ○ Ministry of Finance, Economic Relations Division ○ Government implementing partners ○ Other implementing partners ○ Development partners (donors) ○ UNFPA staff	○ Desk Review ○ Semi-structured key informant interviews
The country programme and its output and outcome level changes are in line with UNFPA strategic priorities and the UNDAF in Bangladesh	• CP 9 is in line with former UNFPA strategic plan 2014-17 • CP 9 has been aligned with the new UNFPA strategic plan 2018-21 • CPAP is in line with CPD • CP 9 is aligned with the SDGs and the UNDAF	**Secondary Data** ○ UNFPA Strategic plan 2014-17 and 2018-21 ○ UNFPA CP9 CPD and CPAP ○ UNDAF and its annual results framework **Primary Data** ○ Ministry of Finance, Economic Relations Division ○ Government implementing partners ○ UNFPA representative ○ UNFPA Senior management ○ RC and UNCT leadership and staff	○ Desk Review ○ Semi-structured key informant interviews
CP9 incorporated gender, equity and human rights dimensions into the design, implementation and monitoring in a way appropriate for the country context	• Focus on women and girls as well as men and boys in prevention of GBV • Disaggregated data (sex, age, and other vulnerability criteria appropriate in the context of Bangladesh) used to inform the design of the country programme, in particular the selection of the 19 focus districts at sub-national level	**Secondary Data** ○ UNFPA B'desh CPD ○ UNFPA B'desh CPAP ○ Situation analysis that informed programme development ○ Gender analysis that informed	○ Desk Review ○ Semi-structured key informant interviews

	• CP9 is in line with the gender and human rights perspective of UNFPA with thematic issue of GBV incorporated in the development context of Bangladesh as well as humanitarian context	programme development **Primary Data** ○ Ministry of Finance, Economic Relations Division ○ GOB implementing partners ○ Other Implementing partners ○ Development partners (donors) ○ UNFPA representative ○ UNFPA Senior management ○ UNFPA APRO selected staff members	
SRHR Effectiveness;			
EQ 3: To what extent have the expected outputs of the 9th country programme been achieved in the development and humanitarian contexts? And to what extent have these outputs contributed to the achievements of the outcomes of the 9th country programme?			
Outcome level change: Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access	• Enhanced organizational capacities of health related offices and service providers in the nineteen selected districts • Enhanced access to SRH services in particular by adolescents and youth in the nineteen selected districts • Percentage of demand for contraception satisfied • Percentage of live births attended by skilled birth personnel	**Secondary Data** ○ AWP ○ IP progress reports ○ COAR ○ SIS Report ○ Monitoring data **Primary Data** ○ National level stakeholders ○ District level stakeholders ○ Upazila level stakeholders ○ Beneficiaries	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations
Family Planning: Enhanced national capacity to increase demand for, and supply of, family planning information and services	• Inclusion of a gender sensitive and rights-based perspective in the UNFPA support to family planning • National policy on family planning with emphasis on quality developed and endorsed • Percentage of Union Health and Family Welfare Centers providing at least four modern contraceptive methods • Discontinuation rate for contraceptives among women aged 15-49 • Increased awareness for family planning information and services especially for modern contraceptives	**Secondary Data** ○ AWP ○ IP progress reports ○ COAR ○ SIS Report ○ Monitoring data ○ GOB policies, plans and guidelines **Primary Data** ○ National level stakeholders	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations

	• Increased access to quality family planning services and information	▪ Min of Health • Directorate of Family Planning • Directorate Health Services ▪ Ministry of Planning ○ Relevant other implementing partners ○ Selected Development partners ○ District level administration ▪ Divisional Director and Dpt. Dir FP ○ District level health center ▪ FP Officers (focus group) ▪ Medical officer of MCH ○ Upazila Health Center ▪ Upazila Medical officer ▪ Health inspector ○ Family Welfare Center (Block level) ▪ Family welfare visitor ▪ Medical health assistant ▪ Family welfare attendant (FWA)	
Maternal and Neo-natal Health: Increased availability and use of integrated sexual and reproductive health services, including strengthened national policy and health sector capacity to deliver a midwife-led continuum of care and Basic Emergency Obstetric and Newborn Care	• Use of a rights-based perspective in UNFPA support to maternal and neo-natal health (rather than a welfare perspective) • National midwifery policy developed and endorsed by the Government and its alignment with ICPD, other international standards and guidelines and inclusion of gender and the role of men in pregnancy and delivery • Enhanced faculty for midwifery education • Number of upazila health complexes providing midwife-led continuum of care • Increased number and improved capacity of midwives • Increased availability of quality EMONC services	**Secondary Data** ○ AWP ○ IP progress reports ○ COAR ○ SIS Report ○ Monitoring data ○ IP reports ○ GOB policies, plans and guidelines ○ National strategy guidelines **Primary Data** ○ National level stakeholders	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations

	• Increased demand for facility services by community	▪ Min of Health • Directorate Health Services • Directorate General of Nursing and Midwifery ○ Relevant other implementing partners ○ Selected Development partners ○ District level administration ○ District Hospital ▪ Super-intendent of hospital ▪ Resident Medical officer ▪ Medical officer ○ Maternal and Child Welfare Center ▪ Medical officer of MCH ○ Upazila Health Center ▪ Upazila Medical officer (focus group) ▪ Health inspector ○ Community Clinic	
Fistula: Increased institutional capacity to deliver integrated and equitable sexual and reproductive health services, including reduced burden of obstetric fistula through prevention, early detection, surgery and rehabilitation support	• Reduced burden of obstetric fistula through prevention, early detection, surgery and rehabilitation support • A responsive health system for prevention of fistula developed • Improved capacity of the health care system to address and support women with fistula • A functional rehabilitation system is established	**Secondary Data** ○ AWP ○ IP progress reports ○ COAR ○ SIS Report ○ Monitoring data ○ GOB policies, plans and guidelines ○ National strategy guidelines **Primary Data** ○ National level stakeholders ▪ Min of Health • DGHS • DGNM ○ Relevant other implementing	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations

		partners ○ Selected Development partners ○ Hope Hospital Cox 's Bazaar	
Cervical cancer: Increased institutional capacity to deliver integrated and equitable sexual and reproductive health services, including increased access of women to quality cervical cancer screening and treatment services	• Increased institutional capacity to deliver integrated and equitable SRH services • Increased access of women to quality cervical cancer screening and treatment services *for free* • A sustainable national screening programme for early detection and treatment of pre-cancerous lesions of cervix is established • Improved early detection, referral and treatment services for women with cervix cancer	**Secondary Data** ○ AWP ○ IP progress reports ○ COAR ○ SIS Report ○ Monitoring data ○ IP reports ○ GOB policies, plans and guidelines ○ National strategy guidelines **Primary Data** ○ UNFPA staff SRHR component ○ Ministry of Health ○ Special facilities at national and sub national level ○ Relevant other implementing partners ○ Selected Development partners	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations
STI / HIV / Equity: Increased institutional capacity to deliver integrated and equitable sexual and reproductive health services, including addressing STIs/HIV, in development and humanitarian contexts	• Percentage of facility-based deliveries among people in urban slums • Number of disaster-prone districts with MISP implementation capacity • Number of targeted district health facilities providing integrated SRH and GBV services • Number of district hospitals in CP9 districts providing STI screening and treatment services • Improved access to quality SRHR and services with particular focus on EmONC for urban slums dwellers • Increased accessibility of comprehensive SRH services for populations affected by disasters • Increased accessibility of comprehensive SRH services for GBV survivors • Increased accessibility of STI prevention and treatment	**Secondary Data** ○ AWP ○ IP progress reports ○ COAR ○ SIS Report ○ Monitoring data ○ IP reports ○ GOB policies, plans and guidelines ○ National strategy guidelines **Primary Data** ○ UNFPA staff SRHR component ○ Ministry of Health ▪ DGHS ▪ DGNM	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations

	services • Increased accessibility of HIV prevention services	○ Special facilities at national and sub national level ○ Relevant other implementing partners ○ Selected Development partners	
UNFPA contributed to improved **humanitarian preparedness** in Bangladesh in the area of SRHR, including maternal health, and GBV	• Number of disaster-prone districts with MISP implementation capacity • Presence of a functional SRH working group • Number (cum.) of midwives trained in provision of 24X7 EmONC services in emergencies	**Secondary Data** ○ AWP ○ IP progress reports ○ COAR ○ SIS Report ○ Monitoring data **Primary Data** ○ UNFPA staff members ○ National level stakeholders ○ Relevant implementing partners ○ Selected Development partners ○ District level stakeholders ○ Upazila level stakeholders	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations
Longer term partnerships established in the various parts of the SRHR component to enable the implementation of the programme	• Partners value the cooperation with UNFPA beyond the provision of resources • UNFPA is valued by its partners for its technical expertise in the programmatic areas concerned	**Secondary Data** ○ AWP ○ Partner progress reports ○ COAR ○ SIS Report ○ Monitoring data **Primary Data** ○ UNFPA staff members ○ National level stakeholders ○ Relevant implementing partners ○ Selected Development partners ○ District level stakeholders ○ Upazila level stakeholders	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions
EQ 4: To what extent has UNFPA made good use of its human, financial and administrative resources, and used an appropriate combination of tools and to demonstrate accountability to stakeholders and pursue the achievement of the outcomes defined in the 9th country programme in a timely manner?			

UNFPA has appropriately used its human resources to pursue the achievement of the CP9 results	• Evidence of sound CO Human Resource management in all individual programme components and across the country programme	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Monitoring data **Primary Data** ○ UNFPA staff members ○ GOB implementing partners ○ Other Implementing partners ○ Development partners ○ District level stakeholders	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations
UNFPA has appropriately used its financial resources to pursue the achievement of the CP9 results	• Evidence of sound CO financial management in all individual programme components and across the country programme	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Monitoring data **Primary Data** ○ UNFPA staff members ○ GOB implementing partners ○ Other Implementing partners ○ Development partners ○ District level stakeholders	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations
UNFPA has appropriately used its technical resources to pursue the achievement of the CP9 results	• Evidence that technical challenges have been addressed in all programme components	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Monitoring data **Primary Data** ○ UNFPA staff members ○ GOB implementing partners ○ Other Implementing partners ○ Development partners ○ District level stakeholders	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations
EQ 5: In what ways has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to address the challenges to ensure ownership and the durability of effects??			

Clear exit strategies are part of each of the programme components and organizational and financial capacities are in place to ensure sustaining of results achieved	• Organizational capacities of governmental and non-governmental implementing partners to produce results on SRHR, A/Y, GEWE and PD • Staff capacities of government and non-government implementing partners to produce results on SRHR, A/Y, GEWE and PD • Financial capacities of government and non-government implementing partners to produce results on SRHR, A/Y, GEWE and PD	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Monitoring data ○ Project proposals **Primary Data** ○ UNFPA staff members ○ GOB implementing partners ○ Other Implementing partners ○ Development partners ○ District level stakeholders	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions
Conditions and mechanisms have been developed which ensure that national partners will take ownership of results upon completion of UNFPA supported interventions	• Financial resources have been allocated by Government at national and sub-national levels on SRHR, A/Y, GEWE and PD initiatives	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Monitoring data **Primary Data** ○ UNFPA staff members ○ GOB implementing partners ○ Other Implementing partners ○ Development partners ○ District level stakeholders	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions
EQ 6: To what extent did the UNFPA country office contribute to the good functioning of coordination mechanisms and to an adequate division of tasks (i.e. avoiding overlap and duplication of activities / seeking synergies) within the United Nations system?			
UNFPA has taken the lead in the coordination within the UN country team on GBV in development and humanitarian programming	• UNFPA appreciated in its leadership role of GBV related issues within the UN country team	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Minutes of coordination meetings **Primary Data** ○ UNRC ○ UNCT members ○ UNFPA staff members	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions

There is a clear division of tasks amongst the UN agencies at the national level and sub-national levels.	• Evidence of a common understanding amongst UN agencies on the division of tasks in terms of the UNFPA mandate and outcome areas of CP9	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Minutes of coordination meetings **Primary Data** ○ UNFPA staff members ○ UNRC ○ UNCT members ○ GOB implementing partners ○ Other Implementing partners ○ Development partners	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions
Coordination mechanisms existing beyond the UNCT with other relevant development partners	• Regular and ad hoc coordination achieved in the outcome areas of UNFPA beyond the UNCT	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Minutes of coordination meetings **Primary Data** ○ UNFPA staff members ○ UNRC ○ UNCT members ○ GOB implementing partners ○ Other Implementing partners ○ Development partners	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions
UNFPA has played a significant role in the development of the UNDAF	• The UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country • UNDAF outputs and outcomes which clearly are within the UNFPA mandate are allocated to UNFPA	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Minutes of UNDAF/UNCT meetings **Primary Data** ○ Ministry of Finance, Economic Relations Division ○ GOB implementing partners	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions

		○ Other Implementing partners ○ Development partners ○ UNFPA staff members ○ UNRC ○ UNCT members	
EQ 7: To what extent has the CO established, maintained and leveraged different types of partnerships to utilize UNFPA's comparative strength to achieve the outputs and outcomes of the 9th country programme?			
UNFPA has established, maintained and leveraged different types of partnerships to utilize UFNPA's comparative strengths	• Partnerships of UNFPA with GOB agencies as implementing partners and otherwise • Partnerships of UNFPA with civil society agencies as implementing partners and otherwise • Partnerships of UNFPA with universities as implementing partners and otherwise	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Reports on joint monitoring **Primary Data** ○ GOB implementing partners ○ Other Implementing partners ○ Development partners ○ UNFPA staff members ○ UNRC & UNCT members	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions
Added value of UNFPA underpins the partnerships developed for implementation of CP9	• Added value recognized by the different kind of partners of UNFPA in a development context • Added value recognized by the different kind of partners of UNFPA in a humanitarian context	**Secondary Data** ○ AWP ○ COAR ○ SIS Report **Primary Data** ○ Ministry of Finance, Economic Relations Division, -GOB IPs ○ Other Implementing partners ○ Development partners ○ UNFPA staff members ○ UNRC & UNCT members	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions
EQ 8: To what extent are UNFPA interventions and approaches to addressing SRHR, GBV and harmful practices in humanitarian settings in line with the principles of coverage, coherence and connectedness and in which ways have they been coordinated with other agencies and stakeholders?			
UNFPA interventions have been in line with humanitarian	• Connections of UNFPA humanitarian programme intervention with development activities	**Secondary Data** ○ AWP	○ Desk Review ○ Semi-structured key informant

principles	• Efforts and mechanisms to enable and support coordination of humanitarian activities in the UNFPA outcome areas • UNFPA role in SRH humanitarian cluster coordination • A shared strategy across main humanitarian actors to ensure a coherent approach	○ COAR ○ SIS Report **Primary Data** ○ Ministry of Finance, Economic Relations Division, GOB IPs ○ Other Implementing partners ○ Development partners ○ UNFPA staff members ○ UNRC & UNCT members	interviews ○ Focus group discussions

Adolescent & Youth

Adolescent & Youth – Relevance

EQ 1: In what way(s) was the UNFPA country programme able to (i) address the various needs of the population, including vulnerable and marginalized groups, (ii) align with government priorities; and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
The country programme incorporated the issues and concerns of Adolescent and Youth and UNFPA's planned support are adapted to the varied needs of vulnerable Adolescent and Youth including the marginalized and vulnerable communities and their priorities are taken into account in the design and implementation of the UNFPA CP9 programme as well as incorporated in M&E of programme results	• Laws, policies and strategies that allow all adolescents and youth to access their critical needs including sexual and reproductive health information and services • Needs of the Adolescent and Youth population assessed as part of the design process of CP9, including the identification of vulnerable groups and other practical and strategic needs • Consultation process includes Adolescents and Youth while developing the CPD and CP9 Action Plan • Gender analysis has been conducted for Adolescent and Youth Interventions and results included in the design of the UNFPA country programme (CP9)	**Secondary Data** ○ UNFPA Bangladesh CP9 CPD and CPAP ○ CP9 COARs (for disaggregated reporting of results) ○ A&Y Programme/ Project documents ○ CP9 Monitoring data and their disaggregation ○ SDGs ○ UNDAF for Bangladesh and UNFPA targeted Output areas ○ National Policy documents relevant to Youth, and Adolescent, SRHR, ECM and GBV issues	○ Desk Review ○ Semi-structured key informant interviews with: - UNFPA CO staff - A&Y programme staff, UNFPA - Implementing national partners - UN agencies programme documents on A&Y agenda

	• The implementation of the programme is focused on reaching vulnerable groups including adolescent girls in marginalized communities/areas • Monitoring and evaluation system is geared towards the assessment of results for vulnerable groups, including disaggregation of data by sex, age and other vulnerability criteria	○ GoB 7th Five Year Plan **Primary Data** ○ Ministry of Women and Children affairs, Department of Youth Development, DSHE, NSDA, NCTB, DGFP ○ Government implementing partners ○ Other NGO/CSO implementing partners ○ Development partners (donors) ○ UNFPA staff	
The country programme and its output and outcome level targets of A&Y programme are in line with Government of Bangladesh strategies and plans	• CP 9 is in line with the 7th Bangladesh National Development plan • CP 9 is in line with relevant Government strategies and policies regarding Youth Development and priorities for adolescents, GEWE, and statistical capacity development that includes A&Y indicators	**Secondary Data** ○ BD 7th National Development plan ○ Government strategies and policies regarding A&Y, Gender Equality and SRHR ○ UNFPA BD CPD and CPAP **Primary Data** ○ Ministry of Women and Children affairs, Department of Youth Development, DSHE, NSDA, NCTB, DGFP ○ Government implementing partners ○ Other implementing partners ○ Development partners (donors) ○ UNFPA staff	○ Desk Review ○ Semi-structured key informant interviews - UNFPA CO staff - A&Y programme staff, UNFPA - Implementing national partners
A&Y interventions in Bangladesh have been able to respond to changes in national needs and priorities of vulnerable adolescent and youth in humanitarian crisis/ natural hazards	• CP 9 is in line with UNFPA strategic plans and guidelines for humanitarian support (specifically on adolescents and youths) • CP is aligned with the SDGs and the UNDAF' for Humanitarian support • The AWPs and Results reports reflect on the commitment and needs Adolescents and youth	**Secondary Data** ○ UNFPA Guideline on Humanitarian Support ○ UNFPA Strategic plan 2014-17 and 2018-21 ○ UNFPA CP9 CPD and CPAP	○ Desk Review ○ Semi-structured key informant interviews - UNFPA Humanitarian Programme Specialist

	as per the CPD • The A&Y Outcome, Outputs and Interventions are in line with the CPAP and addressed the needs and priorities of the most vulnerable and marginalised communities including those humanitarian crisis/ natural hazards	○ UNDAF and its annual results framework **Primary Data** ○ Ministry of Disaster Management, Relief and Rehabilitation, Ministry of Women and Children Affairs, Department of Youth Development, DSHE, NSDA, NCTB, DGFP ○ Government implementing partners ○ NGO partners ○ UNFPA Humanitarian Programme Specialist ○ UNFPA A&Y Programme Staff	- UNFPA CO staff - A&Y programme staff, UNFPA - Implementing national partners
The country programme incorporated gender, equity and human rights dimensions into the CP design, implementation and monitoring in a way appropriate for the context of A&Y priority areas and concerns relevant to Bangladesh	• Disaggregated data (sex, age, and other vulnerability criteria appropriate in the context of Bangladesh) used to inform the design of the country programme, in particular the selection of the 19 focus districts at sub-national level • CP9 is in line with the gender and human rights perspective of UNFPA with thematic issue of GBV incorporated in the development context of Bangladesh as well as humanitarian context	**Secondary Data** ○ UNFPA Bd CPD ○ UNFPA Bd CPAP ○ Situation analysis that informed programme development ○ Gender analysis that informed programme development **Primary Data** ○ Ministry of Women and Children affairs, Department of Youth Development, DSHE, NSDA, NCTB, DGFP ○ GOB implementing partners ○ Other Implementing partners ○ Development partners (donors) ○ UNFPA representative ○ UNFPA Senior management UNFPA APRO selected staff members	○ Desk Review ○ Semi-structured key informant interviews ○

EQ 2. To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country?			
The UNDAF incorporated UNFPA priority areas concerning to A&Y as stated in the CP9, and UNFPA is the coordination lead for the SRHR relevant targets for A&Y	• UNFPA Bangladesh Country Programme Document CPAP is reflected of UNDAF • CP is aligned with the 7th Five Year Plan SDGs and the UNDAF • AWPs and A&Y Targets reflect the commitment and needs of Adolescents and youth as per the UNDAF • Evidence that UNFPA's CPD outputs are reflected in the joint UNDAF work plans	**Secondary Data** ○ UNDAF and its annual results framework ○ UNFPA Strategic plan 2014-17 and 2018-21 ○ UNFPA CP9 CPD and CPAP **Primary Data** ○ Ministry of Women and Children affairs, Department of Youth Development, Economic Relations Division ○ Government implementing partners ○ UNFPA representative ○ UNFPA Senior management ○ UNFPA APRO selected staff members ○ RC and UNCT leadership and staff	○ Desk Review ○ Semi-structured key informant interviews - UNFPA CO staff - A&Y programme staff, UNFPA - Implementing national partners
The country programme and planned A&Y Outcomes and Outputs adequately reflect the goals stated in the CP9 and align more broadly with the UNFPA strategic plan, Adolescent and Youth Strategy, and relevant UNDAF Outputs and Outcomes.	• CP 9 is in line with UNFPA strategic plans • CP 9 has been aligned with the new UNFPA strategic plan • CPAP is in line with CPD • CP is aligned with the SDGs and the UNDAF • AWPs and Targets reflect Adolescents and youth priorities as per the UNDAF	**Secondary Data** ○ UNDAF and its annual results framework ○ UNFPA Strategic plan 2014-17 and 2018-21 ○ UNFPA CP9 CPD and CPAP **Primary Data** ○ Government implementing partners ○ UNFPA representative ○ UNFPA Senior management ○ UNFPA APRO selected staff members ○ RC and UNCT leadership and staff	○ Desk Review ○ Semi-structured key informant interviews - UNFPA CO staff - A&Y programme staff, UNFPA - Implementing national partners

Adolescent & Youth – Effectiveness			
EQ 3. To what extent have the expected outputs of the 9th country programme been achieved in the development and humanitarian contexts? And to what extent have these outputs contributed to the achievements of the outcomes of the 9th country programme?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
Outcome level change: **Adolescents and youth - I**ncreased Priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health	• Evidence on organizational capacity enhancement trainings of IPs dealing with A&Y agenda and service providers in the selected districts • Evidence on enhanced access to information and knowledge products on comprehensive sexuality education and sexual and reproductive health • Evidence on enhanced focus on the development agenda of young adolescent girls and boys in National Development Policies and programmes as a result of UNFPA facilitated interventions • National survey showing the decrease in percentage of women 20-24 years old married before 18 • Evidence on enhanced knowledge on contraception among young adolescents girl and boys in the FGD groups in intervention areas (both married and and unmarried girls and boys) addressed • Evidence on 'reduction of' unmet needs for contraception by young adolescents in the FGD groups in intervention areas (both married and and unmarried girls and boys) satisfied	**Secondary Data** ○ AWP ○ IP progress reports ○ COAR ○ SIS Report ○ Monitoring data ○ Mid-line survey report (GB project) **Primary Data** ○ National level stakeholders ○ District level stakeholders ○ Upazilla level stakeholders ○ Beneficiaries	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Field level observations
Increased Capacity to advocate for and implement evidence-based	• National curriculum on gender-responsive life skills education developed and endorsed by	**Secondary Data**	○ Desk Review ○ Semi-structured key informant

policies, strategies and services for adolescents' and youth sexual and reproductive health and reproductive rights, gender responsive life skills education, and prevention and mitigation of child marriage	Government • Number of service delivery points with at least one trained service provider who can provide adolescent-friendly sexual and reproductive health information and services in selected districts • A costed National Plan of Action to eliminate child marriage developed and budget allocated • Evidence of relevant educational/training institutes have the capacity to provide life skills education to young people in select CP9 districts - Number of education/training institutions teaching gender-responsive LSE according to developed curricular • Evidence of communities that are supportive of young people, especially young girls, receiving life skills education in CP9 districts - Number of community stakeholders supporting LSE for young people, especially girls	○ Progress report of DGFP (training attendance sheet) ○ Health Facility survey/exit survey Report ○ Monitoring mission reports ○ Meeting minutes, ○ Government circular ○ AWP ○ IP progress reports ○ COAR ○ SIS Report ○ Monitoring data ○ GOB policies, plans and guidelines **Primary Data** ○ Module/ Curriculum, Approved letter/circular from the relevant Ministry ○ National Plan of Action document; ○ National level stakeholders MoWCA Department of Youth and Development Directorate Health Services Ministry of Planning Relevant other implementing partners Selected Development partners District level administration Divisional Director and Dpt. Dir FP District level DWA offices ▪ FP Officers (focus group) ▪ Medical officer of MCH ○ Upazila Women Affairs Officer ○ Meeting register, other documents where community stakeholders supporting LSE for young people are recorded.	interviews - Programme Specialist A&Y, National Programme Officer A&Y - SRH Unit: Chief of Health, Maternal Health Specialist, Midwifery Specialists, Programme Specialist A&Y, PPR Unit: NPO ○ Focus group discussions ○ Observations

A&Y interventions supported by UNFPA contributed to (or are likely to contribute to) sustainably improved access to and use of quality services for Adolescents and youth in the field of ASRHR, reproductive health and family planning including for vulnerable and marginalized populations	• Evidence on inclusion of a gender sensitive and rights-based perspective in the UNFPA support to A&Y agenda in its programme documents • Evidence of A&Y issues are fully integrated in the AWPs of Sections/ thematic programmes • National policy on Adolescent and Youth Development with emphasis on comprehensive sexuality education and sexual and reproductive health quality developed and endorsed • Evidence of increased awareness for SRHR, Family Planning, contraception information and services especially for urban and rural adolescent girls and boys in the program districts collected through FGDs • Evidence that shows health systems better equipped to deliver age and gender sensitive SRHR information and services - Percentage of adolescents and youth, both female and male, using SRH information and services in the CP9 districts who are satisfied with the services and facilities • The National Adolescent Health Strategy and costed National Plan of Action 2017-2030 finalized and costed - Number of service delivery points with at least one trained service provider who can provide adolescent-friendly sexual and reproductive health information and services in selected districts - Adolescent contraceptive prevalence rate	- UNFPA Programme documents -national youth policy and a national adolescent health strategy - BDHS 2014, 2017 - AWPs; - Mission reports; - Monitoring reports; - Field visit to the programme years - Progress report of DGFP (training attendance sheet) - Health Facility survey/exit survey Report - National Adolescent Health Strategy document - NPA-Adolescent Health - Consultation report - MLC register books - GB Project Baseline Survey, Midline and end line survey reports - Strategy documents, plans, minutes of meetings, policy briefs - SRHR session register records, post-session assessment reports - Cell phone surveillance system - Cell phone surveillance system	Documentary review; - Meeting with professionals working in A&Y Issues/sector services; - Meetings with clients of family planning services (exit interview or/and focus group discussion) - Interview with the Key Stakeholders - Review of survey data/reports

	- Percent increase in a number of pregnant girls between 10 and 19 years of age who used midwifery services at targeted 38 MLC sites ● Evidence on effectiveness of available AFHSs generated - Number of policy dialogues/seminars/policy briefs/strategies/plans that use results of the assessments on effectiveness of health services to deliver adolescent-friendly health services ● Evidence of young people are aware and communities are supportive of young people seeking SRHR information and services in CP9 districts - Percentage of adolescents who know the places within their reach to comfortably seek ASRHR services - Number of adolescents who participated in SRHR sessions and became aware of places within their reach to comfortably seek ASRHR services - Percentage of married female adolescents who have heard of at least three modern contraceptive methods to delay or space pregnancies	- National Plan of Action document; Monitoring mission reports	
UNFPA support helped to ensure that A&Y interventions is coherently integrated into and across national development instruments and sector policy frameworks with the (varied) needs of vulnerable and marginalized communities,	● Evidence on institutional Capacity among the Stakeholders on development of interventions on A&Y ● Evidence on UNFPA A&Y Interventions addressed the needs of vulnerable and marginalised populations in Humanitarian and development context ● Evidence that indicates national capacity	- Training reports - Quarterly/Annual project reports - Implementing partners report - Other evaluation reports - Developed national database software	Documents review - Interviews of professionals who attended the trainings - Key Informant Interviews with Department of Youth - Key Informant Interviews with

Humanitarian responsiveness, gender equality and relevant population dynamics reflected	increased to prevent child marriage and address its negative consequences ● The costed National Plan of Action to Eliminate Child Marriage finalized - A costed National Plan of Action to eliminate child marriage developed and budget allocated ● Evidence on child marriage for use in effective policy and programme planning and implementation generated - Number of policy dialogues/seminars/policy briefs/strategies/plans that use results of studies on child marriage for policy actions/decisions/recommendations ● Evidence on strengthening monitoring capacity of the national coordination body to monitor implementation of the National Action Plan to Eliminate Child Marriage - A national database on Violence against Women expanded to include child marriage data and is functional ● Evidence on increased acceptance of the legal age of marriage and the importance of investing in adolescent girls' education/vocational skills in CP9 districts Number of community stakeholders supporting girls getting married after 18 ● Evidence on safe and more girls' friendly environments for girls to attend and be in schools in CP9 districts Number of schools and madrasahs with a functional anti-sexual harassment committee	- Documents where community stakeholders supporting girls getting married after 18 are recorded End line Survey reports; - Project Annual report; - Anti-sexual harassment committee report; - Assessment/ survey report	Directorate of Health, DGFP, - Key Informant interviews with Ministry of Women & Children Affairs - Interview with the Key Stakeholders
Adolescent & Youth – Efficiency			
EQ 4. To what extent has UNFPA made good use of its human, financial and administrative resources, and used an appropriate combination of tools and to demonstrate			

accountability to stakeholders and pursue the achievement of the outcomes defined in the 9th country programme in a timely manner?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
The A&Y interventions plans and budgets has sufficient resources to implement interventions	- the status of Budget allocation and utilization to support A&Y interventions	-Implementing agency reports. -Stakeholder interviews.	○ Document review, ○ stakeholder interviews, ○ CPAP, AWP and Quarterly reports
UNFPA has appropriately used its human resources to pursue the achievement of the CP9 results	Evidence of sound CO Human Resource management in A&Y and all other programme components and across the country programme	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Monitoring data **Primary Data** ○ UNFPA staff members ○ GOB implementing partners ○ Other Implementing partners ○ Development partners ○ District level stakeholders	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations
UNFPA has appropriately used its financial resources to pursue the achievement of the CP9 results	Evidence of sound CO financial management in A&Y and all other programme components and across the country programme	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Monitoring data **Primary Data** ○ UNFPA staff members ○ GOB implementing partners ○ Other Implementing partners ○ Development partners ○ District level stakeholders	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions ○ Observations
UNFPA has appropriately used its technical resources to pursue the	Evidence that technical challenges have been addressed in A&Y and all other programme	**Secondary Data**	○ Desk Review ○ Semi-structured key informant

achievement of the CP9 results	components	○ AWP ○ COAR ○ SIS Report ○ Monitoring data **Primary Data** ○ UNFPA staff members ○ GOB implementing partners ○ Other Implementing partners ○ Development partners ○ District level stakeholders	interviews ○ Focus group discussions ○ Observations
Adolescent & Youth – Sustainability			
EQ 5. In what ways has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to address the challenges to ensure ownership and the durability of effects?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
Capacities of the stakeholders (MoWCA, DYD, DSHE, NSDA, NCTB, DGFP and other IPs) is strengthened during project period to address the issues of adolescent girls and boys so that implementation may continue after withdrawal of project	Evidence on capacity building interventions relates to sustainability goals	Annual Work Plans of programmes Workshop report	Review of documents Interviews with IP and A&Y team members
CP has exit strategies relevant to A&Y programme interventions in place	Evidence of clear exit strategies in plan Evidence of implementation plans in keeping with exit strategies	Annual Work Plans of programmes	Review of documents Interviews with IP and A&Y team members
Component 2: Strategic Positioning			
Adolescent & Youth – Coordination (plus coverage, coherence, connectedness)– Humanitarian Settings			
EQ 8. To what extent are UNFPA interventions and approaches to addressing A&Y, SRHR, GBV and harmful practices in humanitarian settings in line with the principles of			

coverage, coherence and connectedness and in which ways have they been coordinated with other agencies and stakeholders?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
UNFPA A&Y interventions and approaches to addressing adolescent focused SRHR, GBV and harmful practices are being coordinated with other agencies and stakeholders in humanitarian settings in line with the principles of coverage, coherence and connectedness	• Evidence of UNFPA A&Y programme intervention are connected and coherent with development programmes of relevant humanitarian context • Evidence of UNFPA's role in A&Y relevant humanitarian working group/sub sector coordination in CXB • A shared strategy/protocols, unified content across main humanitarian actors ensuring a coherent approach for coordinated programing.	**Secondary Data** ○ AWP ○ COAR ○ SIS report ○ Project report **Primary Data** ○ GOB Implementing Partners ○ Other Implementing partners ○ Development partners ○ UNFPA staff members	○ Desk Review ○ Semi-structured key informant interviews ○ Focus group discussions
Linkages have been established between the relief and the recovery phases; and capacity of local stakeholders of A&Y programme has been supported and developed.	• Evidence of efforts and mechanisms to support and develop capacity of local stakeholders • Evidence of preparedness interventions are integrated into the A&Y regular development interventions • Evidence that youth and Adolescents are included in the discussion and considered during the coordination of humanitarian activities in the UNFPA outcome areas • UNFPA role in A&Y relevant interventions in humanitarian working groups/ sub sector coordination mechanism in CXB • Any shared strategy across main humanitarian actors to ensure a coherent approach for coordinated adolescent focused SRHR/ECM/GBV programming	**Secondary Data** ○ AWP ○ COAR ○ SIS Report ○ Project reports **Primary Data** ○ GOB Implementing Partners ○ Other Implementing partners ○ Development Stakeholders in Humanitarian area ○ UNFPA staff members	○ Desk Review ○ Semi-structured key informant interviews Focus group discussions

Gender Equality and Women's Empowerment (GEWE)				
Gender Equality and Women's Empowerment (GEWE) Relevance				
EQ 1. How is the CP able to address(i) the various needs of the population, including vulnerable and marginalized groups, (ii) align with government priorities and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation EQ 2. To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country?				
Assumptions to be assessed	**clarification**	**Indicators**	**Sources of Information**	**Methods and tools for data collection**
The needs of women especially from marginalized groups were taken into account in the CP Strategies of CP were in line with government priorities and global agenda UNFP's comparative advantage in relation to other organizations were sufficiently used to respond to changes in development and humanitarian contexts and to achieve results	Who are the marginalized groups?	-Consultation process took place in developing Action Plan of CP -CP fulfils goals of 7th FYP, SDGs Article 5 and 16,and UNDAF goal 1 -CP fulfils goals of NAP to Prevent Violence Against Women (2018 to 2030) -UNFP as global leader of GBV successfully translated thematic issue of GBV in development context (e.g. form parliamentary caucus on GBV and early marriage) as well as humanitarian context (GBV leader of ISCG)	-Proceedings of consultation preceding CP Action Plan -Annual Reports 2017,2018 -UNFPA Strategic Plan -Bangladesh CP documents -GoB 7th Five Year Plan -SDGs -UNDAF Annual Results report -NAP to Prevent Violence Against Women (2018 to 2030)	-Documentary analysis -Interviews with UNFPA CO Staff - Interviews with implementing national partners -interviews with other UN Agencies Staff
The UNDAF incorporated UNFPA priority areas concerning to GE as stated in the CP9.		• CPAP is reflected well in UNDAF • CP is aligned with the 7th Five Year Plan SDGs and the UNDAF • AWPs and GE Targets reflect the commitment and needs of men, women, girls and boys in UNDAF	**Secondary Data** ○ UNDAF and its annual results framework ○ UNFPA Strategic plan 2014-17 and 2018-21 ○ UNFPA CP9 CPD and CPAP	○ Desk Review ○ Semi-structured key informant interviews - UNFPA CO staff - GE programme staff, UNFPA - Implementing national

			Primary Data ○ Ministry of Women and Children's affairs ○ Government implementing partners ○ UNFPA Senior management & programme staff RC and UNCT leadership and staff	partners
Gender Equality and Women's Empowerment (GEWE) Effectiveness				
EQ 3. How have the expected outputs of the 9th country programme been achieved (i) in terms of Gender Equality and Women's Empowerment, (ii) to what extent have these contributed to the achievement of the outcomes of the 9Th CP, (iii) to what extent has UNFPA contributed to improved humanitarian preparedness in the area of SRHR/GBV?				
Assumptions to be assessed	**Clarifications**	**Indicators**	**Sources of Information**	**Methods and tools for data collection**
A national mechanism is operationalized to plan, coordinate and monitor strategies, policies and **protocols** to address GBV and harmful practices	What are the harmful practices in B'desh context?	Improved policy and legal framework to prevent GBV: Costed National Action Plan RRF is in place Strengthened monitoring capacity of the national coordination body to monitor the implementation of NAP and relevant policies Strengthened capacity of labor inspectors and industrial police to advise on addressing GBV and SRHR at workplaces In-depth analyses of data on VAW/GBV are available to inform planning and decision making Increased awareness of decision makers to implement GBV and SRHR related recommendations of UPR and CEDAW	UNFPA-CPAP 2017 – 2020 progress of CPAP Indicators towards targets BDHS Survey NAP-VAW 2018-2030 progress reports from implementing partners Budget and Expenditure analysis Progress reports from implementing partners GoB Reports of UPR and CEDAW and NGO Shadow report	Desk Review Semi structured KII with GoB partners, CSOs, UNFPA staff Field Observations

		GBV and harmful practices integrated into national in- and pre-service training by national training institutions	Relevant modules	
Information and services to address and prevent GBV and harmful practices has increased in both humanitarian and development spheres		Referral systems (multi-sectoral GBV response) functional at district levels Increased availability of women-friendly police services GBV cluster operationalized to coordinate GBV multi-sectoral prevention and response in humanitarian settings	Annual reports Periodic reports from the field -do-	Desk Review Semi structured KII with GoB partners, CSOs, UNFPA staff Field Observations
9th CP has enabled humanitarian preparedness in SRHR/GBV areas	What does enabled mean?	Minimum Standards for prevention and response to GBV in Emergencies introduced and implemented Community protection mechanisms/NNPC for addressing GBV in humaitarian settings are strengthened	ISCG reports Periodic reports from the field	Desk Review Semi structured KII with GoB partners, CSOs, UNFPA staff Field Observations
9th CPE has brought positive changes in gender norms including intolerance of GBVs in communities	What are positive gender norms? Norm change measure? How do you do it?	Advocacy and SBCC plan for GBV prevention developed and implemented Increased male engagement including youth in GBV prevention Faith based organizations are actively engaged in preventing GBV Community protection mechanisms/NNPC for addressing GBV in normal settings are strengthened Strengthened partnerships with CSOs and private sector for addressing GBV	Periodic reports from the field M& E reports by UNFPA	Desk Review Semi structured KII with GoB partners, CSOs, UNFPA staff Field Observations

Gender Equality and Women's Empowerment (GEWE) Efficiency				
EQ 4. How has the UNFPA (i) made optimal use of its human, financial and administrative resources, (ii) used appropriate combination of tools, (iii) demonstrated accountability to achieve the outcomes of 9th CP in a timely manner				
Assumptions to be assessed		**Indicators**	**Sources of Information**	**Methods and tools for data collection**
9th CP has sufficient resources to implement activities	-	- Budget allocated	Budget and Expenditure Analysis	Desk work Interviews with KIIs and IPs
9th CP is adequately staffed with appropriate skills to implement activities	-	- Program operated with optimal staffing, - Vacancies filled in a prompt manner	Quarterly status reports SIS Annual reports	Desk Work Interviews with CO , Clusters, Implementing partners
9th CP has used appropriate combination of tools to achieve outcomes in a timely manner	What are appropriate combinations of tools	- Annual project calendar has been observed	Results Framework Progress of CPPAP Indicators towards Targets	Desk Work Interviews with CO , Clusters, Implementing partners
9th CP demonstrated accountability to achieve its outcome	How do you measure accountability?	- Periodic reporting to Partners, Donors Observed	Partner communication, reports of coordination meetings	Desk Work Interviews with CO , Clusters, Implementing partners
Gender Equality and Women's Empowerment (GEWE) Sustainability				
EQ 5. How has UNFPA been able to support implementing partners in supporting IPs and beneficiaries (i) in developing capacities, (ii) establishing mechanisms to address challenges to ensure ownership and durability of effects				
Assumptions to be assessed		**Indicators**	**Sources of Information**	**Methods and tools for data collection**
Capacities of IPs are developed during project period so that implementation may continue after withdrawal of project	Measure of capacity Is it implementation or (no imple) required after sometime?	Capacity building relates to sustainability goals	Work Plans of programmes	Desk work Interviews with IP and Cluster teams

CP has exit strategies in place		Evidence of clear exit strategies in plan Evidence of implementation plans in keeping with exit strategies	Work Plans of programmes	Desk work Interviews with IP and Cluster teams
Component 2: Strategic Positioning (Coordination (plus coverage, coherence, connectedness)– Humanitarian Settings)				
For EQ 6, 7, and 8 GE followed the same matrix as in PD below where it was relevant and appropriate to GE, mainly GBV .				

Population and Development: **Programme Component 1 (for Relevance, Effectiveness, Efficiency and Sustainability)**			
Population and Development – Relevance			
EQ 1: In what way(s) was the UNFPA country programme able to (i) address the various needs of the population, including vulnerable and marginalized groups, (ii) align with government priorities; and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
-The country programme incorporated the concerns and needs of the population, including the marginalized and vulnerable communities. -Their priorities are taken into account in the design and implementation of the UNFPA CP9 programme and incorporated in M&E of programme results. -The criteria for the selection of target groups and in the P&D interventions are included in the identified needs of the target groups (who benefits from the PD programme)	-Needs of the population, vulnerable groups and marginalized groups (such as adolescent girls, tea garden works, sex workers, youth, ethnic groups, disabled, rep age women living in remote areas etc.) are identified in SITAN and assessed as part of the <u>design process</u> of CP9. -The <u>implementation</u> of the programme is focused on reaching vulnerable groups including adolescent girls in marginalized communities/areas -<u>Monitoring and evaluation</u> system is geared towards the assessment of results for vulnerable groups, including disaggregation of data by sex, age and other vulnerability criteria -CP 9 is in line with the 7th Bangladesh National	**Secondary Data** -Situation analysis / vulnerability assessment conducted as part of the design of the programme interventions -UNFPA Bangladesh CP9 CPD and CPAP, COAR -CP9 Monitoring data and their disaggregation -Proceedings of the consultation process of CPD and CPAP development -Financial data **Primary Data** -P&D related stakeholders (government, parliamentarians, development partners (donors) -UNFPA staff (programme and finance) **Secondary Data** -National Policy & Strategy Documents on P&D,	Document Review key informant interviews Semi-structured question guides Desk Review -Semi-structured key

The country programme and its output and outcome level targets of P&D programme are in line with Government of Bangladesh strategies and plans , ICPD and 2030 Agenda	Development plan -CP 9 is in line with relevant Government strategies and policies regarding Population and Development -Documentation of dialogue with national and local partners ensuring that P&D objectives and strategies are consistent with priorities indicated in the national policy frameworks	Letters of Understanding with IPs, minutes of round table dialogues, -SDGs, 2030 Agenda, ICPD -P&D related publications –specifically funded and assisted by UNFPA) -GoB 7th Five Year Plan -Training evaluation reports **Primary Data** -P&D related stakeholders (government, parliamentarians, development partners (donors) -UNFPA staff	informant interviews
PD interventions have been able to respond to changes in national needs and priorities of in humanitarian crisis/ natural hazards	• CP 9 is in line with UNFPA strategic plans and guidelines for humanitarian support (specifically on Data & Analysis) • PD Outcome, Outputs and Interventions are in line with the CPAP and addressed the needs and priorities of the most vulnerable and marginalised communities including those humanitarian crisis/ natural hazards	**Secondary Data** -UNFPA Guideline on Humanitarian Support -UNFPA Strategic plan 2014-17 and 2018-21 -UNFPA CP9 CPD and CPAP -UNDAF Report, 2017 -Monitoring reports and evaluation repots **Primary Data** -Government implementing partners -UNFPA Humanitarian Programme staff -UNFPA PD staff	-Desk Review -Semi-structured key informant interviews
The country programme incorporated gender, equity and human rights dimensions into the CP design, implementation and monitoring in a way appropriate for the context of PD outcome priority areas and concerns relevant to Bangladesh	- Focus on women and girls as well as men and boys data collection and analysis - Disaggregated data (sex, age, and other vulnerability criteria appropriate in the context of Bangladesh) used to inform the design of the country programme, in particular the selection of the 19 focus districts at sub-national level - CP9 is in line with the gender and human rights perspective of UNFPA in the development context of Bangladesh as well as humanitarian context	**Secondary Data** - CPD, CPAP -Situation analysis (developed for programme design) -Gender analysis (developed for programme design) **Primary Data** -Ministry of Women and Children affairs, Department of Youth Development -GOB implementing partners -Other Implementing partners -Development partners (donors) -UNFPA Senior management UNFPA APRO selected staff members	○ Desk Review ○ Semi-structured key informant interviews

EQ 2. To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country?			
UNDAF incorporated UNFPA priority areas of the four strategic outcomes	- UNFPA Bangladesh Country Strategy Plan, CPAP is reflected in UNDAF (synergy between UNDAF outcome areas and CPAP outcomes) -UNDAF includes UNFPA key interventions - Planned and actual implementation of UNDAF - M&E framework includes monitoring of UNFPA contribution to UNDAF	**Secondary Data** -UNDAF and its annual results framework -UNFPA Strategic plan 2014-17 and 2018-21 - CPD and CPAP -M&E plans and framework -Minutes of M&E coordinating meetings **Primary Data** -UNFPA CO -UNFPA Senior management and M&E staff -RC and UNCT leadership and staff	Document Review Semi-structured key informant interviews
Population & Development – Effectiveness			
EQ 3. To what extent have the expected outputs of the 9th country programme been achieved in the development and humanitarian contexts? To what extent have these outputs contributed to the achievements of the outcomes of the 9th country programme?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
Related to output 4.1 [data & analysis]: UNFPA has contributed to improved and quality data availability and analyses on population, SRH, youth, GBV (and in the humanitarian context) Capacity of national institutes increased to provide disaggregated data in a timely and user-friendly manner Data produced are used to inform evidence-based planning All data are disaggregated (by Age and sex)	-Evidence of databases with population-based data that are accessible through web-based platforms, user friendly databases with UNFPA contribution (to facilitate mapping, of socio-economic inequalities and demog. disparities) baseline 2-target 7 - Evidence that national statistical authorities are producing evidence-based analyses on A&Y, SRH, GBV in development and humanitarian settings. - data providers equipped with skills to deliver gender and age sensitive SRHR information and services -Sustainability of national data collection and analysis -SDG and 7th FYP monitoring and reporting framework (by 2020)	**Secondary Data** COARs, SPRs,UNFPA monitoring data ,REDATAM, related websites, PD publications, National level publications by BBS, GED, and Dhaka university. <u>Districts:</u> District level plans and data bases **Primary Data** <u>National Level:</u>, UNFPA CO staff BAPPD (Bangladesh Parliament Secretrariat) -B'desh Bureau of Statistics (BBS) GED, Dhaka University, MoHFW	• Document analysis • Face-to-face semi-structured (group) interviews o Site observation

	-Application of the same (above) in tracking results -Data disseminated data through REDATAM -Trained PD officers (from IPs) performance (reflected in reports, data sheets etc)		
Related to Output 4.2 [policies & plans]: UNFPA-supported data and analysis on population, SRH, youth and GBV issues are being used in national and district-level policy making, planning and implementation. Related to sub-output 4.2.3 Awareness of local level policy and decision makers at district level and below, and civil society on PD issues increased.	-Evidence that new national development and sectoral plans address PD, SRH, youth and GBV, with UNFPA contribution -Evidence that ministries implemented their annual work plans and budgets responding to population, A&Y, SRHR and GBV issues, with UNFPA contribution -Evidence that UNFPA-supported districts are using data from UNFPA-supported census and disaggregated national surveys in their annual plans -Evidence that districts have reported on key ICPD indicators in their annual reports using data and information from the district poverty monitoring and analysis system, with UNFPA contribution -Sustainability of policy making informed by population dynamics -Districts' satisfaction with availability of disaggregated data -Enhanced capacities of PD related staff in national agencies on data analysis and reporting in National as well as District offices -Number of parliament sessions where MPs addresses PD issues that are favourable to (S)RHR, GE and A&Y issues. (at least 3-5 times by 2020) -Number of national and sectoral plans and strategies that address issues of the ICPD agenda	**Secondary Data** -COARs, SPRs, UNFPA monitoring data, District profiles and Plans, **Primary data** <u>National Level:</u> -UNFPA CO staff, GED, MOHFW, BBS - University of Dhaka (Pop unit), -Ministry of Youth and Sports (MoYS) (re-Demog Dividend) Parliamentarians <u>District Level:</u> UNFPA field staff, Field Offices (field officers feedback), Civil society	• Document analysis • Face-to-face semi-structured (group) interviews • Media reports, Newspaper articles – content analysis

Related to sub-output 4.2.2. Policy and decision-makers knowledge on PD issues increased (as a result of UNFPA supported/contribution to interventions??) Related to sub-output 4.2.2.2 P&D issues adopted as a regular agenda by parliamentary Standing Committees (PSCs)	(at least 3 by 2020) -Number of recommendations/advice on PD issues given to relevant ministries by PSCs. -Number of parliamentarians advocating for ICPD Agenda at local and national levels		
UNFPA supported PD reports have high quality and being used widely and frequently	-availability of information and knowledge products on population data -Media reports referring to UNFPA supported reports/documents -Number of users (by ministries across all sectors Gender, SRH, Youth, Humanitarian, 7th FYP etc) - UNFPA facilitated enhanced focus on the development and use of data - Reports contain sex and age disaggregated data and are gender and age sensitive. - Number of requests UNFPA receive for technical assistance on knowledge products development	**Secondary Data** AWP, IP progress reports, COARs,SIS Reports, Monitoring data, knowledge products, media reports **Primary Data** -National level stakeholders -District (and sub-district) level stakeholders BBS	Desk Review Semi-structured key informant interviews Observations Content analysis of media reports
UNFPA support helped Age-sex disaggregated data integration across national development instruments and sector policy frameworks with the (varied) needs of vulnerable and marginalized communities, Humanitarian responsiveness, gender equality and relevant population dynamics reflected	-Institutional Capacity among the Stakeholders on development of interventions on data needs, analysis and reporting -Increased National capacity to provide up-to-date data in reports - National capacity to conduct research on emerging population issues -Number of requests UNFPA receive for technical assistance - Number of policy dialogues/seminars/policy	**Secondary Data** - Training reports - Quarterly/Annual project reports - Implementing partners report - Other evaluation reports - Developed national database software - Annual report of GED, BBS, MOHFW; - Other relevant survey reports **Primary data**	Documents review - Interviews of professionals who attended the trainings - Key Informant Interviews

	briefs/strategies/plans that resulted in actions/decisions/recommendations on data availability and accessibility -Number of data bases supported by UNFPA -Number of sector policy frameworks that contain age-sex disaggregated data.	National level stakeholders -District (and sub-district) level stakeholders	
Population and Development - Efficiency			
EQ 4. To what extent has UNFPA made good use of its human, financial and administrative resources, and used an appropriate combination of tools and to demonstrate accountability to stakeholders and pursue the achievement of the outcomes defined in the 9th country programme in a timely manner?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
PD interventions plans and budgets have sufficient resources to implement interventions	- the status of Budget allocation and utilization to support PD interventions	**Secondary Data** AWPs, COARs, SIS Report, Monitoring data, Implementing agency reports, Quarterly reports, financial data, AWPs **Primary Data** UNFPA staff members, GOB implementing partners, Other Implementing partners, Development partners, District level stakeholders	-Document review, -stakeholder interviews, -Semi-structured key informant interviews -Observations
UNFPA has appropriately used its human resources to pursue the achievement of the CP9 results	Evidence of sound CO Human Resource management in PD and all other	Same as above	Same as above
UNFPA has appropriately used its financial resources to pursue the achievement of the CP9 results	Evidence of sound CO financial management in PD and all programme components and across the country programme	Same as above	Same as above
UNFPA has appropriately used its technical resources to pursue the achievement of CP9 results	Evidence that technical challenges have been addressed in PD and all other programme components	Same as above	Same as above
Population and Development – Sustainability			
EQ 5. In what ways has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to address the challenges to ensure ownership and the durability of effects??			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**

Capacities of BBS, GED, and Dhaka University (Population Sciences Dept) strengthened during project period to address the issues of data collection, analysis and reporting	-Capacity building interventions relates to sustainability -Evidence of continuity without UNFPA support	**Secondary Data** Annual Work Plans of programmes, Workshop report, future plan reports (if any), OUs **Primary Data** -BBS, GED selected staff members -Dhaka University staff members --UNFPA PD staff	Review of documents Face to face interviews Brief questionnaire
CP9 plans have exit strategies relevant to PD programme interventions	-Evidence of clear exit strategies in plan -Evidence of implementation plans in keeping with exit strategies	**Secondary Data** Annual Work Plans of programmes, related programme documents, MOUs, Financial plans. **Primary Data** BBS, GED selected staff members -Dhaka University staff members -MOHFW selected members -UNFPA PD staff	Review of documents Interviews with IP and PD team members
Component 2: Strategic Positioning (Coordination (plus coverage, coherence, connectedness)– Humanitarian Settings)			
EQ 6 To what extent did the UNFPA country office contribute to the good functioning of coordination mechanisms and to an adequate division of tasks (avoiding overlap and duplication of activities/seeking synergies) within the United nations system?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
UNFPA CO has actively contributed to UNCT working groups and joint initiatives.	-Evidence of active participation in UN working groups -Evidence of leading role by UNFPA in the working groups/joint initiatives corresponding to its mandated areas	**Secondary Data** Programme Documents, Minutes of UNCT meetings, Minutes of UNDAFP outcome groups meetings, Joint Program documents, M&E reports, SPR/COAR, UNDAF Annual Reports (2017 report) **Primary Data** - UNDAF Outcome working groups, UNCT members, CO staff, UNCT Coordinator, UNRC	- Interviews - Document review
UNFPA has positioned itself well to enhance the UNCT's emergency preparedness and response	-Evidence that UNFPA is an active contributor to UNCT coordination mechanisms and joint initiatives in the area of emergency preparedness and response	**Secondary Data** Programme Documents, Minutes of UNCT meetings, , M&E reports, SPR/COAR, UNDAF Annual Reports, UN Agency representatives, financial documents	Interviews, document review

UNFPA took into account the country's vulnerability to disasters and emergencies, both at the planning and the implementation stages	-UNFPA CPAP and updated project documents -Financial Allocations	**Primary Data** - Humanitarian Coordination Team (HCT)UNCT members, CO staff, UNCT Coordinator, UNFPA Humanitarian Coordinator/Specialist , UNOCHA rep/staff	
EQ 7. To what extent has the Country Office established, maintained and leveraged different types of partnerships to utilize UNFPA comparative strength to achieve the outputs and outcomes of CP9?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
UNFPA offers unique service to UNDAF : Compared to other UN agencies (such as i.e. UNICEF, UNDP as well as WHO) working in similar programmatic areas; UNFPA has demonstrated specific technical contribution to the country's development agenda	UNFPA role/contribution to national priorities Specific technical skills in CO Status of exiting national capacities to contribute to the issues/areas that UNFPA is contributing to Reference made to UNFPA planning documents, UNCT meetings and discussions minutes,	- **Secondary Data:** Reports, MDG, SDG, UNDAF reviews, Documents including Media News- Reports (monitoring, progress reports, meeting minutes **Primary Data** UN Agency representatives -key informants from implementing agencies -Relevant UN agency for relief and rehabilitation -UNFPA CO staff, IP representatives (relevant ones), -Representatives of other development partners (including relevant NGOs)	KI Interviews -Document review -News media review -Semi-structured interviews
UNFPA technical services not available in any other similar agency National counterparts and other development actors perceive, recognize and recall UNFPA's performance in the country as a contribution that is unique, or inherent to UNFPA. UNFPA is perceived as a champion	-Specific examples by other development partners about UNFPA contributions that is unique to CO's ability. -Reference to UNFPA contribution in interventions that were not available with other partners -Reference to UNFPA contribution that enhanced the other partners' contribution to the development results -timeliness of UNFPA contribution and quality of response (subjective)	**Secondary Data** -Media reports -Beneficiaries (at institutional level) -Donor community, Desk review of the results of any joint cooperation, progress reports, meeting minutes) **Primary data** UN staff , key IPs, Donors, -Implementing agency staff, Strategic partners (donors and policy makers), Interviews within the Government Institutions	KI Interviews -Document review -News media review -Semi-structured interviews

in responding to crises situations in the country.			
UNFPA coverage UNFPA adds benefits to the humanitarian interventions of other development/humanitarian partners	List of UNFPA comparative strengths and weaknesses in emergency preparedness and response as perceived by stakeholders	UNFPA CO staff, IP representatives (relevant ones), UN Agency representatives Humanitarian organization representatives	
EQ 8. To what extent are UNFPA interventions and approaches to addressing A&Y, SRHR, GBV and harmful practices in humanitarian settings in line with the principles of coverage, coherence and connectedness and in which ways have they been coordinated with other agencies and stakeholders?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
UNFPA development programme interventions are in line with humanitarian principles	• Connections of UNFPA humanitarian programme intervention relevant to P&D agenda with development activities • Efforts and mechanisms to enable and support coordination of humanitarian activities in the UNFPA outcome areas • UNFPA role in P&D relevant to humanitarian cluster coordination	**Secondary Data** AWP, COAR, SIS Report **Primary Data** Ministry of Finance, Economic Relations Division, GOB Implementing Partners, Other Implementing partners, Development partners, UNFPA staff members, UNRC, UNCT members	Desk Review Semi-structured key informant interviews Focus group discussions
Linkages have been established between the relief and the recovery phases; and capacity of local stakeholders has been supported and developed.	-Efforts and mechanisms to support and develop capacity of local stakeholders -Preparedness interventions are integrated into the P&D regular development interventions -PD's input in data coordination of humanitarian activities in the UNFPA outcome areas -Role and availability of data in relevant interventions in humanitarian cluster coordination -A shared strategy across main humanitarian actors to ensure a coherent approach in the use of data	**Secondary Data** AWP, COAR, SIS Report **Primary Data** -GOB Implementing Partners -Other Implementing partners, -Development partners, UNFPA staff members, UNRC, UNCT members	Desk Review Semi-structured key informant interviews Focus group discussions (if time and logical arrangements are conducive to conduct FGD)

Annex-5: Data Collection Tools

Implementing Partners Interview Guide CPE UNFPA B'desh

Introduction:

a. Explanation of the Country Programme Evaluation purpose and objectives
b. Four person evaluation team
c. Expected use of results
d. Confidentiality of discussion in line with UNEG norms and standards

1. **Objectives of their part of the UNFPA programme and ways in which this is meant to be achieved**
   a. In programme outcome areas concerned, incl. SRHR; A/Y; Gender; PD
   b. Results chain of the intervention
   c. Rationale of interventions at national and sub-national levels
2. **Fit with IP strategies and policy frameworks**
   a. Relation to IP strategies
   b. Issues of targeting of equity and vulnerability
3. **Results achieved compared to planning - focus on output level changes**
   a. Outputs achieved so far (incl. capacity development at individual, organizational and enabling environment levels)
   b. What has worked / what has not worked
   c. Enabling and constraining factors to achieving results
4. **Partnership and process issues**
   a. UNFPA as a partner / duration and kind of relationship
   b. Efficiency and timeliness issues
   c. Types of engagement at policy level and implementation level
5. **Monitoring and Evaluation**
   a. M&E system in place – own system and provision of data for UNFPA – fit concerned
   b. Disaggregation of data for monitoring purposes
   c. Use of data to inform programme management
   d. Other use of M&E data and M&E capacities built
6. **UNFPA Comparative advantage and value added**
   a. Comparative advantage of UNFPA vis a vis other UN agencies and DPs/ (I)NGOs
   b. Overlap with other UN agencies / DPs/ (I)NGOs
   c. What has been the added value of UNFPA so far
7. **Lessons learned**
   a. Which experiences would be useful for application beyond the context in Bangladesh
8. **Recommendations for future support**
   a. What would UNFPA need to focus on from your perspective in next country programme cycle
   b. Which aspects of the programme need to be continued, what needs to change
9. **Other issues** that you would like to mention relevant to the present evaluation

Donor Interview Guide CPE UNFPA Bangladesh

Introduction

a. Explanation of the Country Programme Evaluation purpose and objectives
b. Four person evaluation team
c. Expected use of results
d. Confidentiality of discussion in line with UNEG norms and standards

1. **Support provided to UNFPA in programme areas concerned**
   a. SRHR; A/Y; Gender; PD
   b. In development and humanitarian context
2. **Relation of support to donor strategies and UN frameworks**
   a. Relation to donor strategies and policies
   b. Support to reaching the SDGs
   c. Targeting of programme interventions
3. **Monitoring and Reporting System in place - in development / humanitarian context**
   a. M&E system in place – UNFPA reporting regularity and quality
   b. Disaggregation of data for monitoring purposes
   c. Use of data to inform programme management
4. **Results achieved compared to planning - focus on output level changes - in development and humanitarian programming**
   a. Capacities developed so far – what is still required
   b. What has worked / what has not worked
   c. Enabling and constraining factors to receiving results
5. **Partnership and process issues - in development and humanitarian programming**
   a. UNFPA as a partner / kind of relationship
   b. Efficiency and timeliness issues
   c. Types of engagement at policy level and implementation level
6. **Coordination of support with other DPs - in development and humanitarian programming**
   a. Coordination mechanisms in place
   b. Role played by UNFPA
7. **UNFPA Comparative advantage and value added - in development and humanitarian programming**
   a. Comparative advantage of UNFPA vis a vis other UN agencies
   b. Overlap with other UN agencies
8. **Lessons learned - in development and humanitarian programming**
   a. Which experiences would be useful for application beyond B'desh context
9. **Recommendations for UNFPA's future programming in Bangladesh**
   d. What would UNFPA need to focus on in the next country programme cycle
10. **Other issues** that you would like to mention relevant to the present evaluation

District and Upazilla Level Interview Guide CPE UNFPA Bangladesh

Introduction:

a. Explanation of the Country Programme Evaluation purpose and objectives
b. Four person evaluation team
c. Expected use of results
d. Confidentiality of discussion in line with UNEG norms and standards

1. **Objectives of UNFPA support and ways in which these are meant to be achieved**
   a. In programme outcome areas concerned, incl. SRHR; A/Y; Gender; PD
   b. Results chain of the intervention , ways in which activities lead to results
   c. Rationale of interventions at district level
2. **Fit with IP strategies and policy frameworks**
   a. Relation to District level priorities and plans
   b. Who are the most vulnerable groups in the district
   c. What measures were taken to ensure inclusion of these groups in interventions
3. **Results achieved compared to planning - focus on output level changes**
   a. Results achieved so far incl.
      - Enhanced capacities of health service providers
      - Increased access of adolescents and youth to SRH services
      - Demand for contraceptives satisfied
      - Live births attended by midwives (or other skilled birth attendants)
      - District monitoring system in place for midwives
      - Disaster prone district with MISP implementation capacity
   b. What has worked / what has not worked
   c. Enabling and constraining factors to achieving results
4. **Partnership and process issues**
   a. UNFPA as a partner / duration and kind of relationship
   b. Efficiency and timeliness issues
   c. Types of engagement at policy level and implementation level
5. **Monitoring and Evaluation**
   a. M&E system in place – own system and provision of data for UNFPA – fit concerned
   b. Disaggregation of data for monitoring purposes
   c. Use of data to inform management of district level development processes
   d. M&E capacities built
6. **UNFPA Comparative advantage and value added**
   a. Comparative advantage of UNFPA vis a vis other UN agencies and DPs/ (I)NGOs
   b. Overlap with other UN agencies / DPs/ (I)NGOs
   c. What has been the added value of UNFPA so far
7. **Lessons learned**
   a. Which experiences would be useful for application beyond the context in Bangladesh
8. **Recommendations for future support**
   a. What would UNFPA need to focus on in the next country programme cycle
   b. Which aspects of the programme need to be continued, what needs to change
9. **Other issues that** you would like to mention relevant to the present evaluation

District / Upazilla Level Facility Interview Guide UNFPA Bangladesh

Introduction:

a. Explanation of the Country Programme Evaluation purpose and objectives
b. Four person evaluation team
c. Expected use of results
d. Confidentiality of discussion in line with UNEG norms and standards

1. **Objectives of UNFPA support and ways in which these are meant to be achieved**
   a. Objectives in programme outcome areas concerned, incl. SRHR; A/Y; Gender
   b. Results chain of the intervention, ways in which activities lead to results
   c. Rationale of interventions at district/upazilla facility level
2. **Fit with Government strategies and policy frameworks**
   a. Relation to district/upazilla level priorities and plans
   b. Who are the most vulnerable groups in the district/upazilla and what are their specific SRHR needs
   c. To what extent have measures been taken to ensure inclusion of vulnerable groups in development interventions
3. **Facility level results achieved compared to planning - focus on output level changes**
   a. Results achieved so far (see indicators below to guide discussion)
   b. What has worked / what has not worked
   c. Enabling and constraining factors to achieving results
4. **Partnership and process issues**
   a. UNFPA as a partner / duration and kind of relationship
   b. Efficiency and timeliness issues
   c. Types of engagement at policy level and implementation level
5. **Monitoring and Evaluation**
   a. M&E system in place – own system and provision of data for UNFPA – fit concerned
   b. Disaggregation of data for monitoring purposes
   c. Use of data to inform management of district level development processes
   d. M&E capacities built
6. **UNFPA Comparative advantage and value added**
   a. Comparative advantage of UNFPA vis a vis other UN agencies and DPs/ (I)NGOs
   b. Overlap with other UN agencies / DPs/ (I)NGOs
   c. What has been the added value of UNFPA so far
7. **Lessons learned**
   a. Which experiences would be useful for application beyond the context in Bangladesh
8. **Recommendations for future support**
   a. What would UNFPA need to focus on from your perspective in the next country programme cycle in the upazilla
   b. Which aspects of the programme need to be continued, what needs to change
9. **Other issues** that you would like to mention relevant to the present evaluation

Discussion of results at Facility Level making use of selected RRF indicators

Outcome Level Changes

- Enhanced capacities of health service providers
- Increased access of adolescents and youth to SRH services
- Demand for contraceptives satisfied
- Live births attended by midwives / skilled birth personnel

Output Level Changes

Maternal and Neo-natal Health

- District monitoring system in place for midwives
- Percentage of union health complexes providing 24/7 basic EMONC services (network for reference)
- Number of midwives trained in provision of 24/7 EMONC services for complex deliveries
- Percentage of health facilities in which midwives have been posted in district/upazilla
- Number of upazilla health complexes that provide midwife led continuum of care
- Number of stock outs of live saving drugs
- Implementation of MPDSR according to the national guideline and results obtained
- Increase of births at public facilities

Family Planning

- Percentage of facilities where service providers are inserting post-partum IUDs
- Percentage of facilities providing at least four modern contraceptive methods
- Access to family planning for married adolescents and youth
- Access to family planning for unmarried adolescents and youth

Fistula

- Number of facilities with a fistula corner
- Number of fistula cases identified and number referred for treatment
- Rehabilitation of fistula survivors and use of a multi-sector approach
- Treatment of fistula survivors

Cervical Cancer

- Percentage of facilities that provide cervical cancer screening by trained service providers
- Costs of cervical cancer screening for women concerned
- Number of women screened for cervical cancer using VIA method
- Percentage of facilities that provide treatment for cervical cancer by trained service providers

STI / HIV / Equity

- Does the district hospital provide STI screening by trained service providers
- Does the district hospital provide STI treatment by trained service providers
- Does the district hospital have a clear STI case management protocol and referral pathway

GBV

- Number of health workers capacitated in provision of health services for GBV survivors

- Number of UHCs with standardized rape treatment kits available
- Inclusion of GBV in health MIS at facility level

Humanitarian

- Disaster prone district with MISP implementation capacity
- Agency identified to lead the implementation of MISP
- Plan for comprehensive reproductive health services integrated into primary health care

Midwife Interview Guide CPE UNFPA Bangladesh

Introduction:

a. Explanation of the Country Programme Evaluation purpose and objectives
b. Four person evaluation team
c. Expected use of results
d. Confidentiality of discussion in line with UNEG norms and standards

1. **Health related experience and Midwifery training received**
   a. Background before entering the midwifery training
   b. Midwifery training received, balance between theory and practice
   c. Access to library, internet and skills lab during the training
   d. Satisfaction with training and learnings concerned
2. **Position in facility**
   a. Posting in hospital and level of satisfaction with placement
   b. Relationships with doctors and nurses
   c. Opportunity to conduct deliveries in practice
   d. Enabling and constraining factors to practice learnings
3. **Facility related issues**
   a. To what extent are the EMONC requirements in place in the facility that you work in
   b. Does the facility operate on a 24/7 basis
   c. Do you make use of a partograph during delivery
   d. Do you work together with another midwife for most of the time
   e. Number of stock-outs of live saving drugs
   f. Are SRHR services available to vulnerable groups, including married and unmarried adolescents and youth and other vulnerable groups
   g. What measures are in place to support vulnerable groups to make use of SRH services
4. **Results achieved informed by training**
   a. What support have you been able to provide on ANC and number of women concerned?
   b. How often have you been able to recognize danger signs of pregnancies?
   c. How have you responded to these signs in the instances concerned?
   d. What is the number of normal deliveries (NVDs) that you have attended to?
   e. Has the training prepared you sufficiently to deal with all aspects of the NVD?
   f. To what extent were women of vulnerable groups part of the women served?
   g. What type of support have you provided to post-natal care and family planning (PPFP)?
   h. What enabling and constraining factors can you identify in terms of your achievement of results?
5. **Monitoring and Evaluation**
   a. M&E system in place – hospital system and provision of data for UNFPA – fit concerned?
   b. Disaggregation of data for monitoring purposes?
   c. Use of data to inform management of deliveries?
   d. M&E capacities built?
6. **Lessons learned**
   a. Which experiences would be useful for application beyond the context in the hospital
7. **Recommendations for future support**
   a. Based on your experience, what adaptations are needed to the midwifery training
   b. What other support is required for you to implement what you have learned
8. **Other issues** that you would like to mention relevant to the present evaluation?