

Annex 5: CPE Cambodia: DRAFT Evaluation Matrix for the TEAM

(This is a living document and a working tool for the evaluation team)

Evaluation Matrix			
<p>Relevance: Assumptions under this criterion are common to all programme areas (SRHR, A&Y, PD and other cross-cutting areas including Gender)</p> <p>Relevance brings into focus the correspondence between the objectives and support strategies of the CP, on the one hand, and population needs (with a specific attention given to the needs of the most vulnerable and marginalized), government priorities, and UNFPA global policies and strategies on the other. In particular, it will look into the extent to which the objectives of the UNFPA CP correspond to population needs at country level and were aligned throughout the programme period with government priorities, with strategies of UNFPA and UNDAF.</p>			
<p>Evaluation question 1(EQ1):</p> <p><i>To what extent did the programme</i></p> <ul style="list-style-type: none"> (I) <i>adapt to the needs of the population (in particular the needs of vulnerable groups),</i> (II) <i>align with government priorities,</i> (III) <i>in line with the priorities and strategies of UNFPA, and</i> (IV) <i>align with the UNDAF during 2019-2023?</i> 			
<p>Relevance Criteria measures: The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA. (including the ability of the country office to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, entailed by the crisis triggered by the COVID-19pandemic)</p>			
Assumptions to be assessed	Indicators-	Sources of Information (not an exhaustive list)	Methods and tools for data collection
<p><i>Assumption1:</i></p> <p>Needs of the vulnerable and marginalized groups¹ were identified when planning CP6.</p>	<p>(Indicators for assumptions under the Relevance criteria are based largely on content analysis of documents -hence qualitative. However, findings will be substantiated with interview data, again qualitative, mixing both primary and</p>	<p>Primary Data (interview data)</p> <ul style="list-style-type: none"> - (Relevant ministries) - CO staff and relevant other UN staff and RC - relevant non-govt IPs - beneficiaries and <i>(any other relevant parties)</i> <p>(think of other primary sources)</p>	<p>(Hybrid models (virtual plus face to face) of data collection methods and tools will apply throughout the CPE)</p>

¹ women, adolescents and youth, ageing population, people with disabilities, sexual/gender diversities (any tribal populations/hill tribes?)

	<p>secondary data) Evidence of the presence of a Vulnerability survey, Needs Assessment/ or other studies/analyses for the design and development of CP6.</p>	<p><u>Secondary data</u> - Situation analysis /vulnerability assessment/MTR, Baseline data (M&E data) - Concept note /an original project document/MOUs (if any)</p>	
<p><i>Assumption2:</i> 2. Their needs were taken into account in both design and implementation stages of CP6.</p> <p><i>Assumption3:</i> 3. CP6 is aligned with government priorities UNFPA support and its specific interventions in CP6 are aligned with National priorities and strategies (government priorities on SRHR, Adolescent SRHR, youth, women, and disabled, inclusive of GBV, child/early marriage and harmful practices)</p>	<p>- Documentation of Consultation Processes, including who participated in the process (eg. Representation of vulnerable and marginalized groups) when developing CP6 and annual work plans (AWPs). -- Interventions in AWP reflect targeted approach (inclusion of most vulnerable population groups, including disabled) - The interventions identified, from the beginning, problems and challenges that affect particular groups, inequalities and discrimination patterns</p> <p>-Reference to govt priorities in CP6 work-plans (CPAP)</p> <p>-Allocations (budget) on priority areas -proof of Interventions in these areas (govt priority areas – within UNFPA mandate)</p> <p>-Evidence that “no one left behind” is given attention (evidence from assumption 1 can be used) -Gender concerns are mainstreamed in the design of CP6 and work plans as a cross</p>	<p>- CP6 Annual Reports (for disaggregated reporting of results) - Evaluation and assessment reports - Proceedings of the consultation process of CPD and CP Action Plans (CPAP), AWP) -National Dev Plans</p> <p>-UNFPA Strategy Plan (SP) 2018-2021, 2022-2025 -CCA, PSA -ICPD POA -ICPD25 background papers -partnership framework (UNDAF) -Meta Data for CP6 (if any), M&E data base (SIS) -documents/strategies - on humanitarian response (COVID 19 response plans) -ToC</p> <p>• CPD • UNDAF • AWP • National policies and strategies • UNFPA strategic plan</p>	<ul style="list-style-type: none"> ● Document Review and analysis ● Face to face Interviews (with UNFPA CO staff and Govt officers (● Group discussions (with vulnerable group representatives, FGDs), Observation <p>Tools: Semi-structured questionnaires On-line surveys, virtual interviews</p>

<p><i>Assumption 4:</i> The objectives and strategies of the components of CP6 is in line with the priorities of UNFPA Strategic Plans. (Please note that UNFPA CP6 is within SP 2018-2021 and 2022-2025)</p> <p><i>CP6 is aligned with UNDAF</i></p>	<p>cutting issue (including in humanitarian response) and GEWE specific concerns like child marriage, GBV and other harmful practices have been designed based on gender and diversity analysis</p> <p>-Gender analysis: indicator to show that gender analysis has been conducted and results included in the design of CP6 to be integrated in SRHR Youth and interlinkages with other programme;</p> <ul style="list-style-type: none"> • The objectives and strategies of the CPD and the AWP in the components of the programme are in line with the goals and priorities set out in the UNDAF • ICPD goals are reflected in the P&D component of the programme • The CPD (across all components) aims at the development of national capacity • Extent to which south-south cooperation has been mainstreamed in the country programme <ul style="list-style-type: none"> • Extent to which a human rights-based approach (with the integration of gender equality) and disability) has been used to develop the country programme, including a specific focus on the needs of vulnerable and marginalized communities • Extent to which specific attention has been paid to adolescents and youth in the programme components in CP6 	<p>UN Strategy plan, UNFPA business model, SDG related documents, results framework,</p> <ul style="list-style-type: none"> - CP6 Annual Reports (for disaggregated reporting of results) - Evaluation reports - Proceedings of the consultation process of CPD and Action Plans (CPAP) - UN COVID-19 response - UNFPA COVID-19 strategy/response - Number of provinces/districts where GBV is monitored - UNFPA video-materials for risk communication - Situation reports - Newspaper articles, media reports <p><u>(additional to mentioned above under primary data)</u></p> <ul style="list-style-type: none"> - Interviews of stakeholders (specify who) -CO staff, UN agencies/UNHCR, MOH <p>National level, provincial and district level officials (any specific ones for COVID context?)</p>	
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	<ul style="list-style-type: none"> • Extent to which objectives and strategies of each component of the programme are consistent with relevant national and sectorial policies • Extent to which the objectives and strategies of the CPD (both initial and revised) have been discussed and agreed upon with the national partners <p><i>(Specific to COVID-19 context)</i></p> <ul style="list-style-type: none"> - Evidence of UNFPA's visibility during the pandemic - Evidence of UNFPA's contribution to development of national guidelines for provision of FP and maternal health in (humanitarian situations) specifically COVID-19 context -evidence of inclusion of disabled - Evidence of UNFPA's contribution to ASRH and GBV needs - Situational analysis of ageing population during COVID-19 (are there any papers on this?) -Evidence of funding allocation and provision of support for supplies- Number of surveys, reports and studies UNFPA conducted and disseminated about COVID and methodology dev to inform policy 		
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Evaluation question 2(EQ2): (Under relevance criteria)

To what extent was the country office able to respond to changes in national development contexts and priorities? (team needs to first understand what the changes are (national development context and priorities – for examples, priorities may have changed to respond to COVID 19 and how did the Country office (CP6) respond to these emerging priorities)

Response to changes in the national development contexts and priorities

Assumption5:
The CO has been able to adequately and appropriately respond to the new opportunities and threats that occurred in the national context

(The country office has been able to adequately respond to shifts in the national context (and, in particular, to the consequences of a humanitarian crisis) while maintaining a human rights-based approach to programming)

- Evidence of changes in interventions reflecting the priority needs caused by political and contextual changes (identify the changes, if any, and then identify the indicators to measure the responses to the changes)
- Realignment of budgetary allocations to meet the priority needs (responding to changes occurred)
- Realignment of staffing needs to meet the priority needs (responding to changes occurred)
- Timeliness/Quickness of the CO response for the changing needs
- Quickness of the country office response
- Country office capacity to reorient/adjust the objectives of the CPD and the AWP
- Extent to which the response was

Secondary Data

Government policies, strategies, Development Plans, National Population Development Policy, National Strategies/policies related to UNFPA mandate areas, National Health Policy, National Policy for Women etc

National Dev Plans

- UNDAF 2019-2023, CCA, PSA
- ICPD POA
- ICPD25 background papers
- -partnership framework
- Meta Data for CP6, M&E data base (SIS)
- documentsCOVID19 Response Plan (if any)
- ToC
- UNCT work plan showing lead agencies

Primary Data (interview data)

- Relevant ministries (identify which ministries)
- CO staff
- UNCT (re-UNDAF)
- Beneficiaries

- Document Review (F2F primary data collection only if feasible, given the COVID19 situation)
- Face to face Interviews)
- Group discussion (with vulnerable group representatives, FGDs)
- Tools: Semi-structured questionnaires
- On-line surveys, virtual interviews
- Documentary analysis
- Interviews with UNFPA country office staff
- Interviews with other United Nations agencies
- Interviews/focus group

<p><i>(Alignment of and changes in the ToC to achieve results planned based on above relevant factors)</i></p> <p><i>Assumption6:</i> 6. Operational strategies of CP6 are results-based, gender mainstreamed and well reflected in the program’s (CP6) Theory of Change.</p>	<p>adapted to emerging national priorities and (varied) needs and demands of the population, including those of vulnerable and marginalized communities</p> <ul style="list-style-type: none"> • Extent to which the reallocation of funds towards new activities (in particular humanitarian ones) is justified • Extent to which the country office has managed to ensure continuity in the pursuit of the initial objectives of the CPD while responding to emerging needs and demands and maintaining a human rights-based approach <p>Alignment clearly reflects in the CP6 Theory of Change, results framework, Annual Work Plans, and UNDAF (compare the original ToC and see the current work programme (AWP/annual work plans) to see what changes were done to meet the development context changes)</p> <p>Effect diagram of the Programme</p>	<p><i>(any other relevant parties)</i></p> <p>CPD</p> <ul style="list-style-type: none"> • AWP • Country office staff • UNCT (UN agencies – UNICEF, UN Women, UNAIDS, UNDP, ILO, UNHCR) <ul style="list-style-type: none"> • RCO (RC) • Final beneficiaries • Implementing partners <ul style="list-style-type: none"> • Other actors advancing SRHR/working on UNFPA mandate areas (not formally partnering with UNFPA) <p><u>Secondary data</u> CPAP and additional agreements/changes MOUs, Formal Requests, communication minutes.</p> <p>Policy documents (relevant ones), - UN COVID-19 response - UNFPA COVID-19 strategy/response</p> <p><u>Primary data</u> CO staff National level relevant authorities</p> <p><u>Secondary data</u> CP6 programme, ToCs provided in the TOR, Programme documents, AWP, Annual Reports and other relevant programme documents</p> <p><u>Primary data</u> CO staff (relevant programme officers, IPs, stakeholders)</p>	<p>discussions with final beneficiaries</p> <ul style="list-style-type: none"> • Interviews with implementing partners • Interviews with other development actors (i.e., NGOs/groups working in the areas in which UNFPA works, but that do not partner with UNFPA) <p>Reconstruction of ToC, document review, interviews</p>
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	Logic/intervention logic of CP6 (evidence of programme alignment to expected results)		
<p>COHERENCE CRITERIA: Coherence assesses how well or not different actions by various partners (external) and within thematic and state units, (internal) are coherent and contributing to similar objectives without overlaps. it measures the compatibility (complementarity, harmonization and coordination) of the Country Programme with other interventions in a country in areas of UNFPA’s mandate and with international norms and standards; and co-ordination and the extent to which the intervention is adding value while avoiding duplication of effort.</p> <p>Coherence (assumptions under this criteria are common to all programme areas (SRHR, A&Y, PD and Gender and other cross cutting themes)</p>			
<p>EQ3: (Under Coherence criteria) 3. To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT? (original EQ 4 was omitted as that question is embedded in other questions)</p> <p>EQ4. To what extent have issues pertaining to sexual and reproductive health and rights (SRHR) and GBV, been adequately integrated and addressed in joint COVID-19 response and recovery programming with UNFPA’s leadership?</p>			
<p>Assumption 7: The UNFPA country office has actively contributed to UNCT working groups and joint initiatives (in the development as well as humanitarian context, including COVID19)</p> <p>Assumption7.a: Issues pertaining to SRHR and GBV are adequately integrated and addressed in the joint programming with UNFPA leadership.</p>	<p>Evidence of active participation in United Nations working groups</p> <ul style="list-style-type: none"> • Evidence of participation in humanitarian coordination structures, including leading GBV Area of Responsibility (AoR) and GBV working groups at country level • Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas • Evidence of exchanges of information between United Nations agencies <p>Evidence of UNFPA coordination with other development partners (govt as well as non-govt)</p> <p>Evidence that UNFPA coordinated with other UN agencies that work with the same target populations or the same goals.</p> <p>Evidence that such coordination has</p>	<p>Secondary data: Minutes of UNCT working groups UNDAF, Results Group TOR, Thematic Group reports,</p> <ul style="list-style-type: none"> • Programming documents regarding UNCT joint initiatives • Monitoring/evaluation reports of joint programmes and projects • Minutes of Humanitarian Country Team (HCT) and related humanitarian spaces for coordination <p>Primary sources</p> <p>UNCT members, RCO (UNRC) CO staff IPs in the relevant area (other development partners with the same objectives)</p>	<p>Documentary analysis</p> <ul style="list-style-type: none"> • Interviews with UNFPA country office staff • Interview with the UNRC • Interviews with other United Nations agencies

	<p>accelerated the achievement of interventions/programme or benefit the country.</p> <ul style="list-style-type: none"> • Evidence of joint programming initiatives (planning) • Evidence of joint implementation of programmes..Evidence that SRHR and GBV have been integrated in COVID 19 response and recovery programmes (with UNFPA leadership) 		
<p>(This question is embedded in most other areas and will be included here as well under EQ3) 4. To what extent have issues pertaining to sexual and reproductive health and rights (SRHR) and GBV, been adequately integrated and addressed in joint COVID-19 response and recovery programming with UNFPA’s leadership?</p>			
<p>Effectiveness: Assessing the <u>effectiveness</u>, the extent to which CP outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the CP outcomes, will require a comparison of the intended goals, outcomes and outputs with the actual achievement in terms of results. It also includes the extent to which UNFPA country programme intended results achieved, taking into account potential changes made to the initial results framework due to the COVID-19 crisis.</p> <p>(Effectiveness criterion assesses each output separately – each team member asks this question related to the thematic area, with a human rights and gender lens) Refer to the specified Outputs under your responsibility.</p>			
<p>Evaluation Question 5. To what extent have the expected outputs and outcomes of the programme been achieved or likely to be achieved? What were unintended results of the programme?</p> <p>Evaluation Question 6. To what extent were gender equality, equity and human rights and disability dimensions effectively incorporated into the CP design, implementation and monitoring (This question need to be asked throughout the process – not only under the Effectiveness) it is already included in Relevance as well</p>			
SRHR			
<p>Assumption 8: UNFPA is successfully contribute to the improvement of policies (review, develop and implement policies) on SRHR</p>	<ul style="list-style-type: none"> • Number and types of SRHR policies being reviewed, renewed and developed • Number and types of SRHR policies 	<p>Secondary data a</p> <p>CPAP</p> <p>Annual report</p> <p>Mid-term review report</p>	<p>Document review</p>

according to international by leaving no one behind ²	being reviewed, renewed and developed by incorporated the gender and vulnerable groups	<p>Secondary data Annual reports Mid-term review report NQEM data</p> <p>Primary data (interview data) - RTC -TSMC - CO staff -MCH focal point for in-service training</p>	
Assumption 9: Quality of the Emergency Obstetric and Newborn Care (EmONC), partnering with the MoH is improved ³	<ul style="list-style-type: none"> ● Number of health facilities providing quality emergency obstetric and newborn care according to international standard (ICM) (doubtful to get national data) ● Number of health staff (midwives) completed the in-service training of EmONC successfully ● Health providers (midwives) increase confidence in providing EmONC service at their facilities 		<p>Document review</p> <p>Interview with - CO staff - Health providers received EmONC training (comments: Ask UNFPA: -Define types of facilities they want to cover (HC, RH, PRH) -Access to NQEM data through NMCHC</p>
Assumption 10: Improving pre-service and in-service training for midwives ³	<ul style="list-style-type: none"> ● Percentage of training institutes that implement the national pre-service curriculum based on the ICM standards ● Number of in-service trainings for midwives organized/supported by UNFPA ● Perceptions of the revision of midwifery pre-service curriculum and in-service training (EmONC) supported by UNFPA 		<p>Document review</p> <p>In-depth interview -RTCs -TSMC -CO Staff -MCH focal point for in-service training/ midwifery trainers Comments: Ask UNFPA: Selection of RTCs</p>

² Country Programme Action Plan (CPAP 2019-2023): using strategic intervention under Output 1

³ Results and resources framework for Cambodia (2019-2023)

<p>Assumption 11: Improving family planning and reducing unwanted pregnancy, partnering with the MoH³</p>	<ul style="list-style-type: none"> ● CPR in provinces supported by UNFPA is increased ● Modern contraceptive methods in provinces support by UNFPA is increased ● Unmet need of FP in province supported by UNFPA is decreased 	<p>Secondary data CDHS report/data 2014-2021-22 (disaggregated by provinces supported by UNFPA) - CPR - Modern contraceptive methods - Unmet need of FP</p> <p>Primary data (interview data) CO staff MoH</p>	<p>Secondary data analysis (CDHS)</p>
<p>Assumption 12: Supporting the health sector response to Violence Against Women/Gender Based Violence, partnering with the MoH and MoWA³</p>	<ul style="list-style-type: none"> ● Number and types of gender policies related to GBV/VAW being reviewed, renewed and developed supported by UNFPA ● Percentage/numbers of public health facilities that provide essential health services to women survivors of violence (i.e number of One Stop Center is successfully set up) ● -Evidence of assessment supported by UNFPA on GBV/VAW ● -Evidence of joined supported the GBV/VAW by UNFPA 	<p>Secondary data Annual reports Mid-term review report M&E report/dashboard CDHS 2021-22</p> <p>Primary data (interview data) CO staff MoH GBV's focal point</p>	<p>Document review</p> <p>In-depth interview CO staff MoH GBV's focal point</p>
<p>Assumption 13: Adolescent and youth-friendly health services is scaled up, partnering with RHAC, MoEYS and MoH³.</p>	<ul style="list-style-type: none"> ● Percentage/number of public health facilities that provide quality assured, adolescent-friendly integrated sexual and reproductive health services in eight UNFPA focus provinces ● Percentage/number of public 	<p>Primary data (interview data) CO staff MoH and MoEY RHAC UNYAP</p> <p>Secondary data</p>	

	<p>facilities/health providers received capacity building on Adolescent Youth Friendly Service (AYFS)</p> <ul style="list-style-type: none"> • Number of youths using AYFS at public health facility 	<p>*Youth Situation Analysis in Cambodia. *UNFPA Strategic Plan 2022-2025 *UNFPA Annual Report - Cambodia 2019, 2020, 2021</p>	
<p>Assumption 14: High-quality reproductive health services available to address related needs in humanitarian settings (you can be specific to COVID19, if there were no other major humanitarian disasters)</p>	<p>Strengthened institutional capacity to address related reproductive health needs in humanitarian settings</p> <ul style="list-style-type: none"> • National emergency preparedness and response plan reflects the Minimum Initial Service Package (MISP) • Reproductive health emergency preparedness and response plan has been developed in consultation with various stakeholders, including concerned national partners and civil society working on reproductive health • The capacity of health service providers to ensure the delivery of RH services in emergency situation is strengthened • Enhanced reproductive health services are available in areas affected by the humanitarian crisis • Young refugees (boys and girls) benefit from reproductive health information 	<ul style="list-style-type: none"> • RH strategy in humanitarian settings • Emergency preparedness and response plans • National guidelines on responding to RH needs in humanitarian contexts • Monitoring reports • Field visit (if possible) 	<p>Document review</p> <ul style="list-style-type: none"> • Interviews with MOH, Ministry of Gender, and other relevant government ministries • Interviews with WHO, UNICEF and other relevant United Nations agencies • Health professional interview • Interviews with UNFPA NGO implementing partners • Interview with local organizations, working in the same mandate area as UNFPA but not partners of UNFPA • FGD with service users
<p>Adolescents and Youth Specific</p>			
<p>Assumption 15: Public school provide the knowledge, skills and practice on sexual education, reproductive health and reproductive rights to Adolescent and Youth.</p>	<p>Indicator 1: Percentage of public schools in six UNFPA focus provinces that provide comprehensive sexuality education according to international standards.</p>	<p>*Public Education Statistic and Indicators 2021-2022, MoEYS *School curriculum *School textbook and material *Data statistic Provincial Department of Education Youth and Sport in target provinces *Out of School Comprehensive Sexuality</p>	<p>*Documentary analysis *Interview with UNFPA staff *Interview with Provincial Department of Education Youth and Sport in target provinces *Interview with school directors from 3 provinces (Ratanakiri and</p>

		<p>Education Strategy</p> <ul style="list-style-type: none"> *Youth Situation Analysis in Cambodia. *UNFPA Strategic Plan 2022-2025 *UNFPA Annual Report - Cambodia 2019, 2020, 2021 	<p>Preh Vihear provinces, and Phnom Penh</p> <ul style="list-style-type: none"> *Interview with UNFPA partners
<p>Assumption 16: UNFPA contributed to develop the national strategy in place for both in school and out-of-school on sexual education.</p>	<p>Indicator 2: National strategy in place to deliver innovative out-of-school sexuality education that targets marginalized and vulnerable young people.</p>	<ul style="list-style-type: none"> *SOP on School Health, MoEYS *National Action Plan on School Health 2021-2030, MoEYS) *Out of School Comprehensive Sexuality Education Strategy *National Action on Youth Development 2021-2025 *National Strategic Development Plan 2021-2023 *Youth Situation Analysis in Cambodia. *National Youth Debate report *UNFPA Strategic Plan 2022-2025 *UNFPA Annual Report - Cambodia 2019, 2020, 2021 	<ul style="list-style-type: none"> *Documentary analysis *Interview with UNFPA staff *Interview with Ministry of Education Youth and Sport (Department of School Health) *Interview with National Youth Council (Phnom Penh city) *Interview with UNFPA partners
<p>Assumption 17: Improved knowledge, information and services for young people in all their diversities, with a focus on societal and community mobilization and evidence-based advocacy and policy dialogue</p>	<p>Criteria and protocols for providing, and referring youth to, youth-friendly health services are developed (boys and girls)</p> <ul style="list-style-type: none"> • At least [X] youth-friendly health facilities offer a comprehensive package of reproductive health services in target areas for boys and girls • Life skills RH curriculum are developed • Tools for RH extracurricular education are approved and disseminated • Policy briefs are used for policy dialogue and advocacy • Youth networks and non-governmental organizations – representing youth in their diversity – support the development and 	<p>Strategy and protocols</p> <ul style="list-style-type: none"> • Monitoring reports • Developed curriculum • Field visits • Consultation meeting minutes • Operational study by universities • Policy briefs 	<ul style="list-style-type: none"> • Document review • Interviews with MOPH and other relevant government ministries • Interviews with UNICEF and WHO and other relevant United Nations agencies • Health professional interview • FGD with diverse groups of young people • FGD with peer educators • Teachers interview • Meeting with implementing partners • Meeting with school health educators

	implementation of a multi-sectoral SRHR strategy for youth		
Population Dynamics Specific			
<p>Assumption 18:</p> <p>UNFPA contributed to strengthening institutional capacities to produce and use data to map out inequalities and emerging population dynamics to inform policies and programmes and improve emergency preparedness</p>	<ul style="list-style-type: none"> ● Number of in-depth analysis reports which include mapping of inequalities produced using data from 2019 census and 2020 DHS in line with ICPD priority SDG indicators with focus on UNFPA prioritized provinces ● National and sectoral policies and plans which explicitly integrate identified inequities in areas of sexual and reproductive health and rights, violence against women, youth and emerging population dynamics ● Number of partners were trained on analyses of census data and CDHS ● Disaggregated data on needs of women with disability and indigenous people ● Number of In-depth, policy-oriented (demographic/population) studies were completed. ● Number national strategies completed using PD data ● Number of partnership events with regional actors and South-south 	<p>Primary data:</p> <ul style="list-style-type: none"> ● CO staff ● Line ministry (MOH, MOWA, MoEY relevant staff) ● Relevant UN agencies <p>Secondary data:</p> <ul style="list-style-type: none"> ● UNFPA Work Plan and Progress reports ● P&D project reports ● Policies from other ministries ● Training reports ● Partner implementation reports ● CDHS report ● Census report 	<p>Document review</p> <p>Interview with PD staff</p> <p>Interview with relevant ministries such as MoWA, MoEYS, , MoInterior, UNICEF, UNDP, UN-Women, Research Institutions</p>

	<p>cooperation to improve data use and analysis</p> <ul style="list-style-type: none"> • CDHS 2021-2022 report was completed • Census 2019 report was completed • Gender dividend report completed 		
<p>Efficiency Criteria measures The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.). (also includes how resources, procedures and implementation modalities used by the country office were adapted to the COVID-19 context.)</p>			
<p>EQ: 7. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the outcomes defined in the UNFPA country programme in a timely manner? (Including in COVID19 response and recovery)</p>			
<p>EQ: 8. To what extent did UNFPA systems, processes and procedures (particularly in terms of finance, partnerships, logistics, procurement and human resources) foster or, on the contrary, impede the adaptation and efficiency of the country programme to changes triggered by the COVID-19 pandemic?</p>			
<p>Assumption 19. Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner</p>	<p>Evidence that the planned resources were received to the foreseen level in AWP</p> <ul style="list-style-type: none"> • Evidence that resources were received in a timely manner • Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries • Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners 	<ul style="list-style-type: none"> • UNFPA (including finance/administrative departments) • Partners (implementers and direct beneficiaries) • Working group members/multi-stakeholder platforms on gender equality/women’s rights and GBVAnnual reports from partner ministries, and implementing partners, audit reports and monitoring report • Financial documents at the UNFPA (from project documentation) and interviews with administrative and financial staff 	<p>Documentary review, interviews, FGDs</p> <ul style="list-style-type: none"> • Interviews with implementing partners (ministry level/secretariat general-level staff) • Interviews with UNFPA country office staff • Beneficiaries of funding (including NGOs) • FGDs with working group members/multi-stakeholder platforms on gender equality/women’s rights and GBV of which UNFPA is a part
<p>Assumption 20: The resources provided by UNFPA have had a leveraging effect</p>	<p>Evidence that the resources provided by UNFPA triggered the provision of additional resources from the government</p> <ul style="list-style-type: none"> • Evidence that the resources provided by 	<p>UNFPA (including finance/administrative departments)</p> <ul style="list-style-type: none"> • Partners (implementers and direct beneficiaries) 	<p>Documentary review, interviews, FGDs:</p> <ul style="list-style-type: none"> • Interviews with ministry level/secretariat general-level staff

	<p>UNFPA triggered the provision of additional resources from other partners, including other donors or INGOs</p> <ul style="list-style-type: none"> • Evidence of coordination and complementarity among the UNFPA country programme components and the programmer's implementation • Evidence of coherence among government ministries and UNFPA mandate areas 	<ul style="list-style-type: none"> • Others activists/groups working on GBV and gender equality in the same space as UNFPA (that are not implementing partners) • Working group members/multi-stakeholder platforms on gender equality/women's rights and GBV <p><u>Secondary data from:</u> annual reports from partner ministries, and implementing partners, audit reports and monitoring reports financial documents at the UNFPA (from project documentation)</p>	<p>and interviews with administrative and financial staff</p> <ul style="list-style-type: none"> • Beneficiaries of funding (including NGOs) • FGDs with working group members/multi-stakeholder platforms on gender equality/women's rights and GBV of which UNFPA is a part
<p>Assumption 21: Administrative and financial procedures as well as the mix of implementation modalities allow for a smooth execution of the country programme, including during the COVID 19 pandemic.</p>	<p>Appropriateness of the UNFPA financing instruments, administrative regulatory framework, staff, timing and procedures) for the implementation of the programme, including outputs specifically related to gender and human rights as well as those with gender and human rights dimensions</p> <ul style="list-style-type: none"> • Evidence of transparent IP selection process • Evidence of appropriateness of the IP selection criteria • Evidence of the coordination and complementarity features of the implementation of the country programme 	<ul style="list-style-type: none"> • UNFPA (including finance/administrative departments) • Partners (implementers and direct beneficiaries) • Secondary data: Annual reports from partner ministries, and implementing partners, audit reports and monitoring reports • Documentary review of financial documents at the UNFPA (from project documentation) 	<ul style="list-style-type: none"> • Interviews with ministry level/secretariat general-level staff and administrative and financial staff • Interviews with a diversity of implementing partners • FGD with beneficiaries of funding (including NGOs)
<p>Assumption 22: Country Office was able to partner with other agencies, development partners to deliver uninterrupted services to the needy during the COVID 19 response.</p>	<p>Evidence of serve center records (SRH and GBV mainly)</p> <p>Evidence of satisfaction of service by marginalized people</p> <p>Evidence of satisfaction by service providers</p>	<p>Secondary data:</p> <p>Post covid client satisfaction report data</p> <p>Health center records</p> <p>UNFPA M&E reports</p> <p>Primary data</p> <p>health staff (provinces)</p> <p>UNFPA staff</p> <p>Affected communities</p>	<p>Document review</p> <p>Interview</p>

<p>Sustainability Criteria measures: The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.</p>			
<p>Evaluation Question:</p> <p>EQ 9. To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects across the development-humanitarian continuum, including during the COVID-19 pandemic?</p> <p>EQ10. To what extent has UNFPA been successful in mitigating the threats to the sustainability of results caused by the COVID-19 crisis?</p> <p>(Sustainability of GE integration and the human rights perspectives, GBV, A&Y in UNFPA supported interventions should be assessed 9as they are cross-cutting) under this criteria) Check for national laws and strategies supported)</p>			
<p>Assumption 23: The results of UNFPA supported initiatives in the field of gender equality and empowerment of women are likely to last beyond the termination of country program</p> <p>Assumption:24: Programme documents and agreements specifically mention about a sustainability strategy (exit strategy) and mechanisms are</p>	<ul style="list-style-type: none"> • Evidence of budget committed to gender equality and women’s rights,, disability inclusion and ensuring representation from marginalized groups (both standalone and mainstreamed) • Evidence of budget committed to disability inclusion in UNFPA supported interventions • More specifically, evidence that national funds have been allocated to continue UNFPA-supported projects (once UNFPA 	<p>Secondary Data: Report (UNFPA) of Client satisfaction Survey (list of reports included in the recent evaluations and assessments, including reports on response to Covid 19)</p> <ul style="list-style-type: none"> • National commission(s) on gender equality and women’s rights • Relevant government ministries (cross-sectoral) • Y- PEERS Network • Support groups • Providers of youth friendly health service • Women’s units at local level/ municipal councils <p>Document review _ related to: National budget reviewed for financial sustainability (various sources, fundraising etc.) Document review of guidelines and tools (including referral pathways, adoption of standards of care</p>	<p>Document Review and analysis, Site visits (Observation)</p> <ul style="list-style-type: none"> • Site visits (e.g., inspection of maintenance of equipment) • Volunteerism • Interviews and FGDs with NGOs (both local/national and international) working to advance gender equality and women’s rights (implementing partners and non-implementing partners)

<p>in place to follow those.</p>	<p>funded projects end)</p> <ul style="list-style-type: none"> • Evidence of political commitment and buy-in for dedicated gender focal points/those working on gender equality in national ministries and relevant institutions • Evidence of the existence of a mechanism to follow up the exit strategy (specifically in the strategies relating to the gender component of the UNFPA country programme) • Evidence of a handover process from UNFPA to the related executing parties regarding the related projects • Extent of ownership of each project by various collaborating groups/bodies (i.e., national implementing partners, including NGOs and government bodies) • Evidence of maintenance of equipment (counselling rooms, rape kit, dignity kit) • Degree of structural integration within budget and structures/processes in national ministries 		
<p>Assumption 25: Policies, strategies and laws that are gender sensitive and responsive are institutionalized</p>	<p>Evidence of policies addressing gender equality and women’s rights developed in consultation with diverse stakeholders, including community and local organizations working on advancing gender equality and women’s rights across sectors</p> <ul style="list-style-type: none"> • A national gender equality and women’s rights strategy is developed, endorsed and operationalized • A national policy addressing the prevention, response to and elimination of GBV is developed, endorsed and 	<ul style="list-style-type: none"> • NWC • NGOs (both local/national and international) working to advance gender equality and women’s rights • Family Planning Association • Gender focal points of Ministry of Social Affairs, Ministry of Education • Group meetings with Y-PEERS Network • UNFPA country office gender team and focal points • Parliamentary Committee • Recent laws, policies and strategies 	<p>Analysis of documents</p> <ul style="list-style-type: none"> • Analysis of recent legislation • Review of recent ministry policies • Interviews with concerned ministry focal points • Interviews with UNFPA country office gender team and focal points • Interviews with NGOs (both local/national and international) working to advance gender equality and women’s rights (implementing partners and non-implementing

	<p>operationalized</p> <ul style="list-style-type: none"> • An adequate budget is allocated to enable the implementation of policies • A number of new laws that integrate gender equality and women’s rights are being discussed at concerned parliamentarian committees • Evidence that underlying drivers undermining gender equality and the rights of women and girls – including socio-cultural norms and beliefs and legal structures – are considered in the drafting of new legislation and policies 		<p>partners</p> <ul style="list-style-type: none"> • UNFPA-related project managers and project teams
<p>Assumption 26: Technical capacity of national institutions and NGOs related to women’s empowerment and gender equality is increased</p>	<p>Committees (including cross- ministerial) on women’s rights and gender equality established and functioning</p> <ul style="list-style-type: none"> • Gender focal points in national institutions and NGOS in related sectors trained on gender equality and GBV • National Commission for Women (NCW) members trained in life skills • Frequency of and attendance level at the meetings of the NCW • NCW members trained on gender audit and analysis, and budgeting • Number of coaching meetings held by UNFPA country office for NCW members. 	<p>Primary sources: UNFPA relevant senior officer</p> <ul style="list-style-type: none"> • UNFPA gender focal point and/or team working on gender equality • Parliamentary Committee) if any) • Min of Women’s’ Affairs/Social Affairs • Ministry of Education • Specify any relevant Committee/s • Relevant NGOs • Relevant implementing partners • Gender focal points in concerned ministries and municipalities • Youth organizations • Y-PEER Network <p>Secondary sources: Project strategy document</p> <ul style="list-style-type: none"> • Minutes/reports from planning meetings with partners • Field visits 	<p>Document review and analysis</p> <ul style="list-style-type: none"> • Group meetings with NCW, NGOs, concerned municipalities (women’s units) • Interviews with UNFPA gender focal points • Interviews with government implementing partners • FGD with diverse groups of organizations – including implementing partners – on supporting national capacity

		<ul style="list-style-type: none"> • Partners' work plans • Implementing partners 	
<p>SRHR specific on Sustainability Assumption 27:</p> <p>UNFPA reproductive health-related interventions have contributed or are likely to contribute to sustainable effects</p>	<p>Planning of interventions has been done together with partners, including implementing partners working with affected communities, marginalized and vulnerable communities and final beneficiaries</p> <ul style="list-style-type: none"> • Exit strategies to hand over UNFPA-initiated interventions to (local) partners have been developed during planning process • Partners' capacities have been developed with a view to increasing their ownership of the UNFPA-initiated interventions (integrated health services, commodity security, outreach services, youth-friendly services, life skills curriculum and tools) • A high-quality service culture has been developed among health professionals who benefited from capacity development interventions, including the capacity to address the varied/diverse needs of users • Life skills education and peer education interventions are sufficiently followed up so that quality education is delivered 	<p>Primary sources:</p> <p>UNFPA relevant staff</p> <ul style="list-style-type: none"> • <p>Secondary sources:</p> <p>Project strategy document</p> <ul style="list-style-type: none"> • Minutes/reports from planning meetings with partners • Field visits • Partners' work plans • Implementing partners 	<p>Document review</p> <ul style="list-style-type: none"> • Interviews with Implementing partners • Interviews with health professionals • Interviews with teachers • FGD with diverse groups of service users
<p>Specific to PD on Sustainability Assumption 28: UNFPA CP6 supported interventions. in</p>	<p>Disaggregated data produced, analysed and utilized at national and sectorial levels in a timely manner</p> <ul style="list-style-type: none"> • Large-scale population surveys are 	<ul style="list-style-type: none"> • UNFPA P&D section AWP and workplan progress reports • P&D project reports • Ministry of Social Affairs (MOSA) staff and 	<ul style="list-style-type: none"> • Document review: including of annual reports from MOSA, SDCs, needs assessments, evaluation and monitoring reports

<p>the field of population and development, contributed in a sustainable manner to strengthened the framework for the planning and implementation of national development policies and strategies (if this is applicable can use it)</p>	<p>conducted and disseminated</p> <ul style="list-style-type: none"> • A number of professionals and units are trained to apply integration methods and tools • In-depth, policy-oriented (demographic/population) studies released • Functionality of information systems set in place • Database for monitoring the implementation of public policies established and available to the public 	<p>publications</p> <ul style="list-style-type: none"> • MOPH staff • Heads of a sample of SDCs • United Nations Statistics Task Force terms of reference • CB training participants • Implementing partners working at the state/district/community level 	<ul style="list-style-type: none"> • Planning and programming documents (MOSA) issued during the reference period • Inputs to and deliverables of the information systems • Interviews with MOSA, and municipalities staff to review the implementation modalities of P&D component and achievements
<p>Coverage and Connectedness criteria measure: a) The extent to which major population groups facing life-threatening suffering were reached by humanitarian action and b) the extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.</p>			
<p>Coverage: EQ 11. To what extent have UNFPA humanitarian interventions systematically reached the affected populations, especially the most vulnerable and marginalized groups (including young people and women with disabilities; those of racial, ethnic, religious and national minorities; LGBTQI populations)</p>			
<p>Assumption 29: Major population groups were reached and disaggregated data available with geographic locations.</p>	<p>Evidence of disaggregated data availability for service providers to use (data on most affected by age, sex and different ethnic and other vulnerability variable and their ability to access services)</p> <p>Evidence and the most effected populations were reached in a timely manner</p>	<p>Secondary data: Service facility reports, M&E reports, data maintained by CSOs, community groups and other DPs in the area, UN CHR data Evaluation and Assessment reports (Relevant ones developed as response to COVID19)</p> <p>Primary data: UNFPA CO staff, other UN agencies UNHCR (HCT) Field personnel</p>	<p>Documentary review</p> <p>Key informant interviews</p>

Connectedness			
EQ 12. To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women’s organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises? (a bit Similar to EQ 9)			
Assumption 30: capacity of national institutions, CSOs and NGOs are increased as a result of long-term preparation for similar or other crises in the future	<p>Evidence of plans developed for developing capacity of institutions that are linked to serving emergency response</p> <p>Evidence that MISP to GBV in emergencies, Essential Service Package for women and girls subject to violence are used in programmes and are being institutionalized</p> <p>Evidence of (UNFPA) budgetary allocation for capacity building (specific to Emergency response) and resilience building in line ministries as well as DPs and NGOs</p> <p>Presence of psychosocial cadre in relevant institutions to handle trauma and post traumatic conditions (lobby for this type of services)</p> <p>Handover Plan (UNFPA side) – exit strategies after a emergency response (long-terms plans for the government or the community to take over.</p>	<p>Secondary data: Service facility reports, M&E reports, data , UN HCR, IOM data Evaluation and Assessment reports (Relevant ones developed as response to COVID19) Line ministry progress reports</p> <p>Primary data: UNFPA CO staff, other UN agencies UNHCR (HCT) Field personnel (health, education, GBV etc),</p>	<p>Documentary review</p> <p>Key informant interviews s</p>