

**UNFPA PHILIPPINES**  
**Country Programme Evaluation**  
**Eighth Programme Cycle, 2019 - 2023**

**Evaluation Report**

**Annexes 5-19**

**September 2023**

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**ANNEX 5:**

**Terms of Reference**

**United Nations Population Fund (UNFPA) Philippines  
8<sup>th</sup> Country Programme  
(2019-2023)**

**Country Programme Evaluation**

**(without annexes to the TOR)**

**1 June 2022**

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## Acronyms

AIDS	Acquired immunodeficiency syndrome
AMTP	AIDS Medium Term Plan
APRO	Asia-Pacific Regional Office
AWP	Annual work plan
BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
BTA	Bangsamoro Transition Authority
CCA	Common country assessment/analysis
CHR	Commission on Human Rights
CO	Country office
CP	Country programme
CPAP	Country programme action plan
CPD	Country programme document
CPE	Country programme evaluation
CSE	Comprehensive sexuality education
CVA	Cash and voucher assistance
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
HCT	Humanitarian Country Team
IACVAWC	Inter-Agency Council on Violence Against Women and their Children
ICPD	International Conference on Population and Development
ICT	Information and communications technology
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
LGU	Local government unit
M&E	Monitoring and evaluation
MHPSS	Mental health and psychosocial support
MIC	Middle-income country
MISP	Minimum initial service package
NDHS	National Demographic and Health Survey
NEDA	National Economic and Development Authority
NOH	National Objectives for Health
OECD/DAC	Organization for Economic Cooperation and Development - Development Assistance Committee
PDP	Philippine Development Plan
PFSO	Partnership Framework for Sustainable Development
POPCOM	Commission on Population and Development
PPE	Personal protective equipment
PPMP	Philippine Population Management Program
PSA	Philippines Statistics Authority
PWD	Persons with disabilities
PYDP	Philippine Youth Development Plan

RPRH	Responsible Parenthood and Reproductive Health
SEPF	Socio-Economic and Peacebuilding Framework
SDGs	Sustainable Development Goals
SGBV	Sexual and gender-based violence
SRHR	Sexual and reproductive health and rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
WPS	Women, peace and security

## 1. Introduction

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

UNFPA has been operating in the Philippines since 1969. The support that the UNFPA Philippines Country Office (CO) provides to the Government of the Philippines under the framework of the 8th Country Programme (CP) (2019-2023) builds on national development needs and priorities articulated in:

- *Ambisyon Natin 2040* (National long-term vision)
- Philippine Development Plan (PDP) 2017-2022
- Plan of Action for Reaping and Optimizing the Demographic Dividend
- Philippine Population Management Program (PPMP) Directional Plan 2017-2022
- National Objectives for Health (NOH) 2017-2022
- Philippine Youth Development Plan (PYDP) 2017-2022
- Inter-Agency Council on Violence Against Women and their Children (IACVAWC) Strategic Plan 2017-2022
- 6<sup>th</sup> AIDS Medium Term Plan (AMTP) 2017-2022
- United Nations Common Country Assessment (CCA), 2017 and 2020
- UN – Government of the Philippines Partnership Framework for Sustainable Development (PFSD) 2019-2023 and the Socio-Economic and Peacebuilding Framework (SEPF) 2020-2023
- UNFPA 8<sup>th</sup> Country Programme Action Plan (CPAP) 2019-2023

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated at least every two programme cycles, “unless the quality of the previous country programme evaluation was unsatisfactory and/or

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<sup>1</sup> UNFPA Strategic Plan 2018-2021, p. 3. The document is available at: [https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA\\_2017.9 - UNFPA\\_strategic\\_plan\\_2018-2021 - FINAL - 25July2017 - corrected\\_24Aug17.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9 - UNFPA_strategic_plan_2018-2021 - FINAL - 25July2017 - corrected_24Aug17.pdf).

significant changes in the country contexts have occurred.”<sup>2</sup> The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 8th CP (2019-2023) in the Philippines, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle 2024-2028.

The evaluation will be implemented in line with the *Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA* (UNFPA Evaluation Handbook), which is available at <https://www.unfpa.org/EvaluationHandbook>. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers a step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the evaluation manager perform during the different evaluation phases.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Philippines CO; (ii) the Government of the Philippines; (iii) implementing partners of the UNFPA Philippines CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA Asia-Pacific Regional Office (APRO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the evaluation manager within the UNFPA Philippines CO, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the UNFPA APRO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

## 2. Country Context

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<sup>2</sup> UNFPA Evaluation Policy 2019, p. 20. The document is available at <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>.

The Philippines has an estimated population of 112.5 million<sup>3</sup>, of which about 10-20% are indigenous peoples<sup>4</sup> and around 12% of those aged 15 and older have experienced severe disability<sup>5</sup>. The population is estimated to grow at an annual average rate of 1.3% for the period 2020-2025<sup>6</sup>, slower than the 1.9% for 2000-2010 and the 1.72% for 2010-2015<sup>7</sup>. Young people (aged 10-24 years) represent 28% of the population, with adolescents (aged 10-19 years) comprising 19%. The elderly (aged 65 years and older), on the other hand, comprise 6%. Female life expectancy at birth in 2022 stood at 76 years compared to males' 68, which are improvements to the 74 and 66 years estimates for females and males, respectively, in 2010<sup>8</sup>.

Average annual economic growth increased to 6.4% between 2010-2019 from an average of 4.5% between 2000-2009 before contracting by -9.5% in 2020 during the COVID-19 pandemic and then recovering by 5.7% in 2021<sup>9</sup>. With continued recovery and reform efforts, the country is getting back on track on its way from lower middle-income country (MIC) status with a gross national income per capita of USD 3,430 in 2020 to upper MIC (with a per capita income range of USD 4,096 – USD 12,695) in the short term. With increasing urbanization, a growing middle class and a large and young population, economic growth is backed by strong consumer demand, a vibrant labor market and robust remittances. Performance was notable in the services sector including business process outsourcing, real estate, tourism, and finance and insurance industries<sup>10</sup>.

Despite being an MIC, income inequality and poverty persist. Poverty incidence increased to 23.7% during the first half of 2021 from 21.1% during the same period in 2018, translating to 3.9 million more Filipinos living in poverty<sup>11</sup>. Among the 17 regions, the incidence of poverty in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) was highest at 45.8% although it also saw the largest decrease from 2018 (by 17.4 percentage points), which reflects the progress made on the peace process<sup>12</sup>. The Philippines' Human Development Index (HDI) value for 2019 was 0.718, positioning it at 107 out of 189 countries and territories and registering an increase from 0.593 in 1990. The Gini index remains relatively high although an improvement was registered from 44.6 in 2015 to 42.3 in 2018<sup>13</sup>.

Demographic transition (low birth rates, low death rates) is markedly slower and benefits reaped from the youth bulge of the demographic dividend are likely to be less than neighboring countries. For 2022, total fertility rate is estimated at 2.4 although, based on 2017 disaggregated data, fertility continues to witness significant disparities between 1.7 children per woman mostly in the northern part of the

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<sup>3</sup> <https://www.unfpa.org/data/world-population/PH>

<sup>4</sup> <https://www.iwgia.org/en/philippines.html>

<sup>5</sup> <https://psa.gov.ph/ndps/disability-survey-id/138567>

<sup>6</sup> <https://www.unfpa.org/data/world-population/PH>

<sup>7</sup> <https://pdp.neda.gov.ph/wp-content/uploads/2018/04/03-04-26-2018.pdf>

<sup>8</sup> <https://data.worldbank.org/indicator/SP.DYN.LE00.FE.IN?locations=PH>

<sup>9</sup> [https://psa.gov.ph/sites/default/files/01Summary\\_2018PSNA\\_Ann\\_9.xlsx](https://psa.gov.ph/sites/default/files/01Summary_2018PSNA_Ann_9.xlsx)

<sup>10</sup> <https://www.worldbank.org/en/country/philippines/overview#1>

<sup>11</sup> <https://neda.gov.ph/statement-on-the-2021-first-semester-official-poverty-statistics/>

<sup>12</sup> <https://psa.gov.ph/content/proportion-poor-filipinos-registered-237-percent-first-semester-2021>

<sup>13</sup> <https://data.worldbank.org/indicator/SI.POV.GINI?locations=PH>

country compared to a rate of above 4 children per woman in regions such as BARMM. Modern contraceptive prevalence rate is estimated at 43% and unmet need for family planning among married women at 16% in 2022, while births attended by skilled health personnel stood at 84% for the 2004-2020 period. Maternal mortality ratio was at 121 maternal deaths per 100,000 live births in 2017. Total net enrollment rate for upper secondary education was at 80% for the 2010-2020 period<sup>14</sup>. Youth unemployment rate, however, is high at 14.3% compared with the national rate of 6.4% for 2022. The female labor force participation rate is low at 51.8%<sup>15</sup>.

Many laws and policies are in place to facilitate improvement of the health, education and employment situation but implementation challenges remain. For example, the Responsible Parenthood and Reproductive Health (RPRH) law, aimed at addressing population and development challenges, was passed in 2012. However, the implementation of the law has been beset by legal and operational challenges, and a number of policy gaps persist. One of these is the fact that adolescents under 18 years are not able to exercise their right to access modern family planning without parental consent. On a more positive note, the Universal Health Care (UHC) Law was passed in 2019 while two national legislations that protect women and girls' rights have been approved in 2022, one on ending child marriage and another on raising the age of statutory rape from below 12 years to 16 years old. However, the UHC service coverage index value stood at just 55 in 2019<sup>16</sup> while the Bangsamoro Transition Authority (BTA) recently passed a resolution appealing to the President to stop the child marriage law's implementation in the autonomous region<sup>17</sup>. While the bill on adolescent pregnancy prevention remains pending in the Congress, the President of the Philippines nonetheless issued Executive Order 141 to serve as an interim legal framework for addressing the issue.

Adolescent girls are vulnerable to unintended pregnancy because they lack the information and access to services that enable them to make informed decisions about their sexual and reproductive health. Official data from the Philippine Commission on Population and Development (POPCOM) reveal that the country recorded a sustained annual average increase of 7% in adolescent pregnancy, i.e. among girls aged 15 years and below, over the past 9 consecutive years, recording one of the highest rates of adolescent fertility in Asia<sup>18</sup>. The rate of child marriage by age 18 stood at 18% for the 2005-2020 period while young people between 15-24 years old accounted for 30% of new HIV cases in the Philippines in February 2022<sup>19</sup>. To date, only 220 public schools out of about 47,000 overall have so far been trained on the comprehensive sexuality education (CSE) curriculum following international standards.

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<sup>14</sup> <https://www.unfpa.org/data/world-population/PH>

<sup>15</sup> <https://psa.gov.ph/content/unemployment-rate-february-2022-estimated-64-percent>

<sup>16</sup> <https://www.unfpa.org/data/world-population/PH>

<sup>17</sup> <https://www.pressreader.com/article/281805697283982>

<sup>18</sup> Particularly in the three regions of CALABARZON, the National Capital Region and Central Luzon. Outside Luzon, the highest numbers of minors who gave birth were in Northern Mindanao, the Davao Region, and Central Visayas. It is worth mentioning that the teenage pregnancy reduction program is part of the current government's roadmap to reduce poverty and that "PopCom and DSWD, together with other agencies, are in the process of rolling out this social protection program." <https://cnnphilippines.com/news/2021/2/8/Teenage-pregnancy-cases-up-in-Philippines.html>

<sup>19</sup> <https://www.aidsdatahub.org/resource/hiv-aids-and-art-registry-philippines-february-2022>

In 2021, the Philippines has dropped to 17<sup>th</sup> place from its former spot among the top 10 countries able to close the gender inequality gap in economic participation, political empowerment, education, and health and survival<sup>20</sup>. Its legal and policy framework has yet to fully deliver the expected benefits, especially for marginalized women and girls. The Commission on Human Rights (CHR) documented systemic patterns of rights violations in its 2016 national inquiry on reproductive health and rights. Moreover, there has been weak participation of men and boys in sexual and reproductive health, including family planning programmes. Women's experience of intimate partner violence for the past 12 months was estimated at 6% in 2018 while decision-making on SRHR stood at 81% for the period 2007-2020.

Data generation, analysis and utilization for policy and decision-making and for programme design remain key challenges. For example, there is a lack of data on child marriage, on the prevalence of GBV, and on access to SRH services by vulnerable groups such as indigenous peoples and people with disabilities.

The lack of access to sexual and reproductive health services and protection mechanisms is even more pronounced for marginalized women and girls during times of natural disaster. The Philippines was the 8<sup>th</sup> most disaster-prone country in 2021<sup>21</sup>, which only served to further hinder access. Furthermore, the Mindanao region's context of conflict, disasters, and governance challenges, means that the meaningful and sustained involvement of young people in peacebuilding, humanitarian and development work remains elusive; despite the critical role this can play in reaping the demographic dividend.

In the particular case of BARMM (composed of 5 provinces and 116 municipalities), the population has nearly doubled in 20 years, moving from 2.8 million to 4.4 million with an expanding annual growth rate reaching 3.6% for the period 2015-2020, according to the Philippines Statistics Authority (PSA). At this rate, BARMM's population is expected to double by 2040, i.e. in less than 18 years. Considering today's significantly poor SRH services in the region, its high prevalence in early marriage and teen pregnancy, its gender adverse indicators and its meager health resources and limited health system capacity, the prospects for doubling the population in less than 18 years can be a serious and legitimate concern for all.<sup>22</sup>

In summary, the significantly high demographic growth in BARMM, the relative high level of fertility and its expanding disparities across the country, the sustained and unrelenting increase in teenage pregnancy, the unrealized demand and the persistent high unmet need for modern contraceptives particularly in the poorer regions and in BARMM, have maintained until recently a relatively large-based population pyramid, albeit with a slight but promising shrinking of the zero-to-five age group if one compares the population pyramids of the Philippines over 20 years, between 2000 and 2020.<sup>23</sup>

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<sup>20</sup> <https://www.pna.gov.ph/articles/1135541>

<sup>21</sup> <https://reliefweb.int/sites/reliefweb.int/files/resources/2021-world-risk-report.pdf>

<sup>22</sup> UNFPA Philippines 8<sup>th</sup> Country Programme Mid-Term Review (MTR) Report

<sup>23</sup> Ibid.

Considering the above, the discussion of prompting any significant demographic dividend in the next five or ten years can be seriously challenged in light of the relatively large base of the population structure and the above population, fertility, teenage pregnancy, gender and SRH unfavorable parameters. These metrics have potential to prompt the adverse and augmented effect of delaying and holding back the favorable trend towards reaping the demographic dividend as per desired plans. The above factors can be somewhat likened to iron belts circling the economy and the human resources of the country and thus delaying its smooth swimming towards reaping the results of the demographic dividend, and eventually the overall development dividend for all.<sup>24</sup>

### 3. UNFPA Country Programme

UNFPA has been working with the Government of the Philippines since 1969 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 8<sup>th</sup> CP in the Philippines.

The 8<sup>th</sup> CP (2019-2023) is aligned with the *Ambisyon Natin 2040*, Philippine Development Plan (2017-2022), Philippine Population Management Program (PPMP) Directional Plan (2017-2022), National Objectives for Health (2017-2022), Philippine Youth Development Plan (2017-2022), the UN – Government of the Philippines Partnership Framework for Sustainable Development (2019-2023) and the Socio-Economic and Peacebuilding Framework (2020-2023), and the UNFPA Strategic Plan (2018-2021). It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Philippines CO delivers its CP through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery. The **overall goal** of the UNFPA Philippines 8<sup>th</sup> CP (2019-2023) is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality**, as articulated in the UNFPA Strategic Plan 2018-2021. The CP contributes to the following **outcomes** of the UNFPA Strategic Plan 2018-2021:

- **Outcome 1.** *Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.*
- **Outcome 2.** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*
- **Outcome 4.** *Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.*

The UNFPA Philippines 8<sup>th</sup> CP (2019-2023) has three thematic areas of programming with distinct **outputs** that are structured according to the three outcomes in the Strategic Plan 2018-2021 to which they contribute.

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<sup>24</sup> Ibid.

**Outcome 1** (Sexual and reproductive health and rights): *Every woman, adolescent and youth everywhere, especially those furthest behind, have utilized integrated sexual and reproductive health and services and exercised reproductive rights, free of coercion, discrimination and violence*

**Output 1: Enhanced capacities to develop and implement policies that prioritize access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings**

In translating government policies and investments into actions that enable women and couples to have the number of children they want and when they want them, UNFPA provided technical support to the National Implementation Team on the RPRH law and assisted in the development, implementation and monitoring of multi-year costed implementation plans, in both development and humanitarian contexts with the focus on overcoming bottlenecks related to the SRH of those furthest behind. These costed plans included the health sector's response to GBV, as mandated by the RPRH law. It supported the institutionalization of the minimum initial service package during emergencies at national and subnational levels and built on the Joint Memorandum Circular signed by government agencies during the seventh country programme. It supported the establishment of a functioning inter-agency GBV Coordination body for humanitarian preparedness and response led by the Department of Social Welfare and Development. Lastly, it strengthened partnerships by supporting an emerging private sector led movement on SRH programmes in the workplace.

The historic transition in Mindanao with the inauguration of the BARMM in March 2019 had not yet been fully considered when the CPD and the 2019 AWP were planned and formulated. In spite of this initial gap, UNFPA quickly recalibrated and adapted its programming to maximize this opportunity to bring to the fore the issues faced by the Bangsamoro women and girls – in particular those that affect their rights, choices, dignity and well-being – in the context of the humanitarian-development-peacebuilding triple nexus. In this regard, UNFPA provided technical assistance to strengthen the capacity of the newly established Bangsamoro Transition Authority (BTA) to provide high-quality, integrated information and services for RH/FP and GBV, which are also responsive to emergencies.

The years 2020-2021 also witnessed a significant shift in the developmental landscape in the Philippines with the spread of the unforeseen COVID-19 pandemic, which had also followed the historic Taal Volcano eruption, earthquakes, and the series of destructive typhoons across different regions of the country, including the latest Super Typhoon Rai in December 2021. These prompted UNFPA to undertake a mix of policy advocacy, technical assistance and service delivery interventions which were not originally anticipated in the CPD formulation process to ensure that COVID-19's implications for women and young people are addressed in the national/local governments' pandemic response and recovery plans and assistance to women and girls displaced by the natural disasters are strengthened and coordinated. These circumstances also gave rise to several innovations modeled by UNFPA such as the cash and voucher assistance (CVA), i.e. Cash for Health and Cash for Protection, to improve maternal health and GBV response outcomes in the context of the triple nexus, an online information hub that serves as an alternative means of reaching women and girls at scale and bringing essential SRH and GBV prevention and response information to them in a manner that facilitates real-time consultation and interaction, pilot-testing Anticipatory Action as a life-saving measure for women

and girls living in areas regularly affected by strong typhoons, and the integration of mental health and psychosocial support (MHPSS) in the maternal health care continuum and in GBV response.

**Output 2. Improved domestic accountability mechanisms for sexual and reproductive health and rights through the involvement of communities and health system stakeholders at all levels**

Under this output, technical support was given to the Commission on Human Rights (CHR) in performing its bridging role among stakeholders to promote transparent, participatory, and inclusive processes in addressing SRH and GBV issues such as through periodic reviews on the exercise of SRHR – particularly among marginalized and vulnerable groups such as women with disabilities – and in the implementation of follow up actions arising from them, launching a system to track information and communications technology (ICT)-facilitated sexual and gender-based violence (SGBV). A policy review was also conducted on the Women in Emergencies provision of the Magna Carta of Women to help inform Congress in the discharge of their legislative, budgetary and oversight functions.

In the context of the pandemic, UNFPA as GBV sub-sector co-lead advocated for the inclusion of Protection-related issues in the Philippines' HCT Response Plan and in the 2<sup>nd</sup> Global Humanitarian Response Plan for COVID-19 even as the government and most development partners were heavily focused on the immediate health-related response in the pandemic's initial phase. It undertook a National Gender and Inclusion Assessment – in collaboration with a broad base of government, civil society and development partners – to obtain women's views on their experiences during and in coping with the pandemic. It also supported the CHR in fulfilling its role as Gender Ombud by setting up an online GBV reporting portal especially during the COVID-19-induced lockdowns and in mobilizing peer monitoring teams led by women with disabilities in the major urban centers of the country.

To address the lack of inclusion and weak participation of women in the normalization phase of the peace process and in the ongoing political transition in BARMM, UNFPA supported the transformation and capacity-building of former women combatants into para-social workers, gender equality champions, and grassroots peace advocates in their respective communities. UNFPA also provided technical assistance in the formulation of Provincial Action Plans on Women, Peace and Security (WPS).

**Outcome 2 (Adolescents and youth):** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and rights*

**Output 1: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and well-being**

To improve the life skills of young people so that they can make informed decisions on SRH, UNFPA assisted the Government to fully operationalize the school-based, gender-sensitive, comprehensive sexuality education (CSE) curriculum in accordance with international standards. Informed by the country programme evaluation, support was provided to further strengthen existing partnerships to prevent and address adolescent pregnancy, HIV and GBV. To address key policy barriers for young people's realization of their SRHR, support to the development of evidence-based legislation on adolescent pregnancy, removal of legal barriers to adolescents' access to services, raising the age of statutory rape to protect children and reduce child marriage in Mindanao was provided.

In response to the pandemic, which saw an increase in the incidence of ICT-facilitated SGBV, UNFPA supported youth innovators to develop and implement innovative solutions to address online sexual exploitation and abuse. Youth groups were also supported to develop and implement innovative approaches in HIV combination prevention, including ensuring that screening services reach young people in geographically isolated settings and communications initiatives target the young LGBTQI population.

**Output 2: Policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and well-being, including in crisis contexts**

UNFPA worked with young people, male and female, local political, religious and traditional leaders to develop and pilot interventions in selected communities to reduce child marriage; leveraging a fatwa prepared with UNFPA support. To ensure young people have opportunities to exercise leadership and participate in sustainable development, humanitarian action and sustaining peace, UNFPA reached young people through a youth leadership programme in the conflict-affected and natural disaster-prone areas of Mindanao. This programme intends to influence the SRH attitudes and practices of young people, as well as promote positive values in the areas of GBV prevention (especially among boys), school completion, decent and productive employment, and peacebuilding. It builds on previous UNFPA experience reaching young people at scale through the use of social media, mobile phones and community events. UNFPA also worked with Mindanao local government units (LGUs) in a youth governance programme aimed at integrating the SRH of adolescents and youth, including those marginalized, into local development plans. UNFPA supported the development and validation of the National Condom Strategy to improve access and availability of condoms for sexually active persons to reduce HIV transmission and unplanned pregnancies.

To ensure the visibility and prioritization of young people's issues during the BARMM political transition, UNFPA provided technical assistance to formulate the 2019-2022 Bangsamoro Youth Agenda. Jointly with other sister UN agencies, it also supported the empowerment of the Bangsamoro youth with evidence-based support on health, education, employment, civic participation and peacebuilding, providing a platform for young people to discuss key issues they face and find innovative solutions to address them.

In 2019, UNFPA played its convening role to mount a high-level dialogue among key national government agencies to discuss the education, social and development dimensions of adolescent pregnancy and to inform multi-stakeholder efforts on how the issues could be addressed. At the height of COVID-19 in 2020, UNFPA convened virtual intergenerational dialogues of young people with key government officials on issues related to their health, education, economic opportunities, human rights, and peace and security to strengthen their participation in decision-making processes and to inform public policies and priorities.

**Outcome 4 (Population dynamics):** *Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development*

## Output 1: Demographic intelligence utilized to improve the responsiveness, targeting and impact of development policies, programmes and advocacy, in particular to benefit the marginalized

UNFPA assisted the Government in utilizing demographic intelligence to improve the responsiveness, targeting and impact of development policies and programmes, such as the evidence-based advocacy for the passage of critical legislations that promote and protect women and girls' rights and choices such as ending child marriage, raising the age of sexual consent, and reducing adolescent pregnancies. To contribute to the body of evidence on the demographic dividend and the SDGs that specifically focus on health (including SRH), education and employment, UNFPA continued to support the conduct and institutionalization of the 15-year (2016-2030) longitudinal cohort study on the 10-year-old child's SDG journey. This includes a focus on the most vulnerable, and the publication and dissemination to policymakers of regular demographic intelligence reports that will identify the policy implications of population dynamics. UNFPA also provided technical assistance to the Commission on Population (POPCOM)-led National Action Plans to harness the demographic dividend and to reduce adolescent pregnancies as mandated by Presidential Executive Order 141 in terms of their development, implementation, and monitoring. The country programme also assisted in establishing common operational data sets on population statistics for humanitarian settings.

At the start of the pandemic in 2020, UNFPA leveraged its resources and capacities to generate analysis and evidence, including from the Longitudinal Cohort Study cited above, in relation to the impacts of COVID-19 on unwanted pregnancies, maternal deaths, GBV and young people's well-being, and shared the information with government to inform its pandemic response and recovery plan. With funding support from the UNFPA Innovation Fund, the Country Office implemented a Big Data project and developed a prototype of a scraping tool that captured social media conversations of Filipinos about family planning and a machine learning algorithm that converted those conversations to insights on availability, awareness and perception around FP services, especially at the height of service disruptions brought about by the pandemic.

In terms of financial allocation, the breakdown of resources per strategic outcome areas is shown below:

*PHL - CO - 8th CP budget as of 31 May 2022 (in USD)*

<b>Strategic Outcome Areas</b>	<b>Regular Resources</b>	<b>Other Resources</b>	<b>Total</b>
Sexual and Reproductive Health	6,735,833	12,785,716	19,521,549
Adolescent and Youth	1,131,039	614,695	1,745,734
Population Dynamics	1,362,120	921,015	2,283,135
Programme	945,268	-	945,268

Coordination and Assistance			
<b>Total</b>	<b>10,174,260</b>	<b>14,321,426</b>	<b>24,495,686</b>

Majority of the allocation provided to the UNFPA Philippines CO was focused on SRH following the unprecedented impact of the COVID-19 pandemic. The CO demonstrated agility and adaptability by quickly reprogramming existing budgets from its regular development and humanitarian programmes to instead support the government by being one of the very first to respond to the emergent and urgent needs of women and girls under COVID-19, such as the procurement of PPEs for female frontline health workers and other medical supplies. The President of the Philippines acknowledged this early contribution of UNFPA Philippines in his COVID-19 address to the nation on 30 March 2020.

The UNFPA Philippines CO also takes part in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. Beyond the UNCT, the UNFPA Philippines CO participates in the Humanitarian Country Team (HCT) to ensure that inter-agency humanitarian action is well-coordinated, timely, principled and effective, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crisis.

The **theory of change** that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology.

The UNFPA Philippines 8<sup>th</sup> CP (2019-2023) is based on the following results framework presented below:

**Philippines/UNFPA 8<sup>th</sup> Country Programme (2019-2023) Results Framework** (In bold: Activities that were not initially planned, yet were implemented; *in italics*: Activities that were initially planned but were not implemented)

**Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality**

**UNFPA Thematic Areas of Programming**

<b>I. Sexual and Reproductive Health and Rights</b>	<b>II. Adolescents and Youth</b>	<b>III. Population Dynamics</b>
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**UNFPA Strategic Plan Outcomes**

<b>Outcome 1:</b> Every woman, adolescent and youth everywhere, especially those furthest behind, have utilized integrated sexual and reproductive health and services and exercised reproductive rights, free of coercion, discrimination and violence.	<b>Outcome 2:</b> Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and rights.	<b>Outcome 4:</b> Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.
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**UNFPA Philippines 8<sup>th</sup> CP Outputs**

<p><b>Output 1:</b> Enhanced capacities to develop and implement policies that prioritize access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings.</p> <p><b>Output 2:</b> Improved domestic accountability mechanisms for sexual and reproductive health and rights through the involvement of communities and health-system stakeholders at all levels.</p>	<p><b>Output 1:</b> Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being.</p> <p><b>Output 2:</b> Policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and wellbeing, including in crisis contexts</p>	<b>Output 1:</b> Demographic intelligence utilized to improve the responsiveness, targeting and impact of development policies, programmes and advocacy, in particular to benefit the marginalized
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**UNFPA Philippines 8<sup>th</sup> CP Intervention Areas**

1. Technical support to the National Implementation Team on the RPRH law in the development, implementation and monitoring of multi-year costed implementation plans, in both development and humanitarian contexts

2. Development and sharing with policymakers of the analysis of bottlenecks in accessing SRH/GBV information and services by those left furthest behind

3. Technical assistance in the institutionalization of the minimum initial service package (MISP) during emergencies at national and sub-national levels, building on the Joint Memorandum Circular signed by government agencies during the 7<sup>th</sup> CP

4. Technical assistance in the establishment of a functioning inter-agency GBV coordination body for humanitarian preparedness and response led by the Department of Social Welfare and Development

5. Strengthened partnerships with private sector-led movements on SRH programmes in the workplace

6. Technical support to the Commission on Human Rights (CHR) in convening periodic reviews on the exercise of SRHR – particularly among marginalized and vulnerable groups such as women with disabilities – and in the implementation of follow-up actions arising from them

1. Technical assistance to fully operationalize the school-based, gender-sensitive, comprehensive sexuality education (CSE) curriculum in accordance with international standards, including development of teacher training modules, training roll-out and monitoring and evaluation of the CSE roll-out process

2. Development and pilot-testing of community mobilization models in selected communities to reduce child marriage, engaging in the process young people, male and female, local political, religious and traditional leaders

3. Development and pilot-testing of a youth leadership and governance programme in the conflict-affected and natural disaster-prone areas of Mindanao to ensure young people have opportunities to exercise leadership and participate in sustainable development, humanitarian action and sustaining peace, to influence the SRH attitudes and practices of young people, and to influence local government units (LGUs) to integrate the SRH of adolescents and youth in their local development plans

4. Technical assistance in the development and validation of the National Condom Strategy to improve access and availability of condoms for sexually active persons to reduce HIV transmission and unplanned pregnancies

**5. Technical assistance to the Department of Education in convening a high-level dialogue among key national government agencies to discuss the education, social and development dimensions of adolescent pregnancy and to inform multi-stakeholder efforts on how the issues could be addressed**

1. Evidence-based advocacy for legislations on adolescent pregnancy, removal of legal barriers to adolescents' access to services, raising the age of statutory rape to protect children and reduce child marriage in Mindanao

2. Evidence-based budget advocacy with the executive and legislative departments to ensure adequate annual public funding for the full implementation of the RPRH Law

3. Technical assistance to the National Economic and Development Authority (NEDA) in the implementation of the 15-year (2016-2030) longitudinal cohort study on the 10-year-old child's SDG journey, with a focus on their health (including SRH), education and employment status, a bias for the most vulnerable, and the translation of study findings into policy implications of population dynamics for this particular cohort of young people

4. Technical assistance to the development, implementation and monitoring of the Commission on Population and Development (POPCOM)-led National Action Plans to harness the demographic dividend and to reduce adolescent pregnancies as mandated by Presidential Executive Order 141

5. Development and pilot-testing of common operational data sets on population statistics for humanitarian settings to support the initial data needs in assessing the widespread impact of strong typhoons hitting the country

7. Technical assistance to strengthen the capacity of the newly established Bangsamoro Transition Authority (BTA) to provide high-quality, integrated information and services for RH/FP and GBV, which are also responsive to emergencies

8. Capacity-building of former women combatants under the Bangsamoro Islamic Women Auxiliary Brigade (BIWAB) into para-social workers, gender equality champions, and grassroots peace advocates in their respective communities to address the lack of inclusion and weak participation of women in the normalization phase of peace process and in BARMM political transition

9. Technical assistance to BARMM provinces in the formulation of Provincial Action Plans on Women, Peace and Security (WPS)

10. Technical assistance in the policy review of the Women in Emergencies provision of the Magna Carta of Women to help inform Congress in the discharge of its legislative budgetary and oversight functions

11. Evidence-based advocacy to ensure that COVID-19's implications for women and young people are addressed in the national/local governments' pandemic response and recovery plans

12. Launched a National Gender and Inclusion Assessment – in collaboration with a broad base of government, civil society and development partners – to obtain women's

6. Convened virtual intergenerational dialogues of young people with key government officials at the height of COVID-19 on issues related to their health, education, economic opportunities, human rights, and peace and security to strengthen their participation in decision-making processes and to inform public policies and priorities

7. Technical assistance to the Bangsamoro Transition Authority (BTA) to formulate the 2019-2022 Bangsamoro Youth Agenda

8. Jointly with other sister UN agencies, supported the empowerment of the Bangsamoro youth with evidence-based support on health, education, employment, civic participation and peacebuilding, providing a platform for young people to discuss key issues they face and find innovative solutions to address them

9. Technical support to youth innovators to develop and implement innovative solutions to address online sexual exploitation and abuse as well as innovative approaches in HIV combination prevention (e.g. screening services that reach young people in geographically isolated settings, communications initiatives targeting the young LGBTQI population) during the COVID-19 pandemic

6. At the height of the pandemic in 2020, UNFPA generated analysis and evidence in relation to the impacts of COVID-19 on unwanted pregnancies, maternal deaths, GBV and young people's well-being, and shared the information with government to inform its pandemic response and recovery plan

7. With funding support from the UNFPA Innovation Fund, the Country Office implemented a Big Data project and developed a prototype of a scraping tool that captured social media conversations of Filipinos about family planning and a machine learning algorithm that converted those conversations to insights on availability, awareness and perception around FP services, especially at the height of service disruptions brought about by the pandemic

*8. Conduct of a Violence against Women prevalence study that will strengthen the evidence base for GBV initiatives under Outcome 1*

views on their experiences during and in coping with the pandemic and, based on the evidence, advocated for the inclusion of Protection-related issues in the Philippines' HCT Response Plan and in the 2<sup>nd</sup> Global Humanitarian Response Plan for COVID-19

13. Technical assistance to the CHR in setting up an online GBV reporting portal especially during the COVID-19-induced lockdowns and in mobilizing peer monitoring teams led by women with disabilities in the major urban centers of the country

14. Modeled innovations such as the:

- cash and voucher assistance (CVA), i.e. Cash for Health and Cash for Protection, to improve maternal health and GBV response outcomes in the triple nexus context;
- rh-care.info online information hub that serves as an alternative means of reaching women and girls at scale and bringing essential SRH and GBV prevention and response information to them in a manner that facilitates real-time consultation and interaction;
- pilot-testing Anticipatory Action as a life-saving measure for women and girls living in areas regularly affected strong typhoons;
- integration of mental health and psychosocial support (MHPSS) in the maternal health care continuum and in GBV response;
- Women's Health on Wheels (WHoW) which serves as an alternative service delivery model in both humanitarian and geographically isolated and disadvantaged settings for providing life-saving maternal care, family planning, STI/HIV, and GBV response interventions for women and girls; and
- online system to track ICT-facilitated SGBV.

## 4. Evaluation Purpose, Objectives and Scope

### 4.1. Purpose

The CPE will serve the following three main purposes, as outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

### 4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Philippines CO, national stakeholders and rights-holders, the UNFPA APRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Philippines 8<sup>th</sup> CP (2019-2023).
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- iii. To provide an assessment of the role played by the UNFPA Philippines CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Philippines CO in the coordination mechanisms of the HCT, with a view to improving humanitarian response and ensuring contribution to long-term recovery.
- iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

### 4.3. Scope

#### Geographic Scope

The evaluation will cover the following regions where UNFPA implemented interventions: Regions III, IV-A, V, VI, VII, VIII, IX, XII, CARAGA, and BARMM. However, due to the wide spread and distribution of sites, the final determination of areas to be prioritized and visited during the CPE proper will be agreed upon between the UNFPA Philippines CO and the Evaluation Team.

#### Thematic Scope

The evaluation will cover the following thematic areas of the 8<sup>th</sup> CP: sexual and reproductive health and rights, adolescents and youth, and population dynamics including humanitarian context. In addition, the evaluation will cover cross-cutting issues, such as but not limited to human rights, gender

equality, disability, displacement and migration status, and transversal functions, such as but not limited to coordination, monitoring and evaluation (M&E), innovation, resource mobilization, and strategic partnerships.

### Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: January 2019 – August 2022.

## 5. Evaluation Criteria and Preliminary Evaluation Questions

### 5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.<sup>25</sup> Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across the humanitarian-peace-development nexus and contribute to building resilience.

<b>Relevance</b>	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.
<b>Effectiveness</b>	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
<b>Efficiency</b>	The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).
<b>Sustainability</b>	The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.
<b>Coherence</b>	The extent to which country programme interventions are compatible (complementarity, harmonization and coordination) in areas of UNFPA's mandates and with international norms and standard; and the extent to which the intervention is coordinated with and adds value while avoiding duplication of effort UNCT coordination mechanisms and humanitarian coordination mechanisms, including for the COVID-19 pandemic response
<b>Coverage</b>	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.

<sup>25</sup> The full set of OECD/DAC evaluation criteria, their adapted definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>.

<b>Connectedness</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.
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## 5.2. Preliminary Evaluation Questions

The evaluation of the CP will provide answers to the evaluation questions (related to the above criteria), which determine the thematic scope of the CPE.

The evaluation questions presented below are indicative and preliminary. Following that the Country Office was able to complete a mid-term review of the current country programme, the Evaluation Questions were narrowed down to complement the results, findings, and recommendations of the review. Based on these questions, the evaluators are expected to develop a final set of evaluation questions, in consultation with the evaluation manager at the UNFPA Philippines CO and the ERG.

### **Relevance**

1. To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs; (v) the New Way of Working<sup>26</sup> and the Grand Bargain<sup>27</sup>; and (vi) shifts in national needs and priorities, major political changes (e.g. political transition in the BARMM), and/or to shifts caused by crises (e.g. COVID-19 pandemic, super typhoons, volcanic eruptions)?

### **Effectiveness**

2. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme taking into account potential changes made to the initial results framework due to the COVID-19 crisis, the political transition in BARMM, and other major contextual shifts?

3. To what extent has UNFPA successfully mainstreamed gender equality and human rights, and disability inclusion in: (i) the development of the country programme and interventions (with particular attention to participation in development of programmes and interventions) and (ii) the implementation of the programme (with particular attention to non-discrimination/equality in reach/results)

### **Efficiency**

4. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme, including during the COVID-19 context?

<sup>26</sup> For more information, please see: <https://www.agendaforhumanity.org/sites/default/files/20170228%20NWoW%2013%20high%20res.pdf>.

<sup>27</sup> For more information, please see: <https://interagencystandingcommittee.org/grand-bargain>.

### **Sustainability**

5. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects, including during the COVID-19 context, BARMM political transition and other major contextual shifts?

### **Coherence**

6. To what extent has UNFPA complemented efforts of other UN agencies and partners and contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the HCT?

### **Coverage**

7. To what extent have UNFPA humanitarian interventions (including those in response to the COVID-19 pandemic) systematically reached the most vulnerable and marginalized groups (young people, women with disabilities, LGBTQI populations, etc.) and addressed their needs including in humanitarian settings?

### **Connectedness**

8. To what extent has the UNFPA humanitarian programming (including the response to the COVID-19 pandemic) taken into account longer-term development goals articulated in the results framework of the country programme?

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

## **8. Approach and Methodology**

### **6.1. Evaluation Approach**

#### ***Theory-based approach***

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Philippines CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Philippines 8<sup>th</sup> CP (2019-2023) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether

assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA Philippines CO was during the period of the 8<sup>th</sup> CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Philippines 8<sup>th</sup> CP (2019-2023) made.

### ***Participatory approach***

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Philippines CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the CP. Particular attention will be paid to ensuring participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.).

The UNFPA Philippines CO has established an ERG comprised of key stakeholders of the CP, including governmental and non-governmental counterparts at national level, including organizations representing persons with disabilities and/or other marginalized groups, and the regional M&E adviser in UNFPA APRO. The ERG will provide inputs at different stages in the evaluation process. The roles and functions of the ERG can be found in the Annexes.

### ***Mixed-method approach***

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and relevant external and internal online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

## 6.2. Methodology

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

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,<sup>28</sup> *Ethical Guidelines for Evaluation*,<sup>29</sup> *Code of Conduct for Evaluation in the UN System*<sup>30</sup>, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.<sup>31</sup> When contracted by the UNFPA Philippines CO, the evaluators will be requested to sign the UNEG *Code of Conduct*<sup>32</sup> prior to starting their work.

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

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

### ***The evaluation matrix***

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

In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected (for each evaluation question) and is presented in an organized manner. At the end of the field phase, the matrix is useful to ensure that sufficient evidence has been

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<sup>28</sup> Document available at: <http://www.unevaluation.org/document/detail/1914>.

<sup>29</sup> Document available at: <http://www.unevaluation.org/document/detail/102>.

<sup>30</sup> Document available at: <http://www.unevaluation.org/document/detail/100>.

<sup>31</sup> Document available at: <http://www.unevaluation.org/document/detail/980>.

<sup>32</sup> UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

collected to answer all evaluation questions or, on the contrary, to identify gaps that require additional data collection. In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to support their analysis (or findings) for each evaluation question.

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

### ***Finalization of the evaluation questions and related assumptions***

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the CP (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

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

### ***Sampling strategy***

The UNFPA Philippines CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Philippines CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

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

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Philippines CO will

provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the evaluation manager, based on the ERG's review of the design report.

### **Data collection**

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

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and rights-holders (notably women, adolescents and youth, and vulnerable groups such as PWDs, LGBTQI, Persons living with HIV, rebel returnees, and People living in conflict areas) and direct observation during visits to selected sites.

Secondary data will be collected through document review, primarily focusing on annual work plans, quarterly work plan progress reports, monitoring data and donor reports for projects of the CO, evaluations and research studies (incl. previous CPEs, mid-term reviews of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations, etc.), housing census and population data, and records and data repositories of the CP and its implementing partners, such as health clinics/centers. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Philippines CO during the period of the 8<sup>th</sup> CP (2019-2023).

The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of four weeks for data collection in the field. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, checklists for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

### **Data analysis**

The evaluation matrix will be the major framework for analyzing data. The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and each assumption. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help to answer the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, sections 5.1 and 5.2, pp. 115-117).

### **Validation mechanisms**

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77). These mechanisms include (but are not limited to):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2, pp. 94-95);
- Regular exchange with the evaluation manager at the CO;
- Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and
- The debriefing meeting which includes Preliminary Findings, Conclusions and Recommendations with the CO, the ERG, and relevant Implementing Partners at the end of the field phase, when the evaluation team presents the emerging findings of the evaluation.

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).

The validation mechanisms will be presented in the design report.

## **9. Evaluation Process**

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The evaluation manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

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

The evaluation manager at the UNFPA Philippines CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase.
- Drafting the terms of reference (ToR) for the CPE with support from the regional M&E adviser in UNFPA APRO and in consultation with the ERG, and submission of the draft ToR (without annexes) to the UNFPA Evaluation Office for review and approval.
- Publication of the call for the evaluation consultancy.
- Completion of the annexes to the ToR with support of the CO staff, and submission of the draft annexes to the UNFPA Evaluation Office for review and approval.

- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.

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

In the design phase, the evaluation manager will lay the foundation for communications around the CPE. All other activities will be carried out by the evaluation team, in close consultation with the evaluation manager and the ERG. This phase includes:

- Evaluation kick-off meeting between the evaluation manager and the evaluation team, with the participation of the regional M&E adviser.
- Development of an initial communication plan (see Template 16 in the Handbook, p. 279) by the evaluation manager, in consultation with the communication officer in the UNFPA Philippines CO to support the dissemination and facilitation of use of the evaluation results. The initial communication plan will be updated during each phase of the evaluation, as appropriate, and finalized for implementation during the dissemination and facilitation of use phase.
- Desk review of background information and documentation on the country context and CP, as well as other relevant documentation.
- Review and refinement of the theory of change underlying the CP (see Annex A).
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a final stakeholder map and a sampling strategy to select sites to be visited and stakeholders to be consulted in the Philippines through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete and feasible evaluation work plan and agenda for the field phase (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, related assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the evaluation manager and the ERG and submit it to the regional M&E adviser in UNFPA APRO for review and approval. The template for the design report is provided in Annex E.

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

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of four weeks for data collection is planned for this evaluation. However, the evaluation manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Meeting with the UNFPA Philippines CO staff to launch the data collection.
- Meeting of the evaluation team with relevant programme officers at the UNFPA Philippines CO.
- Data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the emerging findings and initial recommendations from the data collection. The meeting will serve as a mechanism for the validation of collected data and information and the exchange of views between the evaluators and important stakeholders. It will enable the evaluation team to refine the findings, which is necessary so they can then formulate their conclusions and develop credible, relevant, and feasible recommendations.

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

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

Prior to the submission of the draft report to the evaluation manager, the evaluation team must perform an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (see Annex F). The evaluation manager and the regional M&E adviser in UNFPA APRO will subsequently review the draft evaluation report, using the same criteria (defined in the EQA grid). If the quality of the report is satisfactory (in form and substance), the draft report will be circulated to the ERG members for review. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a second draft.

The evaluation manager will collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the evaluation manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the evaluation manager in the UNFPA Philippines CO.

At the end of the reporting phase, the evaluation manager and the regional M&E adviser will jointly prepare an internal EQA of the final evaluation report. The Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

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

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

The evaluation manager will finalize the **communication plan** together with the communication officer in the UNFPA Philippines CO. Overall, the communication plan should include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a Powerpoint presentation of the evaluation results (prepared by the evaluation team) and an evaluation brief (prepared by the evaluation manager).

Based on the final communication plan, the evaluation manager will share the evaluation results with the CO staff (incl. senior management), implementing partners, APRO, the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final **management response** document. In a last step, The UNFPA Philippines CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

The evaluation manager, in collaboration with the communication officer in the UNFPA Philippines CO, will also develop an **evaluation brief**. This concise note will present the key results of the CPE, thereby making them more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the final EQA will be included in the UNFPA evaluation database.<sup>33</sup> The final evaluation report will also be circulated to the UNFPA Executive Board. Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA Philippines CO website.

## 10. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); and (v) a

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<sup>33</sup> The UNFPA evaluation database can be accessed at the following link: <https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa>.

detailed evaluation work plan and agenda for the field phase. For guidance on the outline of the design report, see Annex E.

- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Philippines CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present findings, conclusions and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.
- **Final evaluation report.** The final evaluation report (*maximum 70 pages, excluding annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G.
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the evaluation manager, in collaboration with the communication officer in the UNFPA Philippines CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

## 11. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation reports are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation manager is primarily responsible for quality assurance of the deliverables of the evaluation in each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid (Annex F)<sup>34</sup> before submission to the evaluation manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

<p><b>1. Structure and Clarity of the Report</b></p> <p>Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office (see Annex I).</p>
<p><b>2. Executive Summary</b></p> <p>Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main conclusions; and recommendations.</p>
<p><b>3. Design and Methodology</b></p> <p>Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)</p>
<p><b>4. Reliability of Data</b></p> <p>Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. documents) data collected and make limitations explicit.</p>
<p><b>5. Analysis and Findings</b></p>

<sup>34</sup> The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

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

#### 6. Validity of Conclusions

Ensure conclusions are based on credible findings and convey the evaluators' unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.

#### 7. Usefulness and Clarity of Recommendations

Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).

#### 8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality

Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women<sup>35</sup> and UNEG guidance on integrating human rights and gender perspectives in evaluation.<sup>36</sup>

Using the grid in Annex F, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the evaluation manager in the UNFPA Philippines CO, (iii) the regional M&E adviser in UNFPA APRO, and (iv) the UNFPA Evaluation Office, whose roles and responsibilities are described in section 11.

## 12. Indicative Timeframe and Work Plan

The table below indicates all the activities that will be undertaken throughout the evaluation process, as well as their duration or specific dates for the submission of corresponding deliverables. It also indicates all relevant guidance (tools and templates) that can be found in the UNFPA Evaluation Handbook.

The deliverables are the responsibility of the CO/evaluation manager; **in bold**: The deliverables are the responsibility of the evaluation team.

<sup>35</sup> Guidance on the SWAP Evaluation Performance Indicator and its application to evaluation is available at: <http://www.unevaluation.org/document/detail/1452>.

<sup>36</sup> The UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations is available at <http://www.uneval.org/document/detail/980>.

Evaluation Phases and Activities <sup>37</sup>	Deliverables	Dates/Duration	Handbook/CPE Management Kit
<b>Preparatory Phase</b>			
Preparation of <b>letter for Government and other key stakeholders</b> to inform them about the upcoming CPE	<i>Letter from the UNFPA Country Representative</i>	June wk.2	
Establishment of the <b>evaluation reference group (ERG)</b>		June wk. 2	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Development of the <b>theory of change</b> underpinning the CP by CO staff (at the request of CO senior management and with support of the M&E officer/evaluation manager)	<i>Theory of change (include in Annex A of the ToR)</i>	<i>upon discussion with the evaluation team</i>	Tool 2: The Effects Diagram, pp. 161-163 <sup>38</sup>
Compilation of <b>background information and documentation</b> on the country context and the CP for desk review by the evaluation team	<i>Creation of a Google Drive folder containing all relevant documents on country context and CP</i>	<i>June wk. 2-3</i>	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183  CPE Management Kit: <a href="#">Document Repository Checklist</a>
Drafting the <b>terms of reference (ToR)</b> based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG)	<i>Draft ToR</i>	<i>May wk. 1-4</i>	CPE Management Kit: <a href="#">Evaluation Office Ready-to-Use ToR (R2U ToR) Template</a>
<b>Review and approval of the ToR</b> by the UNFPA Evaluation Office	<i>Final ToR</i>	<i>June wk 1-2</i>	
Publication of the <b>call for the evaluation consultancy</b>		<i>June wk 2-3</i>	CPE Management Kit: <a href="#">Call for Evaluation Consultancy Template</a>
Completion of the <b>annexes</b> to the ToR (in consultation with the	<i>Draft ToR annexes</i>	<i>June wk 2-3</i>	Template 4: The Stakeholders Map, p. 255

<sup>37</sup> The activities of the different evaluation phases noted in this table do not necessarily follow the presentation of activities in the UNFPA Evaluation Handbook because they are ordered chronologically and include some additional activities, based on best practices within UNFPA.

<sup>38</sup> The Effects Diagram depicts the results chain (intervention logic) underlying the CP and, as such, is similar to a theory of change. However, a theory of change goes beyond the results chain and also describes the critical assumptions and contextual factors that affect the achievement of intended results.

regional M&E adviser and with input from CO staff)			<p>Tool 4: The Stakeholders Mapping Table, p. 166-167</p> <p>Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254</p> <p>Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165</p> <p>Template 15: Work Plan, p. 278</p> <p>CPE Management Kit: <a href="#">Establishing the list of UNFPA interventions (Atlas projects)</a></p>
Pre-selection of <b>consultants</b> by the CO	<i>Consultant pre-selections scorecard</i>	<i>June wk 3-4</i>	CPE Management Kit: <a href="#">Consultant Pre-selection Scorecard</a>
<b>Review and approval of the annexes</b> to the ToR by the UNFPA Evaluation Office	<i>Final ToR annexes</i>	<i>June wk 4</i>	
Pre-qualification of <b>consultants</b> by the UNFPA Evaluation Office		<i>June wk 3-4</i>	
Recruitment of the <b>evaluation team</b> by the CO		<i>June wk 4</i>	
<b>Design Phase</b>			
<b>Evaluation kick-off meeting</b> between the evaluation manager, the evaluation team		<i>July wk 1</i>	
Development of an <b>initial communication plan</b> by the evaluation manager (in consultation with the communication officer in the CO)	<i>Initial communication plan</i>	<i>July wk 2</i>	Template 16: Communication Plan for Sharing Evaluation Results, p. 279

			CPE Management Kit: <a href="#">Guidance on Strategic Communication for a CPE</a>
<b>Desk review</b> of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)		<i>July wk 1-4</i>	
<b>Drafting of the design report</b> (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)	<b>Draft design report</b>	<i>July wk 3 - August wk 1</i>	<p>Template 8: The Design Report for CPE, pp. 259-261</p> <p>Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169</p> <p>Tool 1: The Evaluation Matrix, pp. 138-160</p> <p>Template 5: The Evaluation Matrix, pp. 256</p> <p>Template 15: Work Plan, p. 278</p> <p>Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187</p> <p>Tool 11: Checklist for Sequencing Interviews, p. 188</p> <p>Template 7: Interview Logbook, p. 258</p> <p>Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187</p>

			<p>Template 6: The CPE Agenda, p. 257</p> <p>Tool 6: The CPE Agenda, pp. 170-176</p> <p>CPE Management Kit: <a href="#">Compilation of Resources for Remote Data Collection (if applicable)</a></p>
<b>Review</b> of the draft design report by the evaluation manager and the regional M&E adviser	<i>Consolidated feedback provided by evaluation manager to evaluation team leader</i>	<i>Aug wk 2</i>	
<b>Presentation</b> of the draft design report to the ERG for comments and feedback	<b>PowerPoint presentation of the draft design report</b>	<i>Aug wk 2</i>	
<b>Revision</b> of the draft design report and circulation of the final version to the evaluation manager for <b>approval</b> regional M&E adviser	<b>Final design report</b>	<i>Aug wk 3</i>	
<b>Update of the communication plan</b> by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report)	<i>Updated communication plan</i>	<i>Aug wk 3</i>	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>
<b>Field Phase</b>			
<b>Inception meeting for data collection</b> with CO staff	<b>Meeting between evaluation team/CO staff</b>	<i>Aug wk 2</i>	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
<b>Individual meetings</b> with relevant CO programme officers	<b>Meeting of evaluators/CO programme officers</b>	<i>Aug wk 2-3</i>	
<b>Data collection</b> (incl. interviews with key informants, site visits for direct observation, group discussions, document review, etc.)	<b>Entering data/information into the evaluation matrix</b>	<i>Aug wk 2-Sep wk 2</i>	<p>Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202</p> <p>Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205</p>

			<p>Template 9: Note of the Results of the Focus Group, p. 262</p> <p>CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)</p>
<b>Debriefing meeting</b> with CO staff and the ERG to present emerging findings and preliminary conclusions and recommendations after data collection	<b>PowerPoint presentation for debriefing with the CO and the ERG</b>	<i>Sep wk 3</i>	
<b>Update of the communication plan</b> by the evaluation manager (as required)	<i>Updated communication plan</i>	<i>Sep wk 3</i>	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>
<b>Reporting Phase</b>			
<b>Drafting of the evaluation report</b> and circulation to the evaluation manager	<b>Draft evaluation report</b>	Oct wk 1-2	<p>Template 10: The Structure of the Final Report, pp. 253-264</p> <p>Template 11: Abstract of the Evaluation Report, p. 265</p> <p>Template 18: Basic Graphs and Tables in Excel, p. 288</p>
<b>Review of the draft evaluation report</b> by the evaluation manager, the ERG and the regional M&E adviser	<i>Consolidated feedback provided by evaluation manager to evaluation team leader</i>	Oct wk 2-4	
<b>Drafting of the final evaluation report</b> (incl. annexes) and circulation to the evaluation manager	<b>Final evaluation report (incl. annexes)</b>	Oct wk 4 - Nov wk 1	

Joint development of the <b>EQA</b> of the final evaluation report by the evaluation manager and the regional M&E adviser	<i>EQA of the draft evaluation report (by the evaluation manager and the regional M&amp;E adviser)</i>	Dec wk 2-3	<p>Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276</p> <p>Tool 14: Summary Checklist for Human Rights and Gender Equality in the Evaluation Process, pp. 206-207</p> <p>Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209</p>
<b>Circulation of the final evaluation report</b> to the UNFPA Evaluation Office		Dec wk 3	
Preparation of the independent <b>EQA of the final evaluation report</b> by the UNFPA Evaluation Office	<i>Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)</i>	Dec wk 3 - Jan wk1	
<b>Update of the communication plan</b> by the evaluation manager (as required)	<i>Updated communication plan</i>	Jan wk 1	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>
<b>Dissemination and Facilitation of Use Phase</b>			
Preparation of the <b>management response</b> by the CO and submission to the Policy and Strategy Division	<i>Management response</i>	Dec wk 3 - Jan wk1	Template 12: Management Response, pp. 266-267
<b>Finalization of the communication plan</b> and preparation for its implementation by the evaluation manager, with support from the communication officer in the CO	<i>Final communication plan</i>	Jan wk 2-3	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>

Development of the <b>presentation</b> on the evaluation results	<b>PowerPoint presentation of the evaluation results</b>	Jan wk 2-3	Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office): <a href="https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf">https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf</a>
Development of the <b>evaluation brief</b> by the evaluation manager, with support from the communication officer in the CO	<i>Evaluation brief</i>	Jan wk 2-3	Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office): <a href="https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf">https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf</a>
Announcement of CPE completion in <b>M&amp;E Net Community</b>	<i>Blog post on the M&amp;E Net Community</i>	Feb wk4	CPE Management Kit: <a href="#">Guidance on How to Blog on The CPE Process</a>
<b>Publication</b> of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office		Feb wk4	
<b>Publication</b> of the final evaluation report, the evaluation brief and the management response on the CO website		Feb wk4	
<b>Dissemination</b> of the evaluation report and the evaluation brief to stakeholders by the evaluation manager	<i>Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.</i>	Feb wk3	CPE Management Kit: Guidance on Strategic Communication for a CPE

Once the evaluation team leader has been recruited, s/he will develop a detailed **evaluation work plan** (see Annex I) in close consultation with the evaluation manager.

### 13. Management of the Evaluation

The **evaluation manager** in the UNFPA Philippines CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The evaluation manager will oversee the entire process of the evaluation, from the preparation to the facilitation of the use and the dissemination of the evaluation results. S/he will also coordinate the exchanges between the evaluation team and the ERG. It is the responsibility of the evaluation manager to ensure the quality, independence and impartiality of the evaluation in line with the UNEG norms

and standards and ethical guidelines for evaluation. The evaluation manager has the following key responsibilities:

- Establish the ERG.
- Compile background information and documentation on both the country context and the UNFPA CP and file them in a Google Drive to be shared with the evaluation team upon recruitment.
- Prepare the ToR (incl. annexes) for the evaluation, with support from the regional M&E adviser, and submit the ToR and annexes to the Evaluation Office for review and approval.
- Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the regional M&E adviser.
- Identify potential candidates to conduct the evaluation, complete the [Consultant Pre-selection Scorecard](#) to assess their respective qualifications, and propose a final selection of evaluators with support from the regional M&E adviser, to be submitted to the UNFPA Evaluation Office for pre-qualification.
- Share the annexes of the ToR with the final selected evaluators and hold an evaluation kick-off meeting with the evaluation team and the regional M&E adviser.
- Provide evaluators with logistical support for data collection (site visits, interviews, group discussions, etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process; notably the design report (focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection), as well as the draft and final evaluation report.
- Coordinate feedback and comments of the ERG on the evaluation deliverables and ensure that feedback and comments of the ERG are adequately addressed.
- Undertake quality assurance of the draft evaluation report in collaboration with the regional M&E adviser, according to the criteria specified in the EQA grid.
- Develop an initial communication plan (in coordination with the CO communication officer) and update it throughout the evaluation process, as required, to guide the dissemination and facilitation of use of the evaluation results.
- Prepare the EQA of the final evaluation report in collaboration with the regional M&E adviser, using the EQA grid and its explanatory note.
- Lead and participate in the preparation of the management response.
- Submit the final evaluation report, EQA and management response to the regional M&E adviser, the Evaluation Office and the Policy and Strategy Division at UNFPA headquarters.

At all stages of the evaluation process, the evaluation manager will require support from staff of the UNFPA Philippines CO. Specifically, the responsibilities of the **country office staff** are:

- Contribute to the preparation of the ToR, specifically: reconstruction of the theory of change if needed, the initial stakeholder map, the list of Atlas projects and the compilation of

background information and documentation on the context and the CP, and provide input to the evaluation questions.

- Make time for meetings with/interviews by the evaluation team.
- Provide support to the evaluation manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Philippines CO, APRO, representatives of the key strategic national and local agencies of the Government of the Philippines, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (e.g. persons with disabilities, etc.) (see Handbook, section 2.3, p.37). The ERG will serve as a body to ensure the relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and key informants and undertake quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the evaluation manager in the development of the ToR, including the selection of preliminary evaluation questions.
- Provide feedback and comments on the design report.
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report.
- Participate in meetings with the evaluation team.
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response.

The proposed members and composition of the Evaluation Reference Group are in Annex J.

The **regional M&E adviser** in UNFPA APRO will provide guidance and backstopping support to the evaluation manager at all stages of the evaluation process. The responsibilities of the regional M&E adviser are:

- Provide feedback and comments on the draft ToR (incl. annexes) in accordance with the UNFPA Evaluation Handbook, and submit the final draft version to the UNFPA Evaluation Office for review and approval.
- Support the evaluation manager in identifying potential candidates and assessing whether they have the appropriate level of qualifications and experience.
- Liaise with the UNFPA Evaluation Office on the completion of the ToR and the selection of the evaluation team.
- Review the design report and provide comments to the evaluation manager, with a particular focus on the final evaluation questions, the theory of change, the sample of

stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.

- Review the draft evaluation report and provide comments to the evaluation manager.
- Support the evaluation manager in reviewing the final evaluation report.
- Prepare the EQA of the final evaluation report in collaboration with the evaluation manager, using the EQA grid and its explanatory note.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

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

- Review and approve the ToR (incl. annexes).
- Review and pre-qualification of the consultants.
- Commission the independent EQA of the final evaluation report.
- Publish the final evaluation report, independent EQA and management response in the UNFPA evaluation database.

## 14. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise and one thematic area with preference to population and development, and (ii) 3 thematic experts/team members who will provide technical expertise in at least one of the thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and/or population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process.

The evaluation team leader and the SRHR expert/team member will be recruited internationally (incl. in the region or sub-region), while the rest of the evaluation team members will be recruited locally to ensure adequate knowledge of the country context including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

### 12.1. Roles and Responsibilities of the Evaluation Team

#### ***Evaluation team leader (international consultant)***

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The evaluation manager will provide methodological guidance to the evaluation team in developing the design report, in

particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the evaluation manager. Beyond her/his responsibilities as team leader, the evaluation team leader will also serve as technical expert for population dynamics and social policy, as described below:

***Expectations from the Team Leader as Population Dynamics and Social Policy expert:***

The population dynamics expert will provide expertise on population and development issues, such as census, demographic structure, migration, the demographic dividend, and national statistical systems, and their interplay with and implications to broader social policy concerns (e.g. poverty reduction, social security/protection, social exclusion, justice, rural/urban development, decent work, etc.). S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Philippines CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

***Evaluation team member: SRHR expert (international consultant)***

The SRHR expert will provide expertise on integrated sexual and reproductive health services, human rights of women and girls, maternal health, family planning, and HIV and other sexually transmitted infections. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Philippines CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

***Evaluation team member: Adolescent and Youth Development expert (national consultant)***

The adolescent SRH and youth development expert will provide expertise on the human rights of women and girls, especially on youth-friendly sexual and reproductive rights and services (including Comprehensive Sexuality Education), access to contraceptives for young women and adolescent girls, youth leadership and participation, as well as GBV and harmful practices, such as child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Philippines CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

**Evaluation team member: Young and Emerging evaluator and Gender analyst (national consultant)**

The young and emerging evaluator will contribute to all phases of the CPE, especially on providing a strong gender lens that highlights how women and girls' rights are promoted and/or fulfilled across policies, programmes and activities. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will also participate in data collection (site visits, interviews, group discussions and document review) and contribute to data analysis and the drafting of the evaluation report, as agreed with the evaluation team leader. In addition, s/he will provide administrative support throughout the evaluation process and participate in meetings with the evaluation manager, UNFPA Philippines CO staff, and the ERG.

The modalities for the participation of the evaluation team members in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

## **12.2. Qualifications and Experience of the Evaluation Team**

### **Team leader**

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

- a Master's degree in public health, social sciences, demography or population studies, statistics, development studies, or a related field.
- 10 years of international experience in conducting or managing evaluations in the field of development, including in humanitarian contexts.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise and experience in Population Dynamics and in the analysis of their interplay with and implications to broader Social Policy issues.**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives, and disability inclusion in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.

- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of the Philippines.
- Fluent in written and spoken English

### **Sexual Reproductive Health and Rights expert**

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

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of international experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of development, including in humanitarian contexts.
- Advance knowledge of SRHR, including maternal health, family planning, and HIV and other sexually transmitted infections.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms in health.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives, and disability inclusion in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of the Philippines.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

### **Adolescent and Youth Development expert**

The competencies, skills, and experience of the gender equality and women's empowerment expert should include

- Master's degree in women/gender studies, human rights law, social sciences, development studies, or a related field.
- 5-7 years of national/local experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of development

- Substantive knowledge on adolescent SRH and youth development, including the human rights of women and girls, youth-friendly sexual and reproductive health information and services (including Comprehensive Sexuality Education), access to contraceptives for young women and adolescent girls, youth leadership and participation, as well as GBV and harmful practices, such as child, early and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of the Philippines.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English

#### **Young and emerging evaluator (with Gender Equality Background)**

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in women/gender studies, human rights law, public health, demography or population studies, social sciences, development studies or a related field.
- Certificate in evaluation or equivalent qualification.
- Up to five years of work experience in conducting evaluation or M&E in the field of international development.
- Good knowledge of the human rights of women and girls, especially their sexual and reproductive health and rights, access to SRHR information and services, leadership and participation, as well as GBV and harmful practices, such as child, early and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage.
- Fluent in written and spoken English

## 15. Budget and Payment Modalities

The evaluators including the young and emerging evaluator will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon completion of the field data collection phase	20%
Upon submission of a draft final evaluation report of satisfactory quality	30%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	30%

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

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader (and Social Policy)	2 Thematic experts (SRH and Youth Devt)	Young and emerging evaluator (and Gender)
Design phase	10	7	10
Field phase	26	26	26
Reporting phase	23	16	23
Dissemination and facilitation of use phase	1	1	1
<b>TOTAL (days)</b>	60	50	60

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and the corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the evaluation manager.

## 16. Bibliography and Resources

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

### UNFPA documents

1. UNFPA Strategic Plan (2014-2017) (incl. annexes)  
<https://www.unfpa.org/resources/strategic-plan-2014-2017>
2. UNFPA Strategic Plan (2018-2021) (incl. annexes)  
<https://www.unfpa.org/strategic-plan-2018-2021>
3. UNFPA Strategic Plan (2022-2025) (incl. annexes)  
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
4. UNFPA Evaluation Policy (2019)  
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>
5. *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA* (2019)  
<https://www.unfpa.org/EvaluationHandbook>
6. Relevant centralized evaluations conducted by the UNFPA Evaluation Office - available at:  
<https://www.unfpa.org/evaluation>

### Philippines national strategies, policies and action plans

7. National Poverty Reduction Strategy
8. National Development Plan
9. United Nations Development Assistance Framework (UNDAF) and/or United Nations Sustainable Development Cooperation Framework (UNSDCF)

10. Relevant national strategies and policies for each thematic area of the country programme

#### **UNFPA Philippines CO programming documents**

11. Government of the Philippines/UNFPA 8th Country Programme Document (2019-2023)
12. United Nations Common Country Analysis/Assessment (CCA)
13. Situation analysis for the Government of Philippines/UNFPA 8th Country Programme (2019-2023)
14. CO annual work plans
15. Joint programme documents
16. Mid-term reviews of interventions/programmes in different thematic areas of the CP
17. Reports on core and non-core resources
18. CO resource mobilization strategy

#### **UNFPA Philippines CO M&E documents**

19. Government of the Philippines/UNFPA 8th Country Programme M&E Plan (2019-2023)
20. CO annual results plans and reports (SIS/MyResults)
21. CO quarterly monitoring reports (SIS/MyResults)
22. Previous evaluation of the Government of Philippines/UNFPA 8th Country Programme (2019-2023), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

#### **Other documents**

23. Implementing partner annual work plans and quarterly progress reports
24. Implementing partner assessments
25. Audit reports and spot check reports
26. Meeting agendas and minutes of joint United Nations working groups
27. Donor reports of projects of the UNFPA Philippines CO

## 17. Annexes

**Note:** The ToR with annexes will be made available to the consultants who have been recruited by UNFPA to conduct the CPE.

A	Theory of change
B	Stakeholder map
C	Evaluation matrix template
D	Establishing the list of UNFPA interventions (Atlas projects)
E	Outline of design report
F	Evaluation Quality Assessment grid
G	Outline of evaluation report (draft and final version)
H	UNFPA Evaluation Office editorial guidelines
I	Evaluation work plan
J	Evaluation Reference Group - Terms of Reference

## ANNEX 6:

## List of Persons met\*

## National level stakeholders – data gathering phase

Organisation	Venue	Set-up	Names of participant	Sex	Designation
UNFPA	Country Office	In-person	Dr Leila Joudane	Female	Representative
			Rena Dona	Female	Deputy Representative
			Dr Mike Singh	Male	Head SRHR team / OIC
			Pamela Aine	Female	Head Programme Support
			Grace Cortez	Female	Human Resources
			Charice Malijan	Female	Humanitarian procurement
			Flora Villacorte	Female	Financial Assistant
			Shermae Zerrudo	Female	Finance Assistant
			Denvie Balidoy	Female	Communications Analyst
			Ladz Pegragosass	Male	Logistics / LMA
			Lavinia Oliveros	Female	CSE Coordinator
			Jhowilyn Zaldivar	Female	Programme Assistant
			Anna Francesca	Female	Gender Team
			Humaira Farhanaz	Female	Gender Team
			Desiree Granil	Female	Gender Team
			Anamabel Garcia	Female	Gender Team
			Andrew Bautista	Male	PD Team
			Olan Junio	Male	PD Team
			Tia	Female	PD Team, consultant
			Alice Ochola	Female	Head Humanitarian team
			Hector Folosco	Male	Humanitarian team
			Janet Escobar	Female	Humanitarian team
			Jennifer Pelayo	Female	Humanitarian team
			Dr Jun Paras Basto	Male	Humanitarian team
			Maria Betteling,	Female	Finance analyst, humanitarian action
			Elvie Duka	Female	Humanitarian team
			Marianne Ampar Guz	Female	Humanitarian team

Organisation	Venue	Set-up	Names of participant	Sex	Designation
			Maritess Magtangob	Female	Humanitarian team
			Paolo Capaia	Male	M&E analyst, humanitarian action
			Denvie Balidoy	Female	Communications Analyst Humanitarian assistance
			Ana Acham	Female	GBV specialist, humanitarian action
			Dr Grace Viola	Female	RH analyst, OIC of RH
			Vida Vasquez	Female	Programme Assistant – Private Sector and resource mobilization
			Joy Granil	Female	Programme Assistant – SRH / AY
			Dr. Mela Hidayat	Female	Assistant Rep Programme (temporary)
			Jose Roi Avena	Male	M&E Lead
			Janjan Castillo	Male	M&E Team
			John Aldrich Telebrico	Male	M&E Team
			John J. Maigting	Male	M&E Team, BARMM
OCHA	Country Office - OCHA Conference	In-person	Manja Vidic	Female	Head of Office
			Maria Agnes Palacio	Female	National Disaster Response Advisor
UPPI/DRDF	UP Diliman - UPPI - Quezon City	In-person	Dr Elma Laguna	Female	Associate Professor
			Dr Grace Cruz	Female	Professor
PLCPD	PLCPD	In-person	Romeo Dongeto	Male	Executive Director
			Ma Aurora Quilala	Female	Advocacy Manager
PSRP	Country Office - WFP Conference Room	Hybrid	Dyezebel Dado	Female	PSRP Coordinator
			Dr. Jocelyn Ilagan	Female	FP Consultant- PSRP
			Omar Sto Nino	Male	M and E Consultant
			Maria Lourdes Manuel	Female	Chief Operations Officer
			Dr. Nicolas Catindig	Male	Program Manager
PopCom	City Garden - Makati	In-Person	Dr. Juan Miguel Perez III	Male	Former Executive Director
Former Gender Focal	Online Platform	Online	Rio Grace Otara	Female	Former Gender Programme Officer
POPCOM	POPCOM Office - Mandaluyong	In-person	Lolito Tacardon	Male	Deputy Executive Director
			Aileen Serrano	Female	Policr, Research, Data Management Officer
			Lyra Borja	Female	PPO V

Organisation	Venue	Set-up	Names of participant	Sex	Designation
			Grace Dela Cruz	Female	Information Officer III
			Rizalina Raga	Female	Programme Assistant
CHSI	Country Office - Room 14CD	Hybrid	Dr Carmina Aquino	Female	Managing Director
			Dr Cecilia Manuel	Female	Program Manager
			Rea Epistola	Female	M and E Specialist
WHO - BRAVE	Country Office - Room 14CD	Online	April Joy David	Female	Technical Coordinator
			Dr Jasmine Vergara	Female	Programme Officer
ZFF	Country Office - Room 15C	Online	Lucille Isnani	Female	Programme Officer
			Donna Medina	Female	Programme Officer
			Sealdi Calo-Gonzales	Female	Programme Officer
DEPED	DEPED - Ortigas	In-person	Jocelyn Andaya	Female	Director
			Rosalie Masilang	Female	CSE Focal Person
ZOTO	Malabon	In-person	Laarni Obrina	Female	Project Assistant
			Jan-Marvion de Asis	Female	Project Documenter
			Jowelyn Escora	Female	Facilitator
			Maria Annaliza Lampitoc	Female	Barangay Coordinator
			Eric Ocap	Male	Project Assistant
			Mary Ann Chu	Female	Finance Officer
			Gemma Navarro	Female	Barangay Coordinator
			Mark Anthony Concepcion	Male	Area Leader Coordinator
			Rodelio Ablir	Male	Executive Director
			Melani Margalla	Female	Project Officer
			Celia Reyes	Female	Admin Assistant
			Olivia Angela Lampitoc	Female	
			Jena Veronica Lacanaria	Female	
CATW-AP	CATW-AP - Quezon City	In-person	Jean Enriquez	Female	Executive Director
			Gabrielle Vicente	Female	Research Officer
			-	Female	Survivor
			Janica Rosales	Female	Education Officer

Organisation	Venue	Set-up	Names of participant	Sex	Designation
CPN	Country Office	In-person	Dr Bernadette Madrid	Female	Executive Director
			Anna Teresa Clemente	Female	Project Development Officer
DFAT	RCBC Plaza - Makati	In-Person	Mei Santos	Female	Portfolio Manager, Humanitarian Action and Disaster Resilience
			Elle Janolo	Female	Programme Officer, Humanitarian Action and Disaster Resilience
			Jore-Annie Rico de Leon	Female	Senior Programme Officer
CANADA	RCBC Plaza - Makati	In-person	Diana Castillote	Female	Programme Coordinator, GAC
DSWD	DSWD - Quezon City	In-person	Director Marical Deloria	Female	Programs Management Bureau
			Patrick Perez	Male	Women Welfare Program Focal Person
			Carolina Nuyda	Female	Gender Specialist
DOH		Online	Dr. Cheryll Gavino	Female	Disease Prevention and Control Bureau

**Total 94 persons of which 74 women or 79 percent**

**Sub-National level – Urban – data gathering phase**

Organisation	Venue	Set-up	Names of participant	Sex	Designation
CHD 4A	CHD IVA - Quezon City	In-Person	Noreen Ada	Female	Nurse
			Valerie Pascual	Female	RHP
			Ma Angelica Javarez	Female	Midwife
			Charis Jose	Female	Nurse
			Dr Leda Hernandez	Female	Assistant Regional Director
			Maria Luisa Malonga	Female	Nurse
PMHA	PMHA - Quezon City	In-person	Carolina Rayco	Female	Executive Director
			Llewelyn Issa Dela Cruz	Female	Program Manager
			Christine Gina Camsol	Female	Program Lead
			Michelle Abigail Bonafe	Female	Program Head
San Carlos University, Office of Population Studies	University	In-person	Nanette Lee- Mayol	Female	Lead investigator
			Delia Belleza	Female	Deputy Director
			Marilyn Cinco	Female	Coordinator
			Judith Borja	Female	Former Director
			Sonny Bechayda	Male	Researcher
Selected School Cebu City	School	In-person	Principal	Female	Head Teacher
				Male	Science Teacher
				Female	Kindergarten
				Female	Health education
				Male	Mathematics teacher
				Female	Mathematics teacher

**Total 21 persons of which 18 women or 86 percent**

**Sub-national level - Mindanao / BARMM – data gathering phase**

Name	Designation	Organization	Sex
10 persons focus group discussion	YLPG participants	ZFF programme	5 Female 5 Male
Dr. Nurlinda Arumpac	WCPU focal	CRMC	Female
Dr. Ishmael Dimaren	Medical Chief II	CRMC	Male
Sergio Java	Administrative Officer	CRMC	Male
PMAJ. Merle Glemao	Police Major PNP WCPD Province	Philippine National Police	Male
PCpl Hasna Limzo	Police Corporal PNP WCPD Province	Philippine National Police	Female
Pcpl Rahima Mantawil	Police Corporal PNP WCPD Province	Philippine National Police	Female
Atty. Naguib Sinarimbo	Minister	Ministry of Interior and Local Government	Male
Aira Hazna Ampatuan	Project Development Officer	Bangsamoro Youth Commission	Female
Nasserudin Dunding	Commissioner	Bangsamoro Youth Commission	Male
	BIWAB	BIWAB	Female
	BIWAB	BIWAB	Male
	BIWAB	BIWAB	Female
Omran Ali	UNYPHIL	UNYPHIL	Male
Norhani Perduma	UNYPHIL	UNYPHIL	Female
Ems L. Yahiya	UNYPHIL	UNYPHIL	Female
	BIWAB	BIWAB	Female
	Youth Volunteer	UNYPHIL/ UNFPA	Female
	Youth Volunteer	UNYPHIL/ UNFPA	Female
	Youth Volunteer	UNYPHIL/ UNFPA	Female
	Youth Volunteer	UNYPHIL/ UNFPA	Female
	Youth Volunteer	UNYPHIL/ UNFPA	Male
	Youth Volunteer	UNYPHIL/ UNFPA	Male
	Youth Volunteer	UNYPHIL/ UNFPA	Female
	Youth Volunteer	UNYPHIL/ UNFPA	Male
	Youth Volunteer	UNYPHIL/ UNFPA	Male
	Youth Volunteer	UNYPHIL/ UNFPA	Male

Name	Designation	Organization	Sex
	Youth Volunteer	UNYPHIL/ UNFPA	Female
Corazon Lagamayo	Head of Sub-Office	UNHCR	Female
Nery Ronatay	Head of Sub-Office	UN Women	Male
Oscar Mazenco	Head of Sub-Office	UN OPS	Male
Butch Camarinas	Head of Sub-Office	UNDP	Male
Melina Nathan	Head of Sub-Office	UN RCO	Female
Matt Bidder	Head of Sub-Office	IOM	Male
Rahima Silongan	Designated Chief	Bangsamoro Women's Commission	Female
Rohaniya Sumail	Training Specialist	Bangsamoro Women's Commission	Female
Lyndon Enriquez	Development Management Officer	Bangsamoro Women's Commission	Male
Matryjane Alluden	Chief Admin Officer	Bangsamoro Women's Commission	Female
Sahara Ali	Information Officer	Bangsamoro Women's Commission	Female
Emma Ali	Provincial Welfare Officer	MSSD Maguindanao	Female
Laila Kadir	Social Welfare Officer	MSSD Maguindanao	Female
Lyca Sarenas	Chief of Staff	MSSD Region	Female
Juanita Santos	FP Coordinator	CHO Kidapawan	Female
Marry Jane Ajero	MH Coordinator	CHO Kidapawan	Female
Frelyn Abellera	Midwife	CHO Kidapawan	Female
Virgina Ablang	Nurse	CHO Kidapawan	Female
Ian Gonzales	Admin Officer	CHO Kidapawan	Male
Rochelle Angela	Head of Sub-Office	UNFPA	Female
Tanya Mara Gagalac	SRH Analyst	UNFPA	Female
Kim Ian Tiu	SRH Coordinator	UNFPA	Male
Joyce Flores	GBV Analyst	UNFPA	Female
Helen Rojas	Consultant	UNFPA	Female
Sapia Taulani	GBV Analyst	UNFPA	Female
Dr. Nadirah	WCPU Head	APMC	Female
Almellah Mangoda	WCPU Medical Social Worker	APMC	Female
Naif Princess Shaina	WCPU Nurse	APMC	Female
Tanbak Aliya	WCPU Mental Health Staff	APMC	Female
	WFS	WFS	Female
	WFS	WFS	Female

Name	Designation	Organization	Sex
	WFS	WFS	Female
Yasmira Pangadapun	Provincial Welfare Officer	MSSD Lanao Del Sur	Female
Sharima Basherou	Women Welfare Program Officer	MSSD Lanao Del Sur	Female
Ali Dalidig	City Health Officer	Marawi City Health Officer	Male
Cabiba Macapaar	URC	Former-Marawi City Health Officer	Female
Apasrah Mapupuno	Provincial Health Officer I	Provincial Health Del Sur Lanao Del Sur	Female
Alinader Minalang	Provincial Health Officer II	Provincial Health Del Sur Lanao Del Sur	Male

**Total 88 persons of which 62 women or 70 percent**

**Sub-National level - Eastern Visayas, Southern Leyte – data gathering phase**

Location	Name	Position	Sex
UNFPA Southern Leyte Hub	Juromey Kris Barabat	Field Officer, PSRP	Male
	Dr. Feliciano John Matibag	PHO, Southern Leyte	Male
	Lecile T. Auditor	Community Development Worker	Female
	Losil Amoncio	Community Development Officer	Female
St. Bernard, Southern Leyte	Dr. Karene Villanueva	Municipal Health Officer	Female
	Arcelin Bajador	Municipal Social Welfare Officer	Female
	PMSg Rea Ann Aguinaldo	WCPD	Female
	Jocelyn Bungcaras	Vice Mayor	Female
	Hon Reidan Balisico	LGU Officials	Male
	Hon. Saturnino Cinco	LGU Officials	Male
	Iresh Andoy	LGU WCPU	Female
DOH, Eastern Visayas	Dr. Milagros Bolito	Municipal Officer IV - Family Health Cluster Head	Female
	Dr. Ma. Hazel Rose De Asis	Dentist	Female
	Ms. Hermart Casio Severino	RN, Nurse V	Male
	Ms. Wilma Ruiz	Nurse I	Female
	Mr. Jenar Paul Lanza	Health Program Officer II	Male

**Total 16 persons of which 10 women or 63 percent**

**Total**

- National level ..... 94 persons of which 74 women or 79 percent
- Sub-national Urban ..... 21 persons of which 18 women or 86 percent
- Sub-national Mindanao / BARM ..... 88 persons of which 62 women or 70 percent
- Sub-National level, Southern Leyte..... 16 persons of which 10 women or 63 percent

**Total 219 persons of which 164 women or 75 percent**

**National level 94 persons with 79 percent women**

**Subnational level 124 persons with 73 percent women**

*\* Some names have been omitted in accordance with privacy requirements*

## List of Persons consulted during the CPE Design Phase

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Jhowilyn Zaldivar Programme Assistant

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### Mindanao Sub-Office Team

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Sittie Rajabia Monato Gender Coordinator

Joyce Cea GBV Programme Analyst

Lemiah Nando Re-integration Officer

Sapia Taulani GBVV Programme Analyst

JJ Maigting M&E Analyst

Jemar Marcos AFA

### UN DSS Team

## ANNEX 7:

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ACCORD

CATWAP

CHR

CHSI

CPN

MMI

MOSEP

Nonviolent Peaceforce

PKKK

PSRP

SM-ZOTO

Tarbilang Foundation Inc.

UNYPHIL

Zuellig Family Foundation

ANNEX 8:

## Country Programme Results Framework

Outcome	Outcome Indicator(s)	Output	Output Indicator(s)
<b>1. Sexual and Reproductive Health</b>			
Every woman, adolescent and youth everywhere, especially those furthest behind, have utilized integrated sexual and reproductive health and services and exercised reproductive rights, free of coercion, discrimination and violence	Contraceptive prevalence rate for modern family planning methods <i>Currently married: Baseline: 40.4%, Target: 46.4%</i> <i>Sexually active, unmarried Baseline: 17.4%; Target: 23.4%</i>	Enhanced capacities to develop and implement policies that prioritize access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings	<ul style="list-style-type: none"> <li>Number of costed multi-year national implementation plans (NIP) developed and monitored for key result areas of the RPRH law that ensure universal access to comprehensive SRH and GBV information and services in development and humanitarian settings <i>Baseline: 1 NIP for family planning; Target: 4 cumulative NIPs for family planning (annually monitored), GBV, MISP and CSE</i></li> <li>Number of bottleneck analyses in accessing SRH/GBV information and services by those left furthest behind developed and shared with policymakers <i>Baseline: 0; Target: 5 analyses on SRH/GBV access bottlenecks of a) young people, b) people with disabilities, c) farmers and fisherfolk, d) indigenous people, e) conflict and disaster-affected people developed and disseminated</i></li> </ul>
	Unmet need for family planning <i>Currently married Baseline: 16.7%; Target: 13.7%</i> <i>Sexually active unmarried Baseline: 48.7%; Target: 45.7%</i>	Improved domestic accountability mechanisms for sexual and reproductive health and rights through the involvement of communities and health-system stakeholders at all levels	

Outcome	Outcome Indicator(s)	Output	Output Indicator(s)
<b>2. Adolescents and Youth</b>			
Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and rights	Percentage of young women and men (15-19) who correctly identify both ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission <i>Baseline: 14.5%, Target: 30%</i>	Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being	<ul style="list-style-type: none"> <li>School-based comprehensive sexuality education curricula in accordance with international standards operationalized and evaluated <i>Baseline: No; Target: Yes</i></li> </ul>
	Adolescent birth rate (15-19) per 1,000 women in that age group <i>Baseline: 47%; Target: 40%</i>	Policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and wellbeing, including in crisis contexts	<ul style="list-style-type: none"> <li>Number of Mindanao local government units that integrate the SRH of adolescents and youth, including those marginalized, in their development plans Baseline: 0; Target: 50</li> <li>Number of community mobilization models that address GBV and harmful practices facing adolescents and youths developed and pilot-tested Baseline: 0; Target: 1</li> </ul>
<b>3. Population Dynamics</b>			
Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development	Present value of projected total demographic dividend between 2019 and 2023 <i>Baseline: US\$ 63.4 billion, Target: US\$ 128.0 billion</i>	Demographic intelligence utilized to improve the responsiveness, targeting and impact of development policies, programmes and advocacy, in particular to benefit the marginalized	<ul style="list-style-type: none"> <li>Integrated National Action Plan to harness the demographic dividend developed and implemented <i>Baseline: No; Target: Yes</i></li> <li>Number of analyses on the policy implications of demographic intelligence data developed and shared with policymakers <i>Baseline: 1 Baseline result of the Longitudinal Cohort Study on the 10-year-old child; Target: 5 analyses on the policy implications from the Longitudinal Study, VAW prevalence study, study on impact of ageing reported to policymakers</i></li> </ul>

ANNEX 9:

## Evaluation Matrix

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
<b>RELEVANCE:</b>		
<b>EQ 1: To what extent has the UNFPA support been relevant, including in the fields of SRHR, adolescents and youth, population and development and in terms of mainstreaming gender concerns across the programme?</b>		
UNFPA support has been adapted to the needs of diverse populations with emphasis on the most vulnerable population groups, including women and girls of reproductive age, pregnant women, young people, key populations, people with disabilities, in development and humanitarian contexts	<ul style="list-style-type: none"> <li>- Programme and project designs have been informed by needs assessments with attention to vulnerability issues in development contexts, including the Common Country Assessment conducted to inform the PFSD</li> <li>- Evidence that programme and project designs have been informed by needs assessments with attention to aspects of vulnerability in humanitarian contexts</li> <li>- Evidence that UNFPA supported interventions targeted the most vulnerable, disadvantaged, marginalized and excluded population groups in a prioritized manner in development and humanitarian contexts</li> <li>- Evidence that shows that specific attention has been paid to gender and aspects of gender equality, in the three components of the programme in development and humanitarian contexts</li> <li>- Inclusion of interests of women and girls with disabilities and other particularly vulnerable groups at national and sub-national levels</li> <li>- Ways in which vulnerable and marginalized groups were involved in programme planning, implementation and monitoring</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- CPD, CPAP</li> <li>- Project Documents</li> <li>- Annual Work Plans (AWP)</li> <li>- UNCT Common Country Assessment</li> <li>- Needs assessment reports</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- UN RC</li> <li>- RCO office staff</li> <li>- APRO staff providing support to each of the outcome areas</li> <li>- Government partners in each of the three outcome areas</li> <li>- CSO partners in each of the three outcome areas</li> <li>- UNFPA SMT</li> <li>- UNFPA programmatic staff</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- UNCT agencies</li> <li>- Key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme</li> </ul>
UNFPA support has been in line with the national priorities set for the implementation of the ICPD Plan of Action and national	<ul style="list-style-type: none"> <li>- Extent to which objectives and strategies of each program outcome area and gender mainstreaming are consistent with relevant national, sub-national and sectorial strategies, policies and development plans</li> <li>- Extent to which the objectives and strategies of the CPD have been discussed and agreed upon with national partners and stakeholders</li> </ul>	<p><b>Desk Review / Document Analysis</b></p> <ul style="list-style-type: none"> <li>- National development policy and strategy documents</li> <li>- National development plans</li> <li>- (Sexual and Reproductive) Health related policies and plans</li> <li>- Population policy and other PD related policies and plans</li> <li>- Adolescent and Youth related policies and plans</li> <li>- Gender and women's empowerment related policies and plans</li> </ul>

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
development strategies and plans related to UNFPA mandate areas		<ul style="list-style-type: none"> <li>- Records of consultations and other relevant meetings in programme design</li> <li>- BARMM development policies and plans</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- UNFPA country office programme staff</li> <li>- Government partners</li> <li>- Civil society partners</li> <li>- Government staff in BARMM</li> <li>- Civil society partners in BARMM</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Organizations working in the same mandate area as UNFPA which are not implementing partners</li> </ul>
UNFPA support has been in line with the 2030 Agenda for Sustainable Development, international normative frameworks, ICPD, UNFPA Strategic Plan 2018-2022 and the UN Partnership Framework	<ul style="list-style-type: none"> <li>- Programme and project design have been in line with the 2030 agenda, contributing to achievement of the country specific targets of the SDGs</li> <li>- Programme and project design have been in line with international normative frameworks in each of the outcome areas and gender mainstreaming</li> <li>- Programme and project design have been in line with the UNFPA Strategic Plan 2018-2021</li> <li>- Extent to which programme and project design have been in line with the new UNFPA Strategic Plan 2022-2025</li> <li>- Programme and project design have been in line with UN and UNFPA adolescent, youth, gender and other relevant organizational strategies</li> <li>- Programme and project design have been in line with the PFSD</li> <li>- Programme has been informed by the Common Country Assessment carried out in preparation of the PFSD</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- 2030 Agenda for Sustainable development and SDGs</li> <li>- UNFPA Strategic Plans 2018-2021 and 2022-2025</li> <li>- UNFPA Business Models, annex to Strategic Plans</li> <li>- UNFPA Strategic Plan 2018-2021, Annex 7, Working together to support implementation of the 2030 Agenda</li> <li>- PFSD 2019-2023</li> <li>- PFSD Results Framework</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- UN RC</li> <li>- RCO office staff</li> <li>- APRO staff providing support to each of the outcome areas and gender mainstreaming</li> <li>- Government partners in each of the three outcome areas and gender mainstreaming</li> <li>- CSO partners in each of the three outcome areas and gender mainstreaming</li> <li>- UNFPA SMT</li> <li>- UNFPA programmatic staff in each of the three outcome areas and gender mainstreaming</li> <li>- SMT staff of sister UN agencies</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Organizations working in the same mandate area as UNFPA which are not an implementing partner</li> </ul>
Adoption of the New Way of Working and the Grand Bargain of the World Humanitarian Summit 2016	<ul style="list-style-type: none"> <li>- Evidence of cooperation between humanitarian and development staff and entities within UNFPA Philippines</li> <li>- Working to collective outcomes across humanitarian and development parts of the UNFPA programme based on a shared understanding of sustainability, vulnerability and resilience</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- Design documents of humanitarian programmes</li> <li>- Design documents of development programmes</li> <li>- Situation analysis conducted at the start of humanitarian action</li> <li>- UNFPA SIS reports</li> </ul> <p><b>Semi-structure key informant interviews</b></p> <ul style="list-style-type: none"> <li>- UNFPA SMT</li> </ul>

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
	<ul style="list-style-type: none"> <li>- Evidence of working over multi-year timeframes to address protracted crisis, contributing to longer term development gains</li> <li>- Evidence of working collaboratively based on comparative advantage of UNFPA in the context of the Philippines, including pooled and combined data, analysis and information; better joined up planning and programming processes; effective leadership for collective outcomes; and financing modalities to support collective outcomes</li> <li>- New partnerships and collaboration to address crisis and building resilience</li> <li>- Level of gender mainstreaming and disability inclusion</li> </ul>	<ul style="list-style-type: none"> <li>- UNFPA Programme Staff</li> <li>- UNFPA Humanitarian Staff</li> <li><b>Focus group discussion</b></li> <li>- Government agencies staff involved in selected humanitarian action</li> <li>- UN agencies involved in selected humanitarian action</li> <li>- NGOs involved in selected humanitarian action</li> </ul>
<p>UNFPA support has been adapted in line with unexpected developments and contextual changes</p>	<ul style="list-style-type: none"> <li>- Ways in which the country office has responded to the political transition in BARMM</li> <li>- Ways in which the country office has been able to adapt its development programming to the emerging COVID-19 pandemic</li> <li>- Extent to which the country office has been able to provide a humanitarian response to the emerging COVID-19 pandemic</li> <li>- Extent to which the country office has been able to respond to other emerging crisis and contextual changes in a relevant way (including natural disasters, effects of climate change etc.)</li> <li>- 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</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- UNFPA Annual and quarterly reports</li> <li>- UNFPA SIS reports</li> <li>- Quarterly reports of implementing partners</li> <li>- COVID-19 support documentation</li> <li>- Documentation on other humanitarian support provided during the period under review</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- UN RC</li> <li>- RCO office staff</li> <li>- APRO staff providing support to each of the outcome areas</li> <li>- Government partners in each of the three outcome areas at national and sub-national levels</li> <li>- CSO partners in each of the three outcome areas at national and sub-national levels</li> <li>- UNFPA SMT</li> <li>- UNFPA programmatic staff in each of the three outcome areas</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Organizations working in the same mandate area as UNFPA which are not an implementing partner</li> </ul>
<b>EFFECTIVENESS</b>		
<p><b>EQ 2: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme taking into account potential changes made to the initial results framework due to the COVID-19 crisis, the political transition in BARMM, and other major contextual shifts?</b></p>		

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
<p>SRHR outputs achieved on Enhanced capacities to develop and implement policies that prioritize access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings</p>	<p><b>CPD Output Indicators</b></p> <ul style="list-style-type: none"> <li>- Number of costed multi-year national implementation plans (NIP) developed and monitored for key result areas of the RPRH law that ensure universal access to comprehensive SRH and GBV information and services in development and humanitarian settings. Baseline: 1 NIP for family planning; Target: 4 cumulative NIPs for family planning (annually monitored), GBV, MISP, CSE</li> <li>- Number of bottleneck analyses in accessing SRH/GBV information and services by those left furthest behind developed and shared with policymakers Baseline: 0; Target: 5 analyses on SRH/GBV access bottlenecks of young people, people with disabilities, farmers and fisherfolk, indigenous people, conflict and disaster affected developed and disseminated</li> </ul> <p><b>CPAP Output Indicators</b></p> <ul style="list-style-type: none"> <li>- Number of new BAFP partner companies with signed FP policies Baseline: 13; Target: 38;</li> <li>- Number of MOA between LGU, POPCOM and private sector groups on FP service provision. Baseline: 0; Target: 12;</li> <li>- Percentage of women with unmet needs referred to SDN and provided with modern FP. Baseline: 0; Target: 85% of women employees with unmet needs from BAFP partners;</li> <li>- Number of Regional POPCOM Offices and Regional Family Welfare Program (FWP) Committees of BWSC provided with TA on FP in the workplace Baseline:0; Target: 6 Regional POPCOM Offices and 6 Regional FWP</li> <li>- Committees are provided with TA on FP in the workplace programs</li> <li>- Number of studies conducted on RH in the workplace program Baseline:0; Target 3</li> <li>- Number of periodic SRHR reviews conducted by the national human rights institution Baseline: 1; Target: 2</li> <li>- Increased implementation capacity of IPs</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- CPD including Results and Resources Framework, CPAP</li> <li>- Theory of Change</li> <li>- Project level evaluations, After Action Reviews</li> <li>- Baseline studies conducted</li> <li>- Project reports</li> <li>- UNFPA / UNCT Annual reports</li> <li>- UNFPA Annual and Quarterly SIS reports</li> <li>- PFSD annual reports</li> <li>- AWP and Quarterly reports of implementing partners</li> <li>- Relevant studies in SRHR outcome area</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- National Government partners in SRHR outcome area</li> <li>- Sub-national government partners in sampled areas</li> <li>- CSO partners in the SRHR outcome area at national and sub-national levels</li> <li>- UNFPA programmatic staff in SRHR</li> <li>- SMT staff of selected sister UN agencies</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- With programme staff of sister UN agencies</li> <li>- With CSO IPs</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li>- Observation in selected health facilities at national and sub-national levels</li> </ul>

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
	<ul style="list-style-type: none"> <li>- Indication on improved access to SRH services for adolescents and youths</li> </ul>	
<p>SRHR outputs achieved concerning improved domestic accountability mechanisms for sexual and reproductive health and rights through the involvement of communities and</p>	<ul style="list-style-type: none"> <li>- Number of periodic SRHR reviews conducted by the national human rights institution Baseline: 1; Target: 2</li> <li>- Participation of vulnerable and marginalized groups in accountability mechanisms</li> <li>- Presence of functional complaint mechanisms in relation to UNFPA provided support in SRH development settings</li> </ul>	
<p>SRHR outputs contributed to the achievement of the outcome level change, i.e. every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence</p>	<ul style="list-style-type: none"> <li>- Contraceptive prevalence rate for modern family planning methods Baseline: 40.4% (currently married), 17.4% (sexually active unmarried); Target: 46.4%, 23.4%</li> <li>- Unmet need for family planning Baseline: 16.7% (currently married), 48.7% (sexually active unmarried); Target: 13.7%, 45.7%</li> <li>- Evidence of the contribution of output level result to outcome level changes</li> <li>- Factors facilitating and hindering achievement of intended outcome level results in SRHR including possible adverse effects of the COVID-19 pandemic</li> <li>- Evidence of unintended outcome level results</li> <li>- Evidence of the use of data and information and analytical studies concerned to inform programming in this outcome area</li> </ul>	
<p>AY outputs achieved, i.e. young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being</p>	<ul style="list-style-type: none"> <li>- School-based comprehensive sexuality education curricula in accordance with international standards operationalized and evaluated Baseline: No; Target: Yes</li> <li>- Evidence of improved knowledge and skills of students in pilot implementation areas</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- CPD including Results and Resources Framework, CPAP</li> <li>- Theory of Change</li> <li>- Project level evaluations</li> <li>- Baseline studies conducted</li> <li>- Annual reports</li> <li>- UNFPA Quarterly and SIS reports</li> </ul>

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
<p>AY outputs achieved, i.e. policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and wellbeing, including in crisis contexts</p>	<ul style="list-style-type: none"> <li>- Number of Mindanao local government units that integrate the SRH of adolescents and youth, including those marginalized, in their development plans Baseline: 0; Target: 50</li> <li>- Number of community mobilization models that address GBV and harmful practices facing adolescents and youths developed and pilot-tested Baseline: 0; Target: 1</li> <li>- Ways in which gender was mainstreamed and disability was integrated in support of AY policies and programmes</li> </ul>	<ul style="list-style-type: none"> <li>- AWP and Quarterly reports implementing partners</li> <li>- Relevant studies in each of the outcome areas</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- National Government partners in each of the three outcome areas</li> <li>- Sub-national government partners</li> <li>- CSO partners in each of the three outcome areas at national and sub-national levels</li> <li>- UNFPA programmatic staff in each of the three outcome areas</li> <li>- UNFPA SMT (focus on outcome level change)</li> <li>- SMT staff of selected sister UN agencies</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Programme staff of sister UN agencies</li> </ul>
<p>AY outputs contributed to the achievement of the outcome level change, i.e. every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and rights</p>	<ul style="list-style-type: none"> <li>- Percentage of young women and men (15-19) who correctly identify both ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission Baseline: 14.5%; Target: 30%</li> <li>- Adolescent birth rate (15-19) per 1,000 women in that age group Baseline: 47; Target: 40</li> <li>- Evidence of the contribution of output level result to outcome level changes for AY in general as well as for particularly vulnerable and marginalized groups, including young people with disabilities</li> <li>- Factors facilitating and hindering achievement of intended results at outcome level including the use of UN joint programming and possible adverse effects of the COVID-19 pandemic</li> <li>- Evidence of unintended results at outcome level</li> <li>- Evidence of the use of data and information from analytical studies concerned to inform programming in this cross-cutting area</li> </ul>	<ul style="list-style-type: none"> <li>- With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups targeted in the three outcome areas of the programme, with women and men participants interviewed separately</li> </ul>
<p>PD outputs achieved, i.e.: Demographic intelligence utilized to improve the responsiveness, targeting and impact of development policies, programmes and advocacy, in particular to benefit the marginalized</p>	<ul style="list-style-type: none"> <li>- Integrated National Action Plan to harness the demographic dividend developed and implemented Baseline: No; Target: Yes</li> <li>- Number of analyses on the policy implications of demographic intelligence data developed and shared with policymakers Baseline: 1 Baseline result of the Longitudinal Cohort Study on the 10-year-old child; Target: 5 analyses on the policy implications from the Longitudinal Study, VAW prevalence study, study on impact of ageing reported to policymakers</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- CPD including Results and Resources Framework, CPAP</li> <li>- Theory of Change</li> <li>- Project level evaluations</li> <li>- Baseline studies conducted</li> <li>- DHS 2016-18</li> <li>- NSO 2020 Census Report</li> <li>- National Population Policy 2014-2024</li> <li>- UNFPA / UNCT Annual reports</li> <li>- UNFPA Quarterly and SIS reports</li> </ul>

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
<p>PD outputs contributed to the achievement of the outcome level change, i.e. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</p> <p>UNFPA mandate related SDGs have been localized and integrated in national and sub-national development planning</p>	<p>Evidence that demographic intelligence is relevant to and has been used to enhance the welfare of vulnerable groups, including people living with disabilities</p> <ul style="list-style-type: none"> <li>- Present value of projected total demographic dividend between 2019 and 2023 Baseline: US\$63.4 billion; Target: US\$128.0 billion</li> <li>- Census and NDHS data and information utilized to inform development programming</li> <li>- PD information used to inform policy response to the opportunity concerning the demographic dividend</li> <li>- Evidence of the contribution of output level result to outcome level changes</li> <li>- Extent to which results were achieved through Joint UN programmes</li> <li>- Factors facilitating and hindering achievement of intended results at outcome level including the use of UN joint programming and possible adverse effects of the COVID-19 pandemic</li> <li>- Evidence of unintended results at outcome level</li> <li>- Level of localization of SDGs and their integration in development planning at national and sub-national levels</li> </ul>	<ul style="list-style-type: none"> <li>- AWP and Quarterly reports implementing partners</li> <li>- Relevant project studies in PD outcome area including Demographic Dividend Report and National Population Policy review</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- National Government partners in PD outcome areas</li> <li>- Sub-national government partners</li> <li>- CSO partners in PD outcome areas at national and sub-national levels</li> <li>- UNFPA programmatic staff in each of the three outcome areas</li> <li>- UNFPA SMT (focus on outcome level change)</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Discussion with a selected group of parliamentarians</li> <li>- Staff of sister UN agencies</li> </ul>

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
<p>GEWE outputs achieved, i.e. national institutional capacity strengthened to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings contributing to gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p>	<ul style="list-style-type: none"> <li>- Gender approach used in each of the outcome areas of the programme</li> <li>- GBV Data: protocols for harmonized regarding gender-based violence data collection, analysis and dissemination system developed for use in both development and humanitarian situations</li> <li>- Health Sector response to GBV: functional multi sector health response to gender-based violence</li> <li>- Health Sector response to GBV: referral mechanisms in place and functional</li> <li>- Capacities in GBViE min Standards in selected areas</li> <li>- Evidence of unintended results</li> <li>- Evidence of the use of data and information from analytical studies concerned to inform gender mainstreaming</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- National gender equality policy and plans</li> <li>- UN/UNFPA Gender Strategy</li> <li>- CPD including Results and Resources Framework</li> <li>- Theory of Change</li> <li>- Project level evaluations</li> <li>- Baseline studies conducted</li> <li>- Project reports</li> <li>- Annual reports</li> <li>- UNFPA Quarterly and SIS reports</li> <li>- AWP and Quarterly reports implementing partners</li> <li>- Relevant studies in GEWE outcome area</li> <li>- Protocols for harmonized gender-based violence data collection, analysis and dissemination</li> <li>- Policy briefs available on increased investment for gender-responsive comprehensive sexuality education</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- National Government partners</li> <li>- Sub-national government partners</li> <li>- CSO partners at national and sub-national levels</li> <li>- UNFPA SMT (focus on outcome level change)</li> <li>- UNFPA programmatic staff in each of the three outcome areas</li> <li>- SMT staff of selected sister UN agencies</li> <li>- Staff of OSCC or other types of centers for survivors of GBV</li> <li>- Staff of shelters for survivors of GBV</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Programmatic staff of sister UN agencies</li> <li>- With final beneficiaries of selected vulnerable and marginalized groups targeted in the programme, including survivors of GBV</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li>- Observation in OSCC, shelter or other types of centers for survivors of GBV in selected hospitals / health centers and CSO facilities at national and sub-national levels</li> </ul>
<p>Humanitarian programming contributed to results for people experiencing natural and/or man-</p>	<ul style="list-style-type: none"> <li>- Evidence of results of different instances of emergency response</li> <li>- Evidence of results of the emergency preparedness work conducted</li> <li>- Evidence of results of the Covid-19 response</li> <li>- Evidence of MISP training results, including use of this approach in national and sub-national emergency preparedness planning</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- Humanitarian Project documents</li> <li>- Project level evaluations / After Action Reviews</li> <li>- UNFPA Annual and Quarterly SIS reports</li> <li>- AWP and Quarterly and annual reports of implementing partners</li> </ul> <p><b>Semi-structured key informant interviews</b></p>

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
made crisis during the programme period under review	<ul style="list-style-type: none"> <li>- Evidence of GBViE training results, including use of this approach in national and sub-national emergency preparedness planning</li> <li>- Ways in which humanitarian action has been adjusted in BARMM to reflect the political transition in the autonomous region</li> <li>- Participation of vulnerable and marginalized groups in accountability mechanisms in humanitarian settings</li> <li>- Presence of functional complaint mechanisms in relation to UNFPA provided support in humanitarian settings</li> </ul>	<ul style="list-style-type: none"> <li>- National Government partners</li> <li>- Sub-national government partners</li> <li>- CSO partners</li> <li>- UNFPA humanitarian staff</li> <li>- UNFPA SMT</li> <li>- SMT of selected sister UN agencies responding to the same humanitarian situation</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- With programmatic staff of selected sister UN agencies responding to the same humanitarian situation</li> <li>- With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups including people with disabilities targeted in the humanitarian support, with women and men participants interviewed separately</li> </ul>
<p><b>EQ 3: To what extent has UNFPA successfully mainstreamed gender equality, human rights, and disability inclusion in: (i) the development of the country programme and interventions (with particular attention to participation in development of programmes and interventions) and (ii) the implementation of the programme (with particular attention to non-discrimination/equality in reach/results)?</b></p>		
Programme and project design and implementation integrated a human rights-based approach	<ul style="list-style-type: none"> <li>- Attention to rights and responsibilities in design across the outcome areas</li> <li>- Programming informed by rights related analysis across the outcome areas, including such analysis from the CCA</li> <li>- Protocols for harmonized human rights related data collection, analysis, reporting and dissemination developed for use in both development and humanitarian situations</li> <li>- Inclusion of support to right holders and duty bearers across the outcome areas</li> <li>- Focus on accountability and transparency as part of a rights-based approach across the outcome areas</li> <li>- Support provided to addressing priority UPR, CEDAW, CRPD recommendations in programming</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- CPD / CPAP</li> <li>- Project Documents</li> <li>- AWP</li> <li>- UNFPA annual and quarterly SIS report</li> <li>- IP annual and quarterly reports</li> <li>- CCA and other needs assessments in each of the outcome areas</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- Government partners in each of the three outcome areas at national and sub-national levels</li> <li>- CSO partners in each of the three outcome areas at national and sub-national levels</li> <li>- UNFPA SMT</li> <li>- UNFPA programme staff in each of the three outcome areas and humanitarian action</li> <li>- APRO staff providing support to each of the outcome areas</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Programme staff of key sister UN agencies</li> <li>- With key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme</li> </ul>
Programme and project design integrated gender equality and women's empowerment	<ul style="list-style-type: none"> <li>- Mainstreaming of gender and women's empowerment across programme interventions in each of the outcome areas</li> <li>- Programming informed by gender analysis including such analysis from the CCA</li> <li>- Programmatic attention to the role of men and boys and their engagement in project implementation</li> </ul>	

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
	<ul style="list-style-type: none"> <li>- Programmatic attention to multiple gender identities and the inclusion of LGBTQ+ in programme implementation</li> <li>- Programmes have identified and addressed the specific concerns of marginalized women and girls</li> </ul>	
<p>Programme and project design integrated disability inclusion</p>	<ul style="list-style-type: none"> <li>- Mainstreaming of disability across programme interventions</li> <li>- Programming informed by disability analysis including such analysis from the CCA</li> <li>- Organizations that represent disabled people involved as stakeholders in all parts of the programme cycle</li> <li>- Programmes have identified and addressed the specific concerns of people living with disabilities, including young people with disabilities</li> </ul>	
<b>EFFICIENCY</b>		
<b>EQ 4: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme, including during the COVID-19 context?</b>		
<p>UNFPA made good use of its human resources to pursue the achievement of results</p>	<ul style="list-style-type: none"> <li>- Adequate human resources in place in each of the outcome areas including relevant staffing structure</li> <li>- Lack of gaps in staff recruitment</li> <li>- Staff performance management system in place and functioning</li> <li>- HR support services received from UNFPA APRO and HQ</li> <li>- Evidence of human resource management arrangement in UN joint programming that enhance cost effective reaching of results</li> <li>- Transaction costs of UN joint operations are considered to outweigh the benefits created in terms of results achieved</li> <li>- HR policies aim for inclusive HR recruitment and management including a gender balance in CO staffing</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- CPD/CPAP</li> <li>- Staffing organogram</li> <li>- UNFPA Annual and quarterly SIS reports</li> <li>- UNFPA Monitoring reports</li> <li>- Project progress reports</li> <li>- Implementing partners AWP and quarterly/annual reports</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- UNFPA SMT</li> <li>- UNFPA Programme support staff</li> <li>- Government Implementing Partners, Admin / financial staff</li> <li>- CSO Implementing Partners, Admin / financial staff</li> <li>- Donors to CP8</li> <li>- UNFPA APRO HR support staff</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Programme staff of key sister UN agencies</li> </ul>

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
<p>UNFPA made good use of its financial resources to pursue the achievement of results</p>	<ul style="list-style-type: none"> <li>- Evidence that resources from HQ and donors were received to the foreseen level and in a timely manner</li> <li>- Evidence that the planned resources were received by IPs to the foreseen level in AWP and in a timely manner</li> <li>- Evidence of progress towards the delivery of multi-year, predictable, core funding for implementing partners</li> <li>- Targeted resource mobilization strategy in place including for response to the COVID-19 pandemic and other humanitarian crisis</li> <li>- Participation in a Joint UN resource mobilization strategy for humanitarian and development related support</li> <li>- Evidence of other resources mobilized in line with the CPD/CPAP</li> <li>- Evidence of non-cash contributions of partners</li> <li>- Financial reporting system in place with timely reporting conducted</li> <li>- Evidence of UNFPA cost-saving implementation modalities</li> <li>- UNFPA core funding relative to other donor support in each of the three outcome areas of the programme</li> <li>- Evidence of efficient use of financial resources in joint UN programming</li> <li>- IP fiduciary reports used, including across UN agencies</li> <li>- ICT support services in place</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- CPD/CPAP</li> <li>- UNFPA Financial reports</li> <li>- AWP and Financial reports of implementing partners</li> <li>- Audit reports</li> <li>- IP fiduciary reports</li> <li>- UNFPA annual and quarterly SIS reports</li> <li>- UNFPA Monitoring reports</li> <li>- Project progress reports</li> <li>- Implementing partners AWP and quarterly/annual reports</li> <li>- Resource mobilization strategy</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- UNFPA SMT</li> <li>- UNFPA Admin / financial staff</li> <li>- Government Implementing Partners, Admin / financial staff</li> <li>- CSO Implementing Partners, Admin / financial staff</li> <li>- Donors to CP8</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Programme staff of key sister UN agencies</li> </ul>
<p>UNFPA made good use of its and partners' technical resources to pursue the achievement of results</p>	<ul style="list-style-type: none"> <li>- Evidence on adequacy of UNFPA technical capacity in the outcome and thematic areas concerned</li> <li>- Evidence of quality of UNFPA provided Technical Assistance</li> <li>- Evidence of adequate and timely support from APRO in each of the outcome and thematic areas of the programme</li> <li>- Use of results-based management by UNFPA and partners to inform management of initiatives as well as the entire programme in line with CPD results framework, PFSD results framework and in terms of DaO</li> <li>- Evidence of appreciation of UNFPA technical support by key stakeholders</li> <li>- Evidence of technical capacities built by stakeholders concerned</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- CPD/CPAP</li> <li>- AWP and Financial reports of implementing partners</li> <li>- UNFPA annual and quarterly SIS reports</li> <li>- UNFPA monitoring reports</li> <li>- Project progress reports</li> <li>- Implementing partners quarterly/annual reports and AWP</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- UNFPA SMT</li> <li>- UNFPA Programme support staff</li> <li>- Government Implementing Partners, Admin / financial staff</li> <li>- CSO Implementing Partners, Admin / financial staff</li> <li>- Donors to CP8</li> <li>- M&amp;E staff of UNFPA, partner organizations and sister UN agencies</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Programme staff of key sister UN agencies</li> </ul>

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
<p>UNFPA made good use of its partnerships to pursue the achievement of the results</p>	<ul style="list-style-type: none"> <li>- Partnership strategy in place for implementing and strategic partners</li> <li>- Evidence of transparent IP selection process in place</li> <li>- Evidence of appropriateness of the IP and strategic partner selection criteria and results concerned</li> <li>- Evidence of IPs and strategic partners' satisfaction with UNFPA support and partnership</li> <li>- Evidence of efficient partnering approach in UN Joint programmes</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- Partnership strategy and related documentation</li> <li>- Documentation on partner selection process</li> <li>- Needs / capacity assessments conducted</li> <li>- PFSD level partner assessment</li> <li>- UNFPA annual and quarterly SIS reports</li> <li>- UNFPA monitoring reports</li> <li>- Project progress reports</li> <li>- Implementing partners' AWP and quarterly/annual reports</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- UNFPA SMT</li> <li>- UNFPA Programme support staff</li> <li>- Government Implementing Partners</li> <li>- CSO Implementing Partners</li> <li>- Donors to CP8</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Programme staff of key sister UN agencies</li> </ul>
<b>SUSTAINABILITY</b>		
<b>EQ 5: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects, including during the COVID-19 context, BARMM political transition and other major contextual shifts?</b>		
<p>Political will in place to ensure the continuation of benefits supported by the country programme after interventions terminate</p>	<ul style="list-style-type: none"> <li>- National legal and policy requirements in place (such as national strategies for RH commodity security, MISP, adolescent SRH, national population policy) for the benefits of programme interventions to continue, in particular for disadvantaged and marginalized groups, after interventions terminate</li> <li>- Strengthened working relationships with strategic and implementing partners</li> <li>- Functional provincial strategies in place to sustain programme related results, in particular for vulnerable and marginalized groups</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- Government National Development plan and budget</li> <li>- Government development strategy</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- Government partner agencies</li> <li>- UNFPA SMT</li> <li>- UNFPA programme staff in each of the three outcome areas</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Discussion with a selected group of CSOs</li> </ul>
<p>Financial allocations put in place to enable continuation of benefits of</p>	<ul style="list-style-type: none"> <li>- Evidence of budget committed at national level to the continuation of results of UNFPA supported interventions after these terminate</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- Government annual budget</li> <li>- Government National Development plan and budget concerned</li> </ul>

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
support provided through interventions after they terminate	<ul style="list-style-type: none"> <li>- Evidence of budget committed at provincial level to the continuation of results of UNFPA supported interventions after these terminate</li> <li>- Evidence of budget committed at local level to the continuation of results of UNFPA supported interventions after these terminate</li> </ul>	<p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- Government partner agencies</li> <li>- Sub-national partners</li> <li>- UNFPA SMT</li> <li>- UNFPA programme staff in each of the three outcome areas</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Discussion with a selected group of CSOs</li> </ul>
Capacities of implementing partners and beneficiaries have been developed as a result of program interventions, enhancing the durability of effects of both development and humanitarian interventions	<ul style="list-style-type: none"> <li>- Capacities of Implementing partners in terms of efforts to maintain results achieved through UNFPA support</li> <li>- Capacities of Implementing partners enhanced in order to provide planning and financial related support in UNFPA mandate areas</li> <li>- Capacities enhanced regarding aspects of accountability for the continuation of results in UNFPA mandate areas in particular for vulnerable and marginalized groups in the various parts of the country in development as well as humanitarian support</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- UNFPA Annual and SIS reporting</li> <li>- Project progress reports</li> <li>- UNFPA, UNCT and project Monitoring reports</li> <li>- Annual/quarterly reports implementing partners and AWP</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- Government partner agencies</li> <li>- CSO partners organizations</li> <li>- UNFPA SMT</li> <li>- UNFPA programme staff in each of the three outcome areas</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- With final beneficiaries of vulnerable and marginalized groups targeted in each of the three outcome areas of the country programme in development as well as humanitarian interventions, in peer groups and separately with men and women beneficiaries</li> </ul>
<b>COHERENCE</b>		
<b>EQ 6: To what extent has UNFPA complemented efforts of other UN agencies and partners and contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the HCT?</b>		
<p>UNFPA programme has been coherent with government efforts in each of its programmatic areas</p> <p>UNFPA programme has been coherent with efforts of sister UN agencies in each of its programmatic areas</p>	<ul style="list-style-type: none"> <li>- Coherence with Government, CSOs and other DPs' interventions:                             <ul style="list-style-type: none"> <li>o Coordination efforts of the programmatic areas with relevant stakeholders in terms of the design of interventions</li> <li>o Partnership approach in each of the programmatic areas and implementing partners selected</li> <li>o Added value of UNFPA support and complementarity with support of other development partners, CSOs and other relevant stakeholders</li> </ul> </li> <li>- Coherence with interventions of other UN Agencies:</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- CPD / CPAP</li> <li>- Project Documents</li> <li>- Annual Work Plans (AWP)</li> <li>- CCA</li> <li>- Government development strategies and policies</li> <li>- Government strategies and policies in each of the three programmatic areas</li> <li>- UN Youth Strategy</li> <li>- CSO partners' strategies and policies</li> </ul> <p><b>Semi-structured key informant interviews</b></p>

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
<p>UNFPA programme has been coherent with CSO efforts in each of its programmatic areas</p> <p>UNFPA programme has been coherent with efforts of development partners in each of its programmatic areas</p> <p>UNFPA response to COVID-19 and other humanitarian response and recovery efforts in each of its programmatic areas have been coordinated with those of government, other UN agencies, development partners and CSOs</p>	<ul style="list-style-type: none"> <li>○ Joint analysis and programming efforts with other UN agencies</li> <li>○ Opportunities for joint programming identified and realized</li> <li>○ Evidence of the use of a shared Theory of Change in Joint UN programmes</li> </ul>	<ul style="list-style-type: none"> <li>- UN RC and RCO staff</li> <li>- APRO staff providing support to each of the programmatic areas</li> <li>- Government partners in each of the programmatic areas</li> <li>- CSO partners in each of the programmatic areas</li> <li>- UNFPA SMT</li> <li>- UNFPA staff in each of the programmatic areas</li> <li>- SMT staff of sister UN agencies</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- With Programme staff of sister UN agencies</li> <li>- With key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme</li> </ul>
<p>UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT in development programming</p> <p>UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the humanitarian country team</p>	<ul style="list-style-type: none"> <li>- UNFPA role in UNCT coordination / working groups of development programming in topics related to its mandate</li> <li>- UNFPA role in humanitarian coordination structure including in the SRHR and GBV area of responsibility and leadership in SRHR / GBV sub-clusters in humanitarian support</li> <li>- Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas</li> <li>- Evidence of exchanges of information between United Nations agencies</li> <li>- Evidence of joint planning of programming initiatives</li> <li>- Evidence of joint implementation and monitoring of programmes</li> <li>- UN RC office valuation of UNFPA role in coordination in development and humanitarian programming</li> <li>- UN agencies' valuation of UNFPA role in coordination in development and humanitarian programming</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- Minutes of coordination meetings of UNCT working groups</li> <li>- Minutes of Humanitarian Country Team (HCT)</li> <li>- Programming documents regarding UNCT joint initiatives</li> <li>- Monitoring/evaluation reports of joint UN programmes and projects</li> <li>- Humanitarian Cluster meeting records, in particular SRHR and GBV sub-clusters</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- UN RC</li> <li>- RCO office staff</li> <li>- SMT staff of sister UN agencies</li> <li>- UNFPA SMT</li> <li>- UNFPA programmatic staff in each of the programmatic areas</li> <li>- UNFPA staff in humanitarian action</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Programme staff of key sister UN agencies</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li>- Participation as observer in selected coordination meetings during field phase in development and humanitarian related UNCT meetings</li> </ul>
<p><b>COVERAGE</b></p>		

Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
<p><b>EQ 7: To what extent have UNFPA humanitarian interventions (including those in response to the COVID-19 pandemic) systematically reached the most vulnerable and marginalized groups (young people, women with disabilities, LGBTQI populations, etc.) and addressed their needs including in humanitarian settings?</b></p>		
<p>UNFPA and partner capacities have been enhanced to ensure reaching the most vulnerable groups with RH services in emergency settings</p> <p>RH services have become more available to the most vulnerable and marginalized groups in emergency settings</p>	<ul style="list-style-type: none"> <li>- Timely and targeted delivery of goods and services to affected populations informed by needs assessment, in coordination with other UN agencies, government agencies and other stakeholders</li> <li>- Evidence of strengthened institutional capacity to ensure that reproductive health needs of the most vulnerable and marginalized are addressed in humanitarian settings including disabled women and girls and LGBTQI population</li> <li>- National emergency preparedness and response plans reflects the Minimum Initial Service Package (MISP) and international standards regarding GBViE</li> <li>- Reproductive health emergency preparedness and response plan developed in consultation with various stakeholders, including addressing the needs of the most vulnerable</li> <li>- The capacity of health service providers to ensure the delivery of RH services in emergency situation to the most vulnerable is strengthened</li> <li>- Evidence of increased availability of reproductive health services to the most vulnerable and marginalized in humanitarian contexts in the period under review</li> <li>- Accountability mechanisms in place for recipients of humanitarian support</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- Emergency preparedness and response plans at national and sub-national levels</li> <li>- UNFPA RH strategy in humanitarian settings</li> <li>- UNFPA annual and quarterly SIS report</li> <li>- Humanitarian project monitoring data and reports</li> <li>- After Action Reviews</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- Government partners on humanitarian aid issues</li> <li>- CSO partners on humanitarian issues</li> <li>- Sub-national level partners on humanitarian issues</li> <li>- Senior management staff of selected sister UN agencies</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Programme staff of key sister UN agencies</li> <li>- With key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme</li> <li>- With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups targeted, with women and men targeted beneficiaries</li> </ul>
<p><b>CONNECTEDNESS</b></p>		

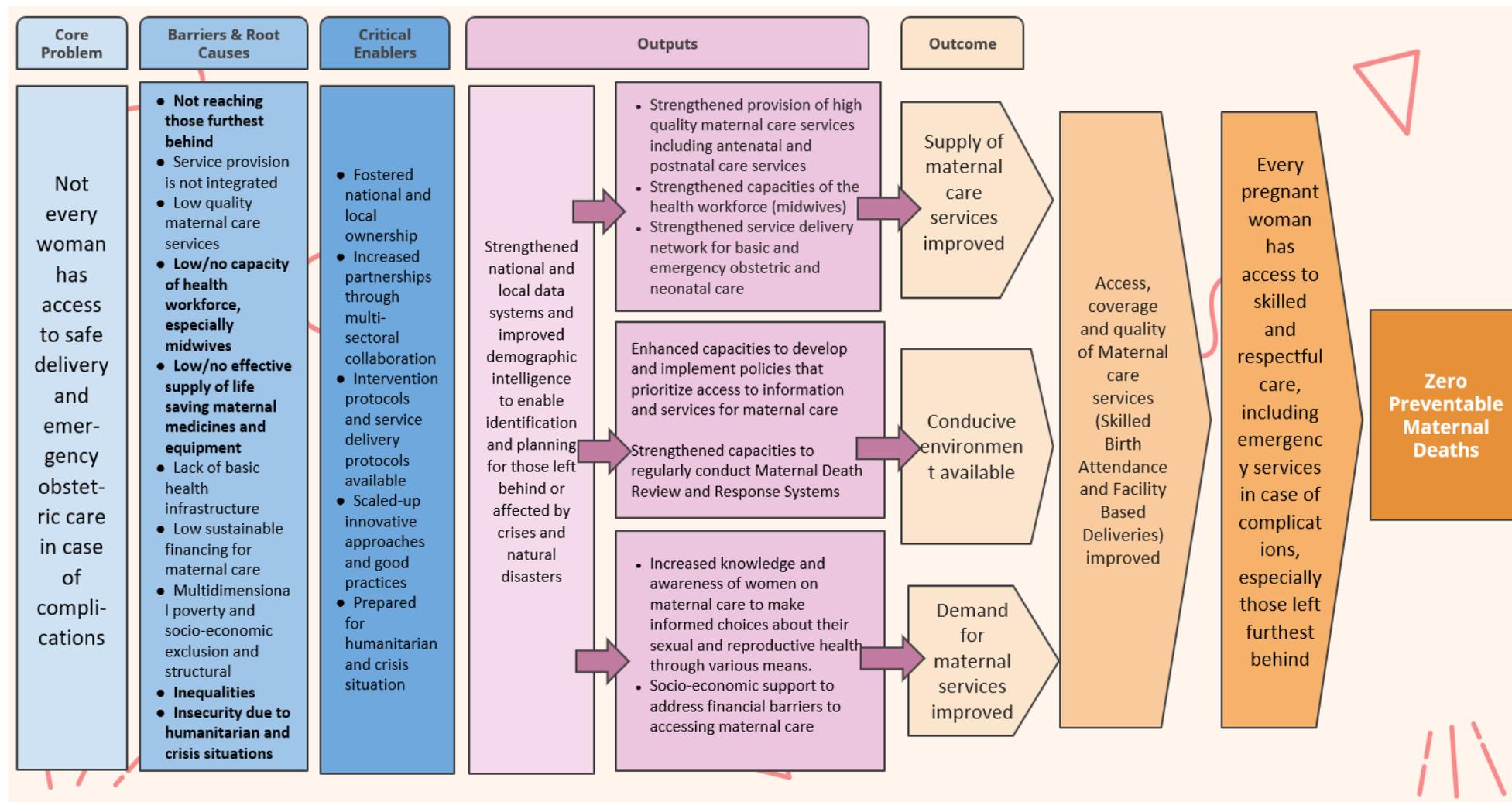
Assumptions to be assessed	Substantiating Evidence	Methods for data collection and Sources of information
<p><b>EQ 8: To what extent has the UNFPA humanitarian programming (including the response to the COVID-19 pandemic) taken into account longer-term development goals articulated in the results framework of the country programme?</b></p>		
<p>Extent to which humanitarian aid has taken into account longer term development aspects</p> <p>Extent to which humanitarian aid and support takes account of interconnectedness of problems and issues in the context concerned</p>	<ul style="list-style-type: none"> <li>- Evidence that both Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies and the Essential Services Package for Women and Girls Subject to Violence are used in programming</li> <li>- Linkages in the design and implementation of humanitarian response to recovery and development phases of support</li> <li>- Evidence of linkages of humanitarian support with development processes in COVID response</li> <li>- Evidence of linkages of humanitarian support with development processes in support to BARMM</li> <li>- Evidence of linkages of humanitarian support with development processes in response to natural disasters</li> </ul>	<p><b>Desk Review</b></p> <ul style="list-style-type: none"> <li>- Emergency preparedness and response plans at national and sub-national levels</li> <li>- UNFPA RH / GBV strategy in humanitarian settings</li> <li>- UNFPA annual and quarterly SIS report</li> <li>- Humanitarian project monitoring data and reports</li> <li>- After Action Reviews conducted</li> </ul> <p><b>Semi-structured key informant interviews</b></p> <ul style="list-style-type: none"> <li>- Government partners on humanitarian aid issues</li> <li>- CSO partners on humanitarian issues</li> <li>- Sub-national level partners on humanitarian issue</li> <li>- Senior management staff of selected sister UN agencies</li> </ul> <p><b>Focus group discussion</b></p> <ul style="list-style-type: none"> <li>- Programme staff of key sister UN agencies</li> <li>- With key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme</li> <li>- With final beneficiaries of adolescents and youth and other vulnerable and marginalized groups targeted, with men and women targeted beneficiaries</li> </ul>



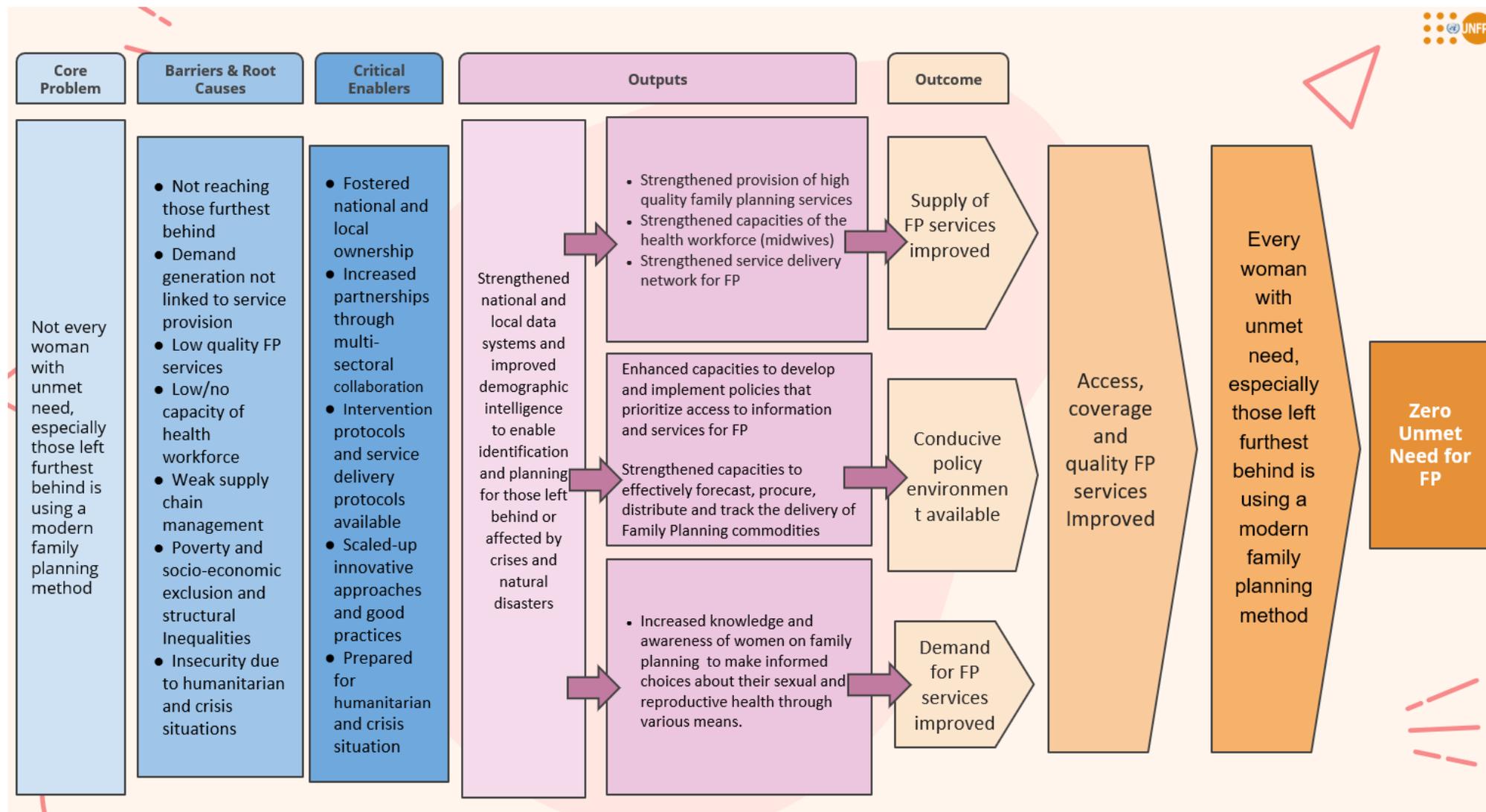


## ANNEX 11: Theories of Change of the Country Programme

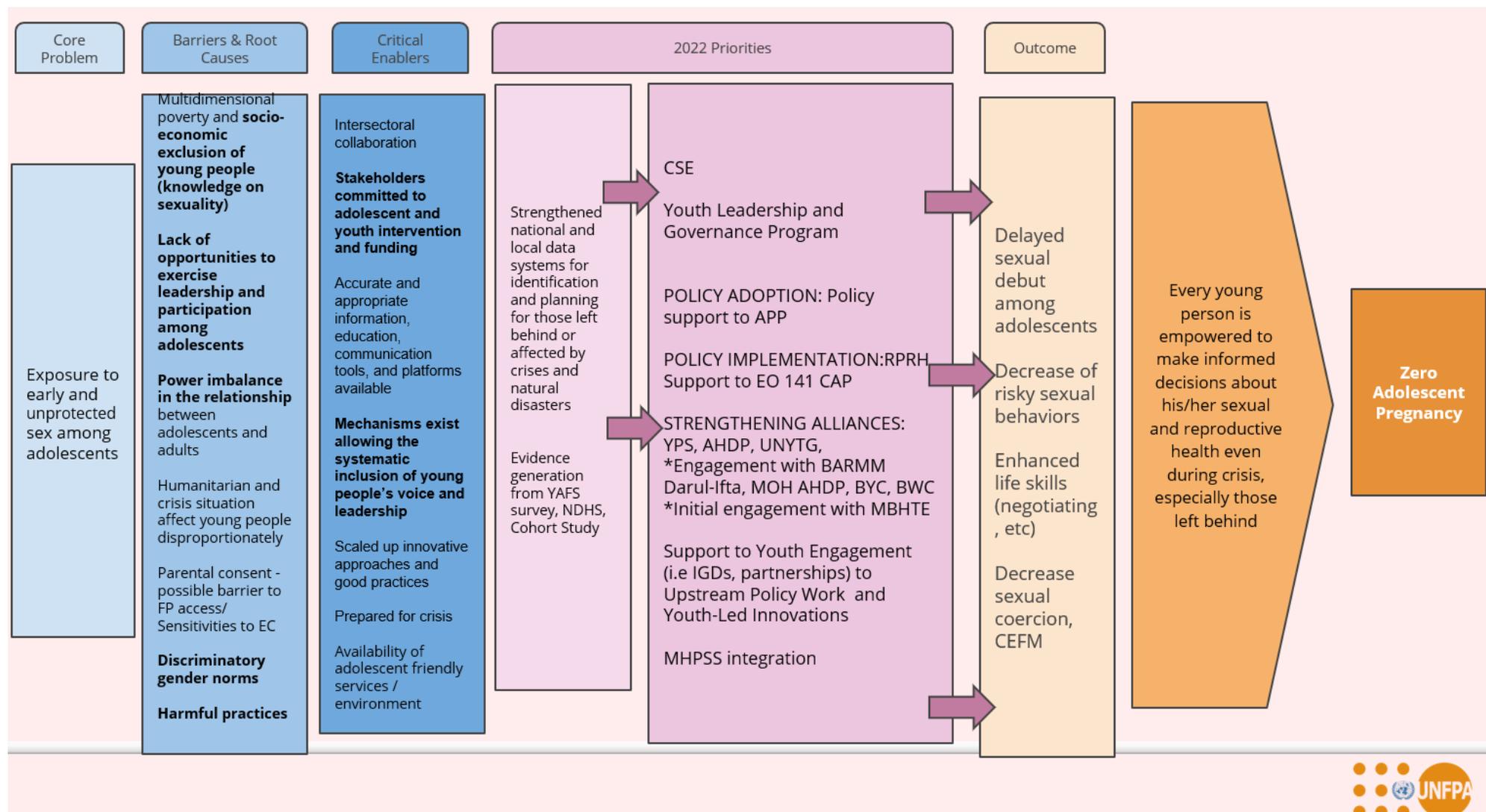
### Zero Preventable Maternal Deaths



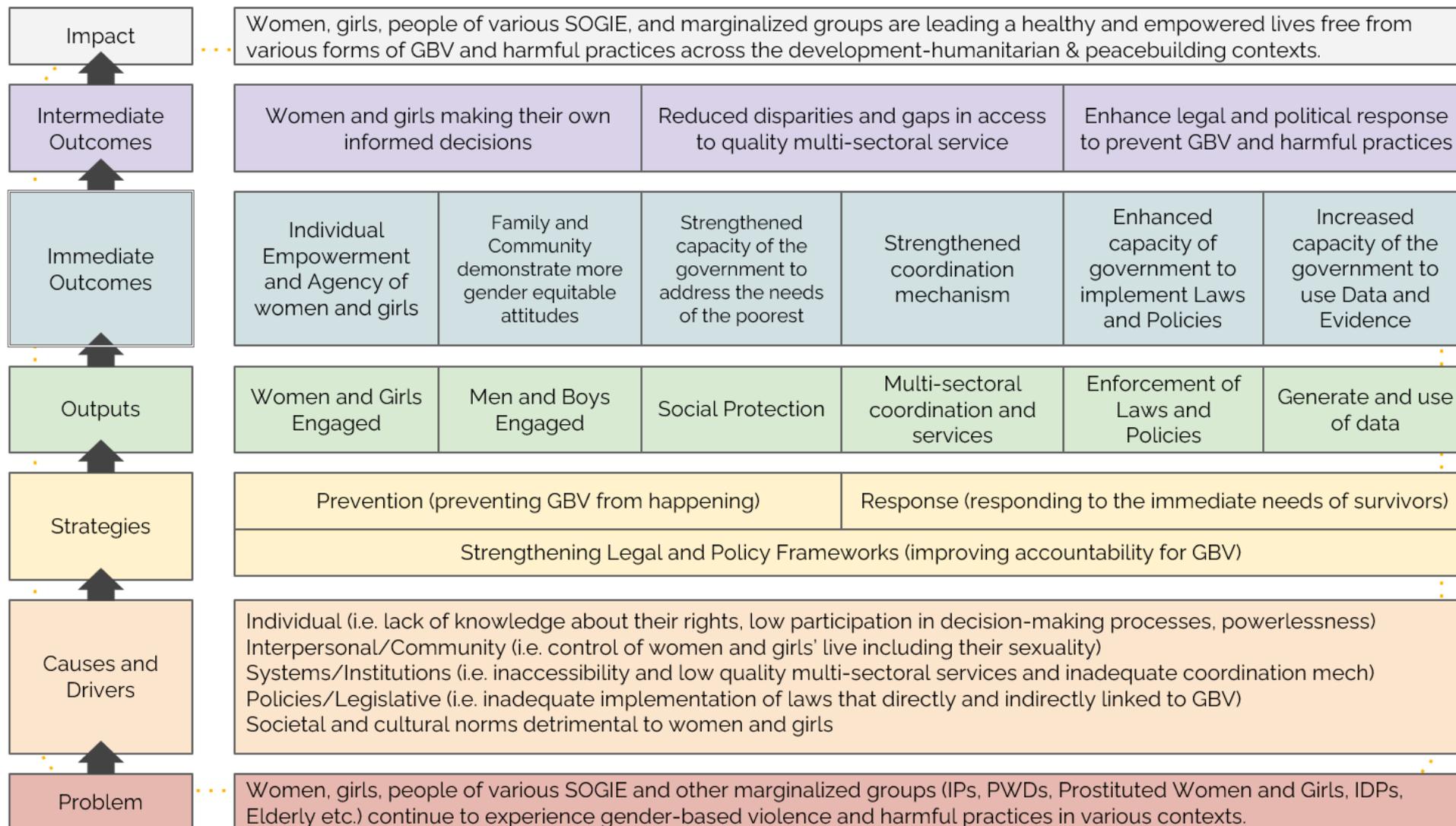
## Zero Unmet Need for Family Planning



## Zero Adolescent Pregnancies



**Zero gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage**



## ANNEX 12:

## Stakeholder Analysis

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome Area	Stakeholder Role	Stakeholder role in the UNFPA programme
1	National Economic and Development Authority (NEDA)		All PD	NEDA is the lead government agency documenting, monitoring and coordinating efforts in the country in meeting the SDGs.	Overall Government counterpart Oversee the conduct of cohort study and lead/coordinate efforts to address findings
2	Office of the Presidential Adviser on the Peace Process		AY	Strategic partner	
3	Department of Health		SRHR	National government agency responsible for sexual reproductive health, family planning, as well as medical supplies procurement and distribution throughout the country.	Costed Implementation Plan for Family Planning Costed Implementation Plan for MISP Costed Implementation Plan for ASRH
			PD	Use of population and SRHR related evidence to inform medical practice	Co-funding of the Longitudinal Cohort study
			MNH	National government agency responsible for safe motherhood and women's health throughout the country;	
			ASRHR	National government agency responsible for young and adolescent health interventions throughout the country	
4	Department of Social Welfare and Development		GBV MISP	The DSWD is the lead government agency in addressing GBV and harmful practices. The CO and DSWD has been long time	Costed Implementation Plan for GBV

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome Area	Stakeholder Role	Stakeholder role in the UNFPA programme
				partners in addressing GBV in the Philippines	Government Action on policy and programme recommendations from community mobilization model that addresses GBV and harmful practices Costed Implementation Plan for MISP
5	Department of Interior and Local Government		MISP	Strategic partner	Costed Implementation Plan for MISP
6	Department of Budget and Management			Strategic partner	
7	Department of Education		AY	Under the Responsible Parenthood and Reproductive Health Law, the Department of Education is responsible for the national implementation of Comprehensive Sexuality Education CSE	Costed Implementation Plan for CSE National implementation of CSE in public schools
8	Office for Civil Defense (OCD)		SRHR GBV	Strategic partner	Costed Implementation Plan for MISP Reports on bottlenecks in accessing SRH and GBV information and services by those left furthest behind prepared incl internally displaced people
9	National Commission on Indigenous People (NCIP),		SRHR GBV	Strategic partner	Reports on bottlenecks in accessing SRH and GBV information and services by those left furthest behind prepared incl indigenous people

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome Area	Stakeholder Role	Stakeholder role in the UNFPA programme
10	National Council on Disability Affairs (NCDA),		SRHR GBV	Strategic partner	Reports on bottlenecks in accessing SRH and GBV information and services by those left furthest behind prepared incl women with disabilities
11	National Youth Commission (NYC)		SRHR GBV	Strategic partner	Reports on bottlenecks in accessing SRH and GBV information and services by those left furthest behind prepared incl young
12	National Anti-Poverty Commission (NAPC)		SRHR GBV	Strategic partner	Reports on bottlenecks in accessing SRH and GBV information and services by those left furthest behind prepared incl farmers and fisher folks
13	Commission on Human Rights (CHR)		ASRHR	Independent constitutional commission promoting the realization of human rights in the Philippines; conduct of National Inquiries on Sexual and Reproductive and Rights	National Inquiry of RH with focus on persons with disabilities, prioritizing Mindanao regions National Inquiry of RH with focus on indigenous people Conduct of peer-facilitated Participatory Action Groups (PAGs) with women and girls with disabilities - deaf, blind, with mobility impairment (demand generation)
14	Local Government Units (LGUs) in Mindanao		AY	LGUs are the responsible government entity for the development of the locality and its citizenry. The CO has partnership engagements with LGUs since the devolution in 1991.	Completion of capacity building course for Mayors and Youth Council Presidents on Youth Leadership and Governance. Development and Implementation of Municipal Action Plans for Youth Development
15	Commission on Population (PopCom)		SRHR	Government agency mandated by law to manage the population program, which includes the family planning program, in close collaboration with its agency	MOAs between LGU, POPCOM and private sector groups on FP service provision

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome Area	Stakeholder Role	Stakeholder role in the UNFPA programme
			PD	members and other government and non-government institutions Development and Implementation of National Action Plan to harness the Demographic Dividend	Setting up of a monitoring system for FP referral and actual services provision Capacity-building of regional POP COM and FWP committees PopCom is one of the oldest partners of UNFPA in the Philippines in the area of demography and population dynamics Formulation of the final National Action Plan on DD for acceptance by the POPCOM Board of Commissioners Review and updating of the National Action Plan on DD Review and updating of the 17 regional DD projections Capacity-building initiatives in DD-lagging regions through South-South Cooperation Conduct of World Population Day Event
16	Philippine Statistics Authority (PSA)		PD	Strategic partner	Support to the conduct of major DD-relevant surveys/studies (e.g., ageing, Census 2020 analysis/dissemination) Dedicated Survey - Violence Against Women and Girls Study: Counting the cost: The Price Society Pays for Violence Against Women and Girls
17	Philippine Commission on Women, Office of the Vice President, Private Sector		AY	Strategic partner	BABAENIHAN CAMPAIGN to raise awareness on investing in girls' health, education and economic opportunities (community level or national level)

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome Area	Stakeholder Role	Stakeholder role in the UNFPA programme
18	Philippine Society for Responsible Parenthood (PSRP)		SRHR  SRHR/GBV	Implementing partner	Localization of CIP-FP in Mindanao and monitoring FP Bottleneck analysis policy advocacy and service delivery for farmers and fisherfolks, young people, persons with disabilities, indigenous people, persons affected by disaster
19	Philippine Legislation Council on Population Development (PLCPD)		SRHR  AY PD	Implementing partner	Localization of CIP-FP in Mindanao and monitoring  Localization of CIP -CSE in Mindanao  Filing of bills relevant to harnessing DD
20	TBD		SRHR		National survey of status of RH programme in the workplace, including young workers and women in vulnerable sectors
21	Child Protection Network Foundation (CPN)		AY	Implementing partner	Localization of CIP-GBV/WCPU and full adoption, budgeted for, and implemented by the National DOH and the BARMM-DOH
22	Zuellig Family Foundation (ZFF)		AY	Implementing partner	Development and implementation of Youth Leadership and Governance Program: Capacity development and service delivery
23	Center for Health Solutions and Innovation (CHSI)		AY	Implementing partner	Localization of CIP -CSE in Mindanao  CSE capacity development, service delivery, Monitoring and Evaluation and CSE in Madrassah

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome Area	Stakeholder Role	Stakeholder role in the UNFPA programme
					Reaching young MSM/TG with HIV and SOGIE education and scaling up demand generation Development and implementation of condom promotion policies at national and/or local levels
24	Zone one TONDO		AY		HIV/AIDS
25	Coalition against trafficking in women Asia Pacific (CAT-WAP)		Gender	Women's rights organization	HIV/AIDS Humanitarian support
26	Y-Peer		AY	Youth Organization	
27	BDA		AY	Strategic partner	Support to the Formulation of the Bangsamoro Roadmap for Health to integrate SRHR elements, policies, targets and plans
28	UNFPA team advocacy		AY PD		Preparation of the Social Development Chapter of Mindanao 2020 Advocacy for MILF Medical Troops to become DOH/LGU Health staff Conduct of Launch of the State of the World Population Report Event
29	Magungaya Mindanao Inc. (MMI)		Gender	Implementing partner	Development and pilot-testing of community mobilization/social norms change model (2 communities/areas)
30	CSOs		PD	Implementing partners	CSO advocacy initiatives for DD-relevant policies and programs

Implementing Partners					
#	Implementing Partner	Atlas IP Code	Outcome Area	Stakeholder Role	Stakeholder role in the UNFPA programme
30	University of San Carlos, Office of Population Studies (USC – OPS)		PD	Implementing partner	Longitudinal Cohort Study, on the 10-year-old boy- and girl-child in BARMM developed and the analyses on the policy implications of its findings adopted by the BARMM Transition Authority
31	Academia		PD	Strategic Partner	Support to DD study publications and dissemination
32	Consultants		PD		Development of common operational datasets for humanitarian setting  Big data analysis of young people's demand for and uptake of RH information and services
33	<ul style="list-style-type: none"> <li>• World Bank and/or ADB</li> <li>• USAID - Supporter of CSE</li> <li>• NGO - Love yourself (HIV AIDS)</li> <li>• Foundation for media alternatives (online GBV)</li> <li>• Roots of Health – SRHR</li> <li>• Family Planning Organization of the Philippines (FPOP) (part of IPPF) - SRHR</li> </ul>			Strategic Partner	No direct involvement in UNFPA programme but active in mandate areas of UNFPA

UN Agencies				
#	Agency	Focus Area	UN Joint Programming with UNFPA	Other joint activities with UNFPA
34	RC Office	All outcome areas	Leadership of the UNCT, including resource mobilization as well as design, monitoring and evaluation of programmes in line with the PSDF	Joint programming with UN agencies on DD
35	UNICEF	Adolescent and Youth		Supported in Longitudinal Cohort Study
35	IOM	Activity implementation initiatives that focus on building community resilience	Joint project with IOM	
36	WHO	Activity implementation initiatives that focus on SRH MNCH services	Joint project with IOM	
37	UNDP	Activity implementation initiatives that focus on prevention and response to violence against women and girls		
39	UN Women			GBV Advocacies
40	OCHA			Technical inputs and coordination for Common Operational Data Set

Donors				
#	Agency	Focus Area	Role in the Focus Area	Support provided to UNFPA
41	DFAT	Natural disaster and armed conflict	Bilateral donor	Grants for Humanitarian and Cohort Study
42	KOICA	Addressing Adolescent Pregnancy	Bilateral donor	Grants for Adolescent Youth
43	Government of Japan	Natural disaster and armed conflict	Bilateral donor	Grants BIWAB and Cash for Health in PLW in COVID situation

<b>Donors</b>				
<b>#</b>	<b>Agency</b>	<b>Focus Area</b>	<b>Role in the Focus Area</b>	<b>Support provided to UNFPA</b>
44	Central Emergency Response Fund (CERF)	Natuaraal Disaster	Funding to respond to internal displacements due to natural disasters and armed conflict and other disasters	Grants for Disaster Response
45	Reckitt Benckiser	Family Planning	Funding for FP in the workplace	Grant for BAFP
46	Unified Budget, Results and Accountability Framework (UBRAF)	HIV	Funding for HIV prevention initiatives	Grant for HIV prevention
<b>Other Relevant Stakeholders (not included in CPAP overview)</b>				
<b>#</b>	<b>Agency</b>	<b>Role in the Focus Area</b>		
46	Ateneo De Manila University	Implementing partners		
47	Nonviolent Peaceforce	Implementing partners		
48	UnyPhil-Women	Implementing partners		
49	MinOrg for Soc & Eco Progress	Implementing partners		
50	USC-Office of Pop Stud Fdn Inc	Implementing partners		
51	National Rural Women Congress	Implementing partners		
52	World Vision Dev Fdn, Inc.	Implementing partners		
53	Ph Mental Health Assoc	Implementing partners		
54	Tarbilang Foundation, Inc.	Implementing partners		
55	Plan International Philippines	Implementing partners		
56	Philippine Disaster Resilience Foundation	Strategic partners		

<b>Donors</b>				
<b>#</b>	<b>Agency</b>	<b>Focus Area</b>	<b>Role in the Focus Area</b>	<b>Support provided to UNFPA</b>
57	Ministry of Social Services and Development		Implementing partners	
58	Bureau of Women Commission		Implementing partners	

**ANNEX 13:****Additional Contextual Details**

As a member of the UN, Philippines is a signatory to numerous UN conventions and treaties. For an overview of main treaties see table 2 below. Through enacting legislations and public policy frameworks, successive national governments have made progress in responding to UN Conventions including the ICPD, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Convention of the Rights of the Child, United Nations Convention on the Rights of Persons with Disabilities, Framework Convention on Climate Change, the Millennium Development Goals and the 2030 Agenda for Sustainable development, including the Sustainable Development Goals (SDGs).

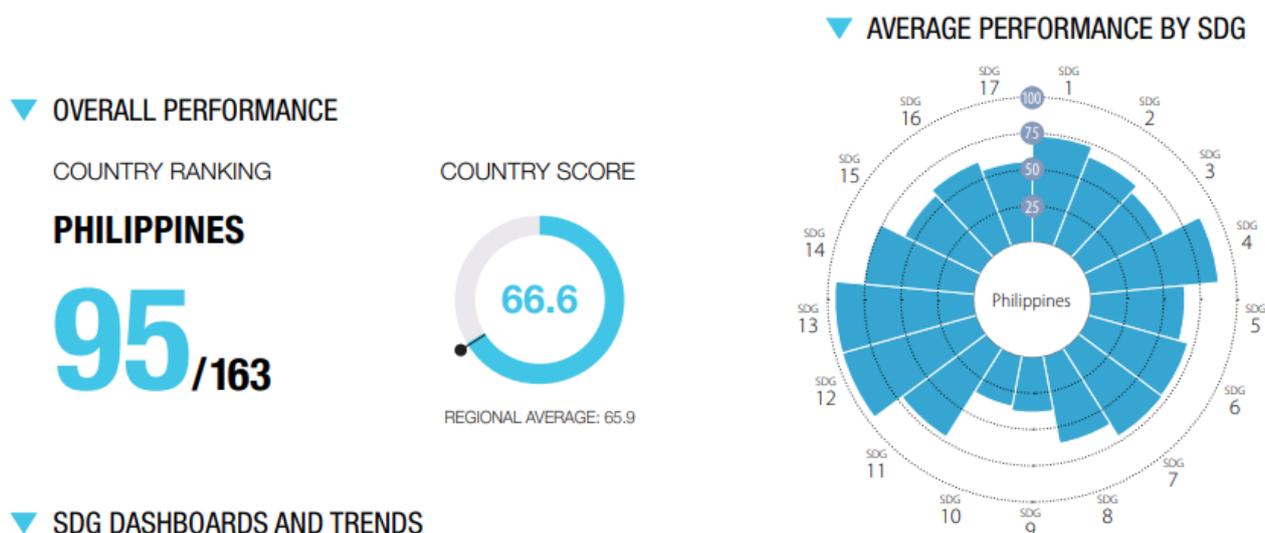
**Table 2: UN Human Rights Treaties that the Philippines ratified**

Treaty	Signature Date	Ratification Date
International Convention on the Elimination of All Forms of Racial Discrimination	07 Mar 1966	15 Sep 1967
International Covenant on Economic, Social and Cultural Rights	19 Dec 1966	07 Jun 1974
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	15 Jul 1980	05 Aug 1981
Convention on the Rights of the Child (CRC)	26 Jan 1990	21 Aug 1990
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (	15 Nov 1993	05 Jul 1995
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	08 Sep 2000	26 Aug 2003
Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography	08 Sep 2000	28 May 2002
Convention on the Rights of Persons with Disabilities	25 Sep 2007	15 Apr 2008

Source: [https://tbinternet.ohchr.org/\\_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=137&Lang=EN](https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=137&Lang=EN)

For an overview of progress on the Sustainable Development Goals see the figure below.

Figure: SDG Dashboard and Indicators for the Philippines in 2022<sup>39</sup>



**SDG DASHBOARDS AND TRENDS**



■ Major challenges  
 ■ Significant challenges  
 ■ Challenges remain  
 ■ SDG achieved  
 ■ Information unavailable  
↓ Decreasing  
 → Stagnating  
 ↗ Moderately improving  
 ↑ On track or maintaining SDG achievement  
 ● Information unavailable

Note: The full title of each SDG is available here: <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

**SDG 3: Good health and well-being**

- ↗ Maternal mortality rate
- ↑ Neonatal mortality rate
- ↑ Mortality rate, under-5
- → Incidence of tuberculosis
- ↑ New HIV infections
- → Age-standardized death rate due to cardiovascular disease, cancer, diabetes, or chronic respiratory disease in adults aged 30–70 years
- \*\* Age-standardized death rate attributable to household air pollution and ambient air
- → Life expectancy at birth
- ↑ Adolescent fertility rate
- \*\* Births attended by skilled health personnel
- ↑ Surviving infants who received 2 WHO-recommended vaccines
- ↗ Universal health coverage (UHC) index of

**SDG 5: Gender equality**

- → Demand for family planning satisfied by modern methods
- ↑ Ratio of female-to-male mean years of education received
- ↓ Ratio of female-to-male labor force participation rate
- → Seats held by women in national parliament

<sup>39</sup> Sachs et. al., The Decade of Action for the Sustainable Development Goals. Sustainable Development Report 2021. Cambridge: Cambridge University Press, 2021 (<https://dashboards.sdgindex.org/profiles/philippines>).

The Philippines is prone to natural disasters. In the period under review the country has been hit by a multitude of natural disasters, including in 2019 by Typhoon Kammuri (locally named Tisoy), drought and earthquakes, in 2020 by the Taal volcano eruption, typhoon Goni (locally known as Rolly and earthquakes and the global COVID-19 pandemic, in 2021 by the ongoing pandemic and by Typhoon Conson (local name Jolina) in September and super typhoon Rai (locally called Odette) in December. Odette impacted coastal communities of Surigao del Norte, Dinagat Island, Southern Leyte, Bohol, and Cebu with response continuing into 2022. Most recently super typhoon Noru (locally known as Karding) hit the northern part of the country late September 2022 while typhoon Nalgae (local code name Paeng) hit amongst others Mindanao and BARMM in late October 2022.<sup>40</sup>

The COVID-19 pandemic severely affected the development process. On March 12, 2020, in order to prevent the spread of the virus, the Philippine government ordered a nationwide lockdown, restricting mobility for all, except frontline medical workers. The lockdowns, with varying degrees of restriction continued until early 2022, with a level of stringency ranked generally higher than that of its neighbours, Thailand, Indonesia and Malaysia<sup>41</sup>. As of December 2022, the COVID-19 pandemic has caused 65,712 deaths with over 4 million confirmed cases<sup>42</sup>. According to the latest WHO data, 67% of eligible Filipinos have been fully vaccinated but only 19% have received a booster shot.<sup>43</sup> In the year 2020, the Philippine economy contracted by 9.5% as a direct result of the slowdown in economic activity in all sectors caused by the covid 19 epidemic<sup>44</sup>.

The Philippines has, moreover, been dealing with man-made humanitarian issues, which include a communist insurgency movement with an armed wing, the New People's Army, operating mostly in Luzon and Visayas and a Muslim secessionist movement in Mindanao, the latter of which became prominent in the 1960s and was partly resolved in 1989 with the creation of the Autonomous Region of Muslim Mindanao (ARMM) through Republic Act 6734. However, internal struggles within the ARMM with some splinter groups professing allegiance to the Islamic State led to protracted conflict with Marawi city in Lanao Del Sur province as the scene of a five-month battle between pro-Islamic State fighters and the Philippine military in 2017. The conflict displaced 400,000 people with reconstruction still on-going as of 2022. The establishment of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) in March 2019, to replace the ARMM, has been an important step in the

## Sexual and Reproductive Health

### Contraceptive utilization and Fertility

The last three decades have witnessed a sturdy, though slow, 34 percent decline in Total Fertility Rate (TFR) from 4.1 in 1993 to 2.7 in 2017 in the Philippines. The TFR is slightly higher in rural areas. Across the regions, Zamboanga Peninsula has the highest TRF at 3.6, followed by SOCCSKSARGEN 3.4, Bicol 3.2 whereas the National Capital Region has the lowest at 1.9. Among the regions Luzon has the lowest TFR at 2.4. There are ten regions with the TFR higher than the national average of 2.7 whereas five regions have less than that.

The contraceptive prevalence rate (CPR) has increased by 36 percent over the last three decades, from 40 in 1993 to 54 percent in 2017. Moreover, the share of modern family planning methods within overall CPR has substantially increased by 62 percent whereas the use of traditional methods has dropped after an initial increase for almost two decades. Currently, the prevalence of modern family planning methods is higher in rural areas than in urban areas.

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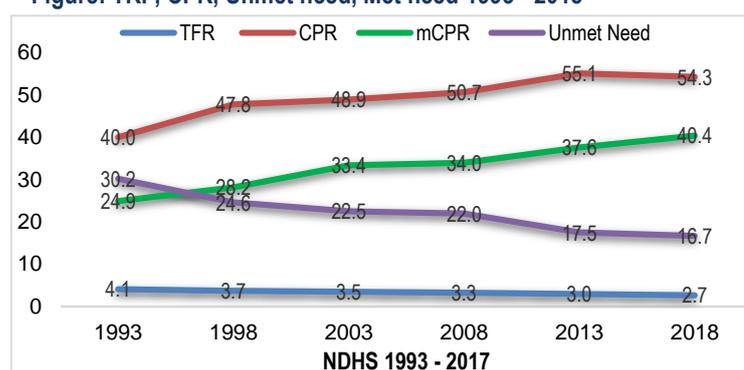
<sup>40</sup> Citizens' Disaster Response Center, Philippine Disaster Situation 2019; Citizens' Disaster Response Center, 2020 Philippine Disasters, Highlights of Disaster Events, August 2021 ([www.cdrc-phil.com](http://www.cdrc-phil.com)).

<sup>41</sup> <https://ig.ft.com/coronavirus-lockdowns/>

<sup>42</sup> <https://covid19.who.int/>

<sup>43</sup> <https://covid19.who.int/>

<sup>44</sup> <https://psa.gov.ph/content/philippine-gdp-posts-83-percent-fourth-quarter-2020-95-percent-full-year-2020>.

**Figure: TRF, CPR, Unmet need, Met need 1993 - 2018**

There are regional variations in the level of unmet need and is highest in BARMM at 20 percent of currently married women. The level of unmet need is also particularly high for sexually active unmarried women at 42 percent (for details see Figure).

Across the regions, Cagayan Valley has the highest CPR of 62.6 percent followed by 62.2 percent in Davao region. However, in Cagayan Valley less than six percent couples practice traditional family planning methods as compared to 15 percent in Davao. The use of modern methods is

particularly low in BARMM at 18.7 percent, where also overall met needs are lowest of all regions. For details see table.

**Table 1: Current CPR, TFR, Met need, and Unmet need by regions**

Region	Methods		TFR	Met need	Unmet need
	Any	Modern			
<b>Philippines</b>	54.3	40.4	2.7	54.3	16.7
<b>Residence</b>					
Urban	55.0	38.1	2.4	53.3	16.4
Rural	54.7	42.2	2.9	55.0	16.9
<b>Region</b>					
NCR	60.1	39.9	1.9	54.7	12.3
CAR	62.6	43.5	2.5	50.0	15.1
I - Ilocos Region	53.1	43.9	2.6	60.1	13.7
II - Cagayan Valley	54.0	57.0	3.1	62.6	14.4
III - Central Luzon	50.8	38.2	2.4	53.1	14.1
IV - A CALABARZON	51.3	36.4	2.6	54.0	20.1
MIMAROPA	56.9	43.6	2.9	50.8	19.8
V - Bicol Region	52.1	32.2	3.2	51.3	21.3
VI - Western Visayas	58.8	39.9	3.0	56.9	13.4
VII - Central Visayas	49.5	36.7	2.5	52.1	19.6
VIII - Eastern Visayas	53.5	40.9	3.1	58.8	16.0
IX – Z Peninsula	62.2	42.0	3.6	49.5	24.6
X - Northern Mindanao	58.9	44.9	3.1	53.5	17.8
XI - Davao Region	54.8	48.9	2.7	62.2	13.5
XII- SOCCSKSARGEN	26.3	50.8	3.4	58.9	17.5
XIII - Caraga	53.3	46.8	3.0	54.8	17.8
ARMM	55.0	18.7	3.1	26.3	17.8

Source: NDHS 2017

### Maternal mortality

The NDHS has not reported the status of MMR after 1998. In the Philippines, there exist several sources of data to estimate maternal mortality which include the civil registration and vital statistics (CRVS) system based on the death registration; sample surveys, and special surveys like the Family Planning Survey (FPS), all of which are implemented by the Philippines Statistics Authority. However, the assessment of MMR much depend on data source and methodology used in the estimation. The Maternal Mortality Estimation Inter-Agency Group (MMEIG) includes WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division, have released no estimate.<sup>45</sup> In 2000, the WHO estimated that the MMR for the Philippines was at 160 per 100,000 live births, and had declined to 144 over the decade. The latest estimates on the Maternal Mortality Ratio (MMR) show a decline from 129 in 2000, 122 in 2005, 105 in 2010, 88 in 2015 which further declined to 78 in 2020.<sup>46</sup>

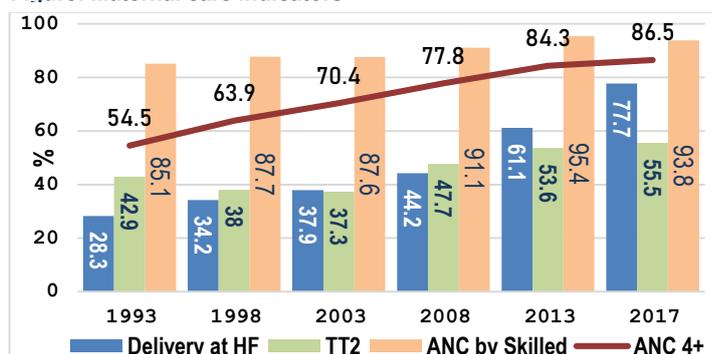
<sup>45</sup> University of the Philippines Population Institute, Analysis of Philippine Maternal Mortality and Related Maternal Health Indicators, Prepared for UNFPA-Philippines Country Office, July 2021

<sup>46</sup> Trends in maternal mortality, 2000 to 2020, Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division, Geneva, 2023.

## Maternal care

The NDHS has reported that in 1993, 28 percent pregnant women delivered at health facility. This proportion has increased by 175 percent in 2017. Likewise, there is substantial increase in proportion of pregnant women who have had more than four antenatal visits and who were examined for antenatal care by skilled personnel. However, the proportion of pregnant women who have had received at least two doses of tetanus toxoid vaccine during pregnancy has increased by 13 percent point from 1993 to 2017 only (see Figure).

Figure: Maternal care indicators



As of October 31, 2021, there were approximately 75,853 midwives across the Philippines. The training and services of midwives are regulated through Republic Act No. 2644, known as the Philippine Midwifery Act enacted by the Senate and the House of Representatives of the Philippines in Congress assembled: this Act is known as the “Philippine Midwifery Act of 1992”.

The Philippine Obstetrics and Gynecological Society of the Philippines reported that according to its database of records from reporting hospitals all over the country, the top three causes of maternal death in 2020 were medical complications, hemorrhage and hypertension with other sources including eclampsia and sepsis. Top three contributing factors concern lack of ANC or poor quality of ANC, delay in seeking care and lack of a birth plan.<sup>47</sup> While skilled birth attendance and facility-based delivery have increased in the period 2003 to 2017 to 84 and 78 percent respectively, antenatal care slightly decreased between 2013 and 2017 to 94 percent.<sup>48</sup> The proportion of pregnant women who received antenatal care decreased from 94 percent in 2017 to 86 in 2022, perhaps due to the mobility restrictions during the pandemic.<sup>49</sup> The situation of maternal health in BARMM lags behind the national average.<sup>50</sup>

The situation of maternal health in BARMM lags behind the national average. The NDHS 2017 reported that in BARMM, 71 percent of women delivered their babies at home while only 28 percent delivered in a health facility despite home deliveries being discouraged by health authorities. Moreover, 66 percent of deliveries were assisted by traditional birth attendants (TBA) and only 19 percent by midwives. The region also lags behind in family planning with a CPR (all methods) of 26 percent and mCPR of only 18 percent.<sup>51</sup>

<sup>47</sup> Macayaon AM, Habana MA, Amorin HR, Añonuevo AU, del Prado JC, Irabon IS, et al. (2022). 2020 POGS report on obstetrical and gynecological indicators of health care. Philippine Journal of Obstetrics and Gynecology. 46: 29-37; UNFPA, Zero Maternal Deaths, PowerPoint presentation.

<sup>48</sup> UNFPA, Zero Maternal Deaths, PowerPoint presentation.

<sup>49</sup> National DHS Philippines, 2017 and preliminary released figures of NDHS Philippines 2022.

<sup>50</sup> National DHS Philippines, 2017.

<sup>51</sup> National DHS Philippines, 2017.

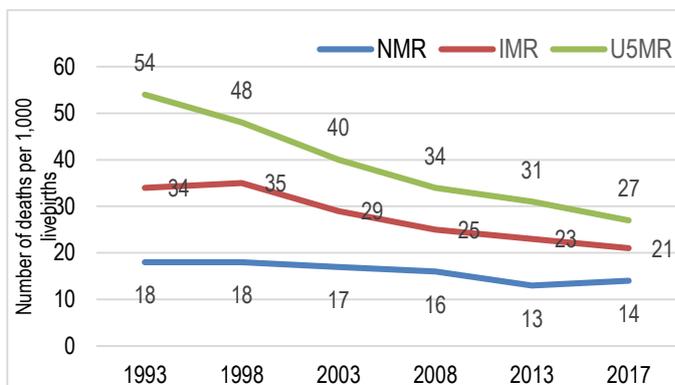
## Neonatal and Child health

The NDHS 2017 has reported that among births for which birth weight was reported, around 15% of new-borns weighed less than 2.5 kg. Across the regions, proportion of low-weight new-borns in Z Peninsula, Davao and Cagayan is reported respectively at 21, 20 and 19 percent. Almost 69.9 percent of children between the ages 12 and 23 months have received all basic vaccinations. Less than two percent of children under the age of five years have been suffering from ARI. About 6 percent of children had diarrhoea and maximum prevalence of 12 percent was noted in MIMAROPA and Western Visayas.

The NDHS 2017 has reported 22 percent decrease in neonatal mortality since 1993, however it has again increased during the recent years. The IMR has been reduced by 38 percent from 1993 to 2017. The steady decline of 50 percent in under-five mortality rate reflects the overall improvement in social indicators (see Figure).

Under five mortality rate declined from 27 to 26 deaths per 1,000 live births but infant mortality increased slightly from 21 to 22 infant deaths per thousand live births in the same period. The proportion of pregnant women who received antenatal care decreased from 94 percent in 2017 to 86 in 2022, perhaps due to the mobility restrictions during the pandemic.<sup>52</sup>

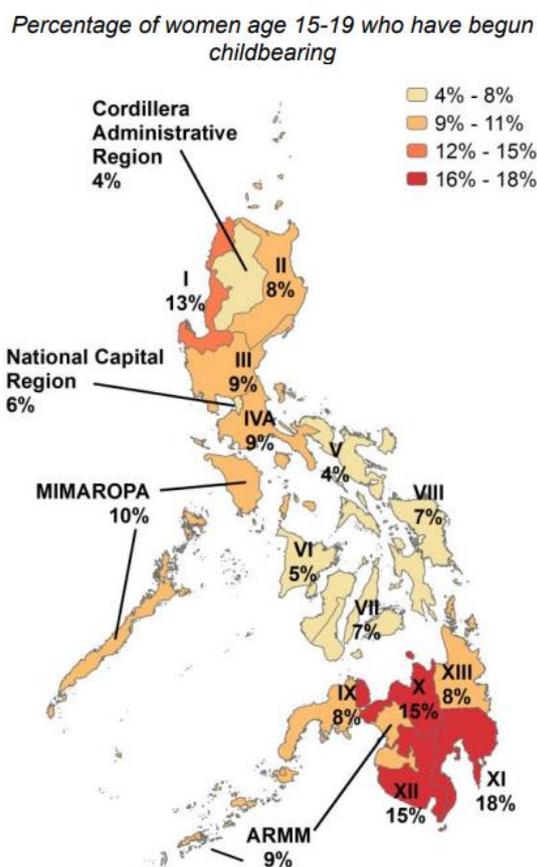
Figure: NMR, IMR, U5MR



<sup>52</sup> National DHS Philippines, 2017 and preliminary released figures of NDHS Philippines 2022.

## Adolescents and Youth

Figure: Teenage pregnancy and motherhood by region



Teenage pregnancy and motherhood vary considerably by region with in particular high incidence in Mindanao and parts of Luzon. For details see Figure. Currently, the situation in the newly formed Bangsamoro Autonomous Region of Muslim Mindanao, formerly the Autonomous Region in Muslim Mindanao, presents adolescents and youth with particular SRHR challenges. BARMM has a high population growth rate, with a young composition (median age around 17 years of age versus 25 years for the total Philippine population) and a socio-cultural value system that tends toward conservative and traditional views about child marriage, family planning and gender roles in general. This is also reflected in the leadership of the region, with the Bangsamoro Transition Authority (BTA) having appealed for a halt to the implementation of the Prohibition of Child Marriage law in the BARMM.<sup>53</sup>

The Philippine Youth Development Plan was developed in 2017 and updated and finalized in 2019. Outcome statements of the plan include the following:<sup>54</sup>

- a. Youth who observe responsible sexual and reproductive health practices
- b. Youth who make informed and responsible decisions against engaging in sexual risk-taking practices
- c. Youth who have access to quality education
- d. Youth who are gainfully employed
- e. Youth who are free from abuse, neglect and exploitation
- f. Youth with disabilities who realize their full potential
- g. Indigenous youth who are as immersed in their indigenous culture as they are in Philippine society
- h. Youth who are protected from, and able to prevent and address, gendered job discrimination against them
- i. LGBTQ+ youth who are protected from, and who are able to address and prevent sexual orientation and gender identity discrimination against them
- j. Youth who are equally educated across gender
- k. Youth who are able to address and prevent violence and human rights violations against them
- l. Youth who proactively ensure peace and order in their communities
- m. Youth who work for peace

<sup>53</sup> Source: <https://newsinfo.inquirer.net/1546734/chr-slams-bangsamoro-body-for-move-vs-antichild-marriage-law>.

<sup>54</sup> Ibid.

- n. Youth who have equal and equitable chances of running and voting for government office
- o. Youth who are protected from, and who can address and prevent human trafficking

### United Nations Youth Strategy

The United Nations Youth Strategy identifies the need to engage and work with young people, supporting them in standing up for their rights and creating the conditions for their role and progress in the development process as a pre-condition to the achievement of results for all across the three UN pillars of peace and security, human rights and sustainable development. The empowerment, development and engagement of young people is both seen as an end in itself, as well as a means for the UN to achieve its mission. The UN Youth Strategy contains five strategic priorities in terms of youth development as well as four cross-cutting system-wide UN capacity issues concerned. For details see box below.

**United Nations Youth Strategy**

**Five Strategic Priorities**

1. **Engagement, Participation and Advocacy:** Amplify youth voices for the promotion of a peaceful, just and sustainable world
2. **Informed and Healthy Foundations:** Support young people's greater access to quality education and health services
3. **Economic Empowerment through Decent Work:** Support young people's greater access to decent work and productive employment
4. **Youth and Human Rights:** Protect and promote the rights of young people and support their civic and political engagement
5. **Peace and Resilience Building:** Support young people as catalysts for Peace and Security & Humanitarian Action

**Enhanced Cross-cutting System-wide UN Capacity to deliver with and for Young People**

1. Support **youth leadership** across the organization building staff awareness and capacity on youth related issues
2. Strengthening **knowledge production and management** to become a credible source of expertise on youth development and engagement
3. Facilitate **partnership solutions** and strengthen the **funding base and mechanisms** for youth-focused programming and youth-led actions at all level
4. Be **accountable** for addressing successfully youth issues through programming and meaningfully engaging young people in UN work, including financial accountability

*Source: United Nations, Youth 2030, Working with and for Young People, United Nations Youth Strategy.*

### Population Dynamics

The Philippine Population Management Program Directional Plan (PPMP DP) covers the period 2017-2022. The programme is operationalized through various sub-programmes:

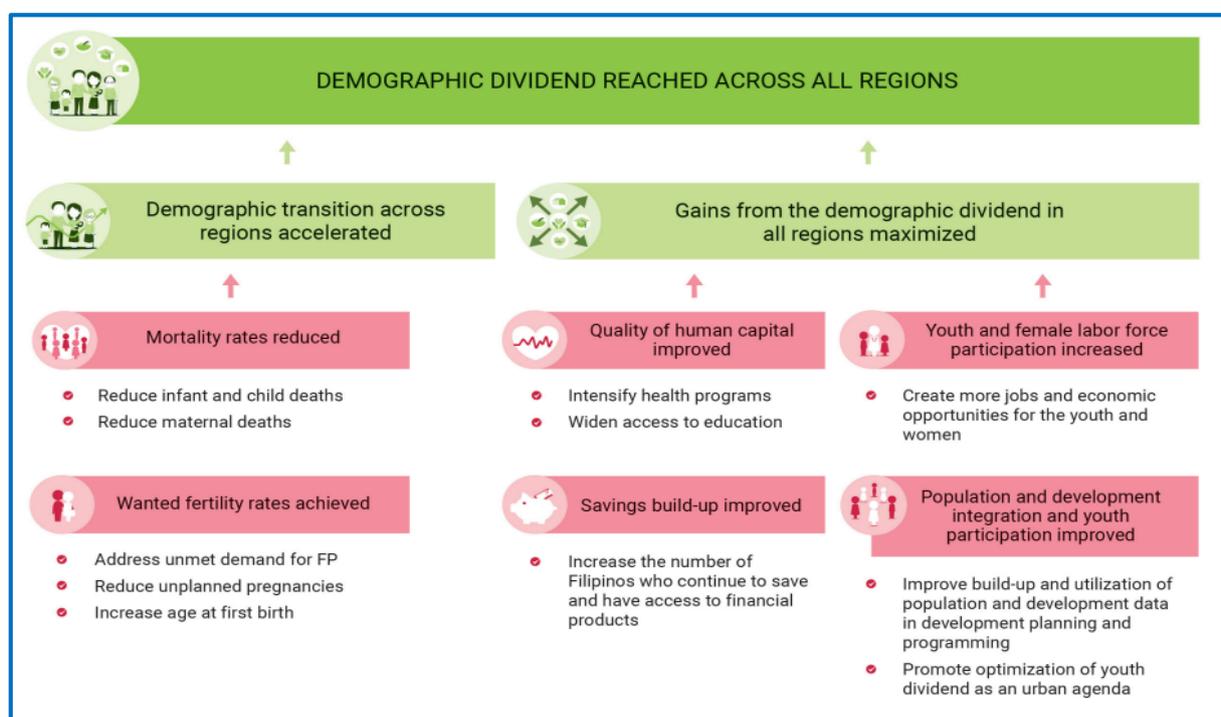
- **Responsible Parenthood and Family Planning,**  
Geared towards assisting couples to achieve their desired number and spacing of children within the demand of responsible parenthood through effective family planning. It specifically aims to attain zero unmet need for modern family planning through increase access to FP information and services
- **Adolescent Health and Development:** This programme aims to contribute to prevent early and repeated pregnancy, reducing by half the proportion of adolescents who have begun childbearing as well as the proportion of repeat pregnancies with CSE and city based teen centers amongst its strategies.
- **Population and Development Integration:** The programme aims to integrate population dynamics and variables in development initiatives such as policy, plan, program formulation.

- **Gender and Development:** This programme concerns the integration of Gender and Development perspectives in each of the three above mentioned programmes. The programme moreover conducts training and communication to support building capacities concerned.
- **Special Populations Group**

For the implementation of these programmes, POPCOM has offices in each of the regions of the country in addition to its central office in National Capital Region.

The updated Philippine Development Plan includes the reaping of the Demographic Dividend as an important aspect of the sustainable development process. This is enabled by the Youth bulge, the relatively large amount of young people in the country with less dependents who, when economically productive, can play an important role in the economic development of the country. and in reaping the Demographic Dividend. However, it is recognized that the conditions concerned are not necessarily in place yet, including reduction in the number of dependents versus working age people, enhanced human capital with skilled and employable adults and youth of working age and a conducive environment for high productivity. The strategic framework for reaping the Demographic Dividend from the PDP is presented in figure below.

Figure: Strategic Framework to reach the Demographic Dividend in the Philippines



Source: National Economic and Development Authority, Updated Philippine Development Plan 2017-2022, Pasig City, Philippines.

The POPCOM plan of action for reaching and optimizing the demographic dividend includes Governance Mechanisms for reaching the demographic dividend as well as three pillars:<sup>55</sup>

- Population Management
- Human Capital Development
- Economic Reforms

<sup>55</sup> Commission on Population and Development, Reaping the Fruits of an Empowered Population, Plan of Action for Reaching and Optimizing the Demographic Dividend, Chapter 13, Philippine Development Plan 2017-2022, Mandaluyong City, Philippines, 2018.

The other end of the demographic transition that should already be anticipated and planned for is the shift of the dependency burden to a higher percentage of older people when fertility remains at replacement or below replacement level for a sustained period of time. Some countries that have experienced rapid fertility decline within a short span of time now face the problem of “getting old before getting rich”, i.e. not having reached a sufficient level of economic development to adequately provide for an aging population.<sup>56</sup>

Despite the challenges posed by the ongoing Covid 19 pandemic, the Philippines decided to push through with the planned decennial census of 2020. The Census was carried out by the Philippine Statistics Authority. This census round is the 15th Census of Population and 7th Census of Housing since 1903. The conduct of the 2020 Census was made possible with the support of local government units that provided health and logistical assistance to census enumerators amidst the national lockdowns. The count was declared official for all purposes by the President of the Philippines through Proclamation No. 1179 signed July 6, 2021. The total Philippine population is recorded at 109,035,343 as of May 1, 2020.<sup>57</sup>

### ***Gender Mainstreaming***

Gender is defined by the UN as the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context and time-specific and changeable. Gender determines what is expected, allowed, and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities.

Gender equality refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women’s and men’s rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. SDG 5 focuses on gender equality as global agenda for human rights.

The Philippines is celebrated for consistent high rankings in US Trafficking Report of 2022. This ranking is now its 7th year. Despite this victory, trafficking remains pervasive in the Philippines and targeting women and children. In online contexts, rescue efforts show that common targets are children (girls and boys) and the pandemic aggravated the problem with online sexual abuse and exploitation of children (OSAEC), with suspected cases possibly reaching a million. Apart from OSAEC, cases on online gender-based violence (GBV) increased by 165% due to extensive use of information and communication technologies (ICT). Throughout the country, women have been the prime targets of GBV, which comes in the form of sharing intimate images, threats (e.g., rape, blackmail, etc.), and misuse of personal data (e.g., deleting, faking, etc.). Apart from these forms of GBV, domestic violence has been on the rise during COVID-19 and dubbed as shadow pandemic by the United Nations. Domestic violence severely affects women and children, but legal measures, amidst availability, remains inadequate in ensuring accountability to perpetrators (most often men). Furthermore, the public health restrictions contributed to under-reporting of occurrences. Despite these problems, Philippines managed to make a case for its

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<sup>56</sup> <https://www.csis.org/analysis/will-many-developing-countries-get-old-they-get-rich>

<sup>57</sup> Source: <https://neda.gov.ph/ph-census-basis-for-policies-recovery-strategies-neda/>.

efforts to eradicate violence against women and children (VAWC) with the legal victories surrounding increasing age of statutory rape and prohibition on child and forced marriages.<sup>58</sup>

Interventions on GBV in the Philippines are mostly focused on women and children with the role of men rarely, addressed, including in policy. Furthermore, men as targets for violence are rarely examined and integrated in gender mainstreaming efforts – especially for young boys in poverty, conflict areas, and humanitarian contexts. By including men in efforts to address GBV in various societies, countries have been making efforts to achieve social inclusion and gender equality. The government, through the Philippine Commission on Women (PCW), institutionalized Men Opposed to VAW Everywhere (MOVE) to include men in GBV prevention efforts. Notwithstanding government efforts, GBV remains on the rise.<sup>59</sup>

Apart from GBV towards women and children, the Philippines still fails to address instance of violence towards other minority groups, such as indigenous groups, persons with disability (PWD), and members of the LGBTQIA+ community. The absence of comprehensive anti-discrimination measures remains a contributor to instances of violence towards minorities. While debates regarding the Sexual Orientation and Gender Identity and Expression (SOGIE) Equality bill continues in congress, local government units have created ordinances as part of their gender mainstreaming mandates. Despite these measures, cultural attitudes largely negatively influence acceptance and tolerance of minorities in the Philippines, especially in homes, workplaces, and schools. Over the years, addressing LGBTQIA+ rights have made strides, especially with efforts from the private sector (business and multinational companies) and the education system with policy issuances such as the Gender-Responsive Basic Education Policy.<sup>60</sup>

### **Gender Dimension of Sexual and Reproductive Health Right**

The ratification of the Responsible Parenthood and Reproductive Health (RPRH) Act in 2012 was a landmark victory for women's rights in the Philippines. However, the RPRH law had to contend with legal challenges (i.e., constitutionality) that resulted to a delay in its implementation for 2 years. Much of the RPRH services targeted women in response to strengthening family planning methods and addressing maternal and child health as major components. Amidst the extensive focus on women's health, the RPRH law has provisions that address reproductive health of men, reduction of sexually transmitted infections (STIs) and HIV/AIDS, and implementation of a comprehensive sexuality education, apart from institutionalizing health measures to address GBV. Implementation of RPRH law struggled at the bureaucratic level and inter-agency coordination on the part of the government, which affect stakeholders. Moreover, there is a lack of attention other gender identities and their specific SRHR needs, with this concern indicating a weak adherence to gender inclusion.<sup>61</sup>

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<sup>58</sup> Foundation for Media Alternatives. Online Gender Based Violence in the Philippines 2021 Year End Report. <https://fma.ph/2022/01/28/online-gender-based-violence-in-the-philippines-2021-year-end-report/>; Paolo Barcelon. Reports on Alleged Online Sexual Exploitation of Children up threefold in 2020. <https://www.cnnphilippines.com/news/2021/1/20/children-online-sexual-exploitation-2020.html>; UN Women. The Shadow Pandemic: Violence Against Women in COVID-19. <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>.

<sup>59</sup> Molin, Jenny. "Preventing Gender-Based Violence Post Disasters: Building the capacity of humanitarian actors in the Philippines to engage with men and boys to reduce the risks of perpetration of violence." (2018). <https://www.diva-portal.org/smash/record.jsf?pid=diva2:1189449>; Lorna Patajo-Kapunan. Men opposed to violence against children and women everywhere. Business Mirror. (2019) <https://businessmirror.com.ph/2019/12/16/men-opposed-to-violence-against-women-and-children-everywhere/>.

<sup>60</sup> Department of Education. Department Order 32, s. 2017. Gender-Responsive Basic Education Policy. <https://www.deped.gov.ph/2017/06/29/do-32-s-2017-gender-responsive-basic-education-policy/>; Human Rights Watch. 'Just Let Us Be' Discrimination Against LGBT Students in the Philippines. (2017). <https://www.aidsdatahub.org/resource/just-let-us-be-discrimination-against-lgbt-students-philippines>.

<sup>61</sup> Human Rights Watch. Philippine Lifts Ban on 51 Contraceptives: Fully Implement and Enforce the Reproductive Health Law. (2017). <https://www.hrw.org/news/2017/11/20/philippines-lifts-ban-51-contraceptives>; *Imbong v. Ochoa*, G.R. No. 204819,

UNFPA at corporate level has a Gender Equality Strategy that includes five strategic priority areas as well as three tools to support application within the organisation. For details see box 2 below.

Interventions on GBV in the Philippines are mostly focused on women and children with the role of men rarely addressed, including in policy. Furthermore, men as targets for gender-based violence are rarely examined and integrated in gender mainstreaming efforts – especially for young boys in poverty, conflict areas, and humanitarian contexts.<sup>62</sup> Furthermore, there are still no comprehensive programs to address gender-based violence against other minority groups such as indigenous people, persons with disability (PWD), and members of the LGBTQIA+ community. The absence of comprehensive anti-discrimination measures remains a contributor to instances of violence towards minorities. The Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 institutionalized health measures to address GBV.<sup>63</sup> UNFPA at corporate level has a Gender Equality Strategy that includes five strategic priority areas and three tools to support application within the organization. For details see Box below.

### Box: UNFPA Gender Equality Strategy

#### Five Strategic Priorities

1. **Human Rights:** Strengthened legal, policy and accountability frameworks to advance gender equality and women and girls to exercise their reproductive rights.
2. **Social Norms:** Strengthened civil society and community mobilization to eliminate discriminatory gender and social cultural norms affecting women and girls
3. **Gender-Based Violence:** Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts
4. **Harmful Practices:** Strengthened response to eliminate harmful practices, including child marriage, female genital mutilation, and son preference
5. **Data:** Strengthened capacities on developing gender-responsive data, gender statistics, evidence-based advocacy, and dialogues

#### UNFPA commitment to Gender Equality

1. **The Gender SWAP**  
The UN System-Wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP) ensures greater coherence and accountability in the gender-related work of all UN entities.
2. **Gender Equality Scorecard**  
UNFPA supports implementation of the UNCT-SWAP Scorecard, which is a standardized assessment of the UN country-level gender mainstreaming practices and performance that is aimed at ensuring accountability of senior managers and improving UNCT performance.
3. **Gender Marker**  
UNFPA uses a gender marker to track and monitor the gender-responsiveness of all its financial activities. The gender marker serves as an indicative tool for measuring financial investment, and as a capacity development tool for use in UNFPA programming. It is a mandated aspect of UNFPA's workplan creation.

2014. <https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/1/56973>; Ulep, Valerie Gilbert T.; Uy, Jhanna; Van, Vanessa T. Siy; Bagas, Joy. 2021. An Assessment of National-Level Governance of the Philippines' Responsible Parenthood and Reproductive Health Law: Trends and Ways Forward. Philippine Institute for Development Studies. <http://hdl.handle.net/11540/13314>.

<sup>62</sup> Molin, Jenny. "Preventing Gender-Based Violence Post Disasters: Building the capacity of humanitarian actors in the Philippines to engage with men and boys to reduce the risks of perpetration of violence." (2018); Lorna Patajo-Kapunan. Men opposed to violence against children and women everywhere. Business Mirror. (2019).

<sup>63</sup> Human Rights Watch. Philippine Lifts Ban on 51 Contraceptives: Fully Implement and Enforce the Reproductive Health Law. (2017); Imbong v. Ochoa., G.R. No. 204819, 2014; Ulep, Valerie Gilbert T.; Uy, Jhanna; Van, Vanessa T. Siy; Bagas, Joy. 2021. An Assessment of National-Level Governance of the Philippines' Responsible Parenthood and Reproductive Health Law: Trends and Ways Forward. Philippine Institute for Development Studies.

## **The Role of External Assistance**

The UN Partnership Framework for Sustainable Development (PFSD) in the Philippines focuses on where the UN, in its roles as advocate and neutral convener, catalyst and coordinator, can generate the highest social returns and apply the principle of leaving no one behind. Agencies committed to act as One in the implementation of this Philippines – United Nations PFSD and to ensure close coordination, internal coherence, relevance and rigor in their collective efforts. Government agencies committed to support the PFSD in order to enhance United Nations development activities in country in support of the national priorities as stated in the Philippine Development Plan 2017-2022 and the 2030 Agenda for Sustainable Development and to strive for enhanced coordination, greater internal coherence, relevance and rigor in collective efforts.<sup>64</sup>

The PFSD is organized along three pillars which are interconnected and mutually reinforcing rather than self-contained and which each have specific results identified. For detail see box below. Each of the pillars is co-convened between member of the UNCT and a representative of a government agency, in this way creating joint ownership in pursuit of national development objectives. Monitoring, reporting and evaluation is underpinned by the PFSD Results Framework, which provides the basis for assessment of results informed by baseline information and identified means of verification.

### **Box: Philippines PFSD Pillars and their Result Areas**

**i. People**

The most marginalized, vulnerable, and at-risk people and groups benefit from more inclusive and quality services and live in more supportive environments where their nutrition, food security, and health are ensured and protected.

**ii. Prosperity and Planet**

Urbanization, economic growth, and climate change actions are converging for a resilient, equitable, and sustainable development path for communities.

**iii. Peace**

National and local governments and key stakeholders recognize and share a common understanding of the diverse cultural history, identity and inequalities of areas affected by conflict, enabling the establishment of more inclusive and responsive governance systems, and accelerating sustainable and equitable development, for just and lasting peace in conflict-affected areas of Mindanao.

*Source: United Nations Philippines, Partnership Framework for Sustainable Development 2019-2023, Mandaluyong City, Philippines, 2019.*

UN Reform has been aimed at better positioning the UN agencies in their support to countries' efforts to implement the 2030 Agenda for Sustainable Development. See details concerned in box below.

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<sup>64</sup> Ibid.

**Box: UN Reform, repositioning the UN Development System**

- A new generation of UN country teams with needs-based tailored country presence in line with national development needs, policies and priorities, with strengthened capacities and skills and making use increasingly of common business operations enabling joint work and enhancing efficiency and coherence of support.
- A revitalized, strategic, flexible and results and action-oriented UN country level assistance framework as the most important instrument for planning and implementation of UN support at country level
- Reinvigorated role of the resident coordinator system including strengthened authority and leadership of resident coordinators, with a clear reporting system, adequate, predictable and sustainable funding and implementation plan, ensuring the achievement of efficiency gains and enhancing coordination under the oversight of the DOCO and accountability towards Member States
- Revamped regional approach including the overhaul of regional structures in line with regional contexts, addressing gaps and overlaps at the regional level and enhance collaboration
- Strategic direction, oversight and accountability for system-wide results including enhanced efficiency, transparency and quality of governance structures and improved monitoring and reporting on system-wide results
- Funding of the UN development system with significantly improved voluntary and grant-based funding and strengthened multilateral nature, with the funding compact as a critical tool in the form of commitment between the UN development system and Member States and enhanced efficiency, transparency and independent system-wide evaluations of results

*Source: United Nations General Assembly, May 2018.*

## ANNEX 14:

### Methodological Details

For each of the seven evaluation criteria used one or more evaluation questions were included in the TOR, resulting in a total of 8 questions, which are presented in box 6 below, in line with the questions from the TOR.

#### Box: Evaluation questions

**Relevance:** 1: To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs; (v) the New Way of Working 26 and the Grand Bargain; and (vi) shifts in national needs and priorities, major political changes (e.g. political transition in the BARMM), and/or to shifts caused by crises (e.g. COVID-19 pandemic, super typhoons, volcanic eruptions)?

**Effectiveness:** 2: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme taking into account potential changes made to the initial results framework due to the COVID-19 crisis, the political transition in BARMM, and other major contextual shifts?

3. To what extent has UNFPA successfully mainstreamed gender equality and human rights, and disability inclusion in: (i) the development of the country programme and interventions (with particular attention to participation in development of programmes and interventions) and (ii) the implementation of the programme (with particular attention to non-discrimination/equality in reach/results)

**Efficiency:** 4: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme, including during the COVID-19 context?

**Sustainability:** 5: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects, including during the COVID-19 context, BARMM political transition and other major contextual shifts?

**Coherence:** 6: To what extent has UNFPA complemented efforts of other UN agencies and partners and contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and the HCT?

**Coverage:** 7: To what extent have UNFPA humanitarian interventions (including those in response to the COVID-19 pandemic) systematically reached the most vulnerable and marginalized groups (young people, women with disabilities, LGBTQI populations, etc.) and addressed their needs including in humanitarian settings?

**Connectedness:** 8: To what extent has the UNFPA humanitarian programming (including the response to the COVID-19 pandemic) taken into account longer-term development goals articulated in the results framework of the country programme?

### Evaluation Matrix

For each of the eight evaluation questions a set of assumptions was identified, which were used in the assessment by the evaluation team, in particular making use of the indicators and other types of evidence specified in the evaluation matrix for each of the assumptions concerned. For each of the assumptions of every one of the evaluation questions, sources of information and methods and tools to be used in data collection were identified. Aspects of the use of a human right, gender sensitive and disability inclusive approach were added in the evaluation matrix under several of the evaluation

questions in order to assess mainstreaming of these approaches across the programme. The evaluation matrix guided data gathering and analysis during the entire evaluation process, including the desk review as well as the in-country data gathering and data analysis and reporting phases of the evaluation. Details are presented in Annex 5 while details on the interview guidelines are provided below.

### ***Inclusion of Gender***

In order to ensure a gender responsive approach to the evaluation, gender was an important cross-cutting aspect throughout the evaluation. This concerned gender aspects in the stakeholder analysis, gender considerations as part of the desk review, making use of existing gender assessments and ensuring the inclusion of male and female respondents in semi-structured interviews. Gender was, moreover, an important aspect of data analysis, looking both at the viewpoints of women and men, their involvement in programme initiatives and benefits concerned. The evaluation followed a gender-sensitive approach and ensured – to the extent possible – equal representation of women, men girls and boys in all data gathering activities. Furthermore, the evaluation endeavoured to capture the widest perspectives of beneficiaries coming from different backgrounds. The gender balanced composition of the evaluation team, including male and female members, facilitated this approach.

Throughout the evaluation process, gender was applied consistently and coherently across the evaluation methodologies and tools, which included:

- Incorporation of principles of equality, inclusion, participation, non-discrimination and fair input into the evaluation process and products, ensuring a process that is inclusive, participatory and respectful of all stakeholders
- Assessing how UNFPA programmes affected women and men differently and the degree to which gender and power relationships changed as a result of the interventions, which was applied to all types of interventions, including but not limited to gender-specific work
- Inclusion of gender minority groups in initiatives concerned, which included the use of intersectionality in gender mainstreaming, i.e., looking at the relationship of gender with aspects of age, class, sex, ethnicity, disability and other vulnerability criteria as well as the use of inclusivity, i.e., the inclusion of dealing with men and boys in its various programs and interventions.
- Enabling UNFPA to account for and ‘tell the story’, of how its interventions have helped achieve UNFPA and wider UN objectives on gender.
- Informing recommendations in relation to programme design that provided relevant benefits to women, men, girls and boys and contributed to positive changes in gender relations.

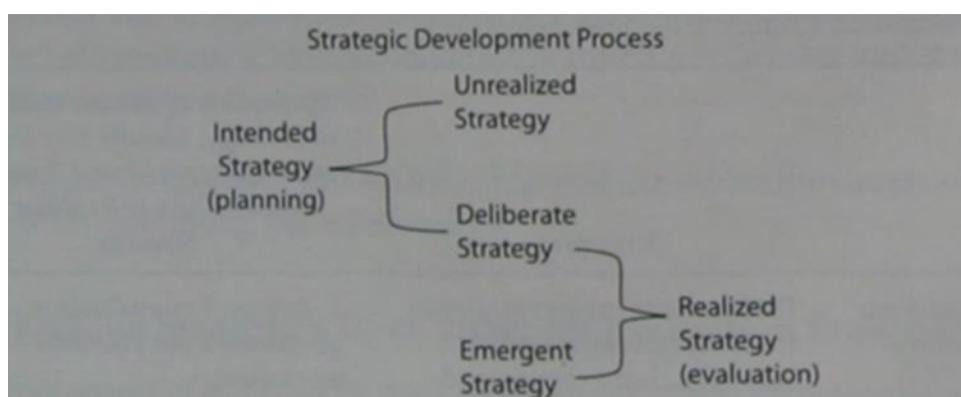
### ***Assessment of Dynamics***

The evaluation combined a deductive approach, which starts from pre-defined analytical categories, with an inductive approach that left space for unforeseen issues or lines of inquiry that had not been identified at the inception stage, which eventually led to the ability to capture unintended results of UNFPA operations, either positive or negative in relation to results for programme and implementing partners as well as beneficiaries.

In order to inform an understanding of the dynamic aspects of the implementation of the country programme in the Philippines, the evaluation made use of the framework for tracking strategy of Mintzberg, adapted by Patton & Patrizi (see figure below). This framework recognizes that not all parts of a strategy are implemented in practice and that new elements are often added to an existing strategy that were not included in its design. Thus, the framework allowed the evaluation to distinguish the actual implemented country programme (realized strategy) from the designed programme as reflected in the CPD (intended strategy). Adaptations and changes concerned, including unrealized as well as

emergent aspects, included important pointers that informed the formulation of recommendations for the contents of the UNFPA strategy for the next programme period in the Philippines.

**Figure: Evaluation framework for tracking strategy**



Source: Adapted from Minzberg 2007, in Patton, M.Q. & Patrizi, P.A. (2010). Strategy as the focus for evaluation. In P.A. Patrizi & M.Q. Patton (Eds.), *Evaluating strategy. New directions for Evaluation*, 128: 5-28.

### Methods for Data Gathering

Methods for data collection included desk review, semi-structured interviews, focus group discussions, where relevant complemented with field observations and email communications. Details on each of these methods are presented in the table below.

**Table: Methodologies for data gathering and key characteristics**

Method	Description	Objective	Comments
<b>Desk review and review of the monitoring data gathered at a variety of levels</b>	Study and review of selected documents relevant to the present evaluation	To get informed on the background and context as well as documented details of the country programme and its results through secondary resources	Main learnings from the desk review have been used to develop this design report, which details the approach and methodology applied in the evaluation process
	Assessment of the regular monitoring data gathered at the level of the programme and individual initiatives	To assess the quantity and quality of monitoring data gathered at the various levels and to inform assessment of results achieved	Review of monitoring data is meant to inform both the results achieved in the various outcome areas of the programme as well as the assessment of the CP8 monitoring system and its use to inform results-based management
<b>Semi-structured interviews including online discussions with stakeholders not available for in-person meetings or due to COVID-19 restrictions</b>	Face-to-face and online interviews at national level and selected sub-national locations	To gather qualitative and quantitative data on the programme, including its design implementation and results at national and sub-national levels	Topics for discussion informed by the desk review and guided by the evaluation matrix
	Interviews with selected stakeholders not present on site during visits as well as	To include stakeholders that are not available during field visits as well as support	With selected stakeholders

Method	Description	Objective	Comments
	those located outside of the country will be conducted online	from UNFPA APRO and otherwise	
<b>Focus Group discussions</b>	Discussions in groups of selected participants on identified topics at national and sub-national levels	To gather information at the national, sub national and local level from peer groups of stakeholders	Topics for discussion informed by the desk review and guided by the evaluation matrix
<b>Field Observations</b>	Structured as well as un-structured observations in selected health facilities at national, provincial, barangay levels	To gather data on the actual practices and related capacities of staff and the availability and use of equipment and facilities	Observation will be dependent on the ability to visit offices and facilities in view of the restrictions related to the on-going COVID-19 pandemic
<b>E-mail communication</b>	Focused e-mail messages	To address specific gaps in data and information to be obtained from specific persons and stakeholders	As needed

### ***Approach to Assessment of UNFPA Contribution to UN Joint Programmes***

With UNFPA in Philippines working within the ‘Delivering as One’ UN approach, joint programming proved an important modality in terms of parts of the programme. In order to be able to assess aspects of joint programming aspects of joint programming were included in the various parts of the evaluation matrix, including in terms of joint results achieved, UNFPA contribution to shared results as well as investment in joint design and implementation versus benefits of joint programming.

### ***Sampling of Primary Data Gathering***

Sampling took place at two levels, the national and the sub-national level. At national level the evaluation team connected as much as possible with a sample of all categories of stakeholders of the UNFPA CP8. This included national Ministries and Departments, sister UN Agencies, national CSOs and Academia as well as the UNFPA CO senior management, programme and programme support staff and UNFPA APRO staff. An overview of national initiatives is included in Annex 11, while an overview of stakeholders is provided in annex 8. Whenever feasible, use was made of focus group discussions amongst peers of similar types of organizations.

An overview of the spread of UNFPA supported initiatives at sub-national level showed sub-national level support focused on BARMM and other parts of Mindanao, and several locations in Luzon, Visayas and NCT. For coverage of initiatives in each of the outcome areas and in terms of development programming as well as humanitarian action initiatives sites were selected in Mindanao, Luzon, Visayas and NCT with a focus on BARMM as this was the key area of sub-national support within the programme, agreed across UN agencies in the Philippines. The selection concerned provided a cross sample of the support provided at the sub-national level for primary data gathering. This selection was informed by discussions with Country office staff in the design phase of the evaluation and the selection made by the evaluation team was deemed by UNFPA staff to sufficiently represent the programmatic and humanitarian support provided by the country office in the period under review. For details see tables below.

**Table: Issues to be included in the evaluation of initiatives at national level in each programme area**

SRHR & Adolescent SRHR	Adolescent & Youth Education/Leadership	Population Dynamics	Humanitarian Support
<ul style="list-style-type: none"> <li>• FP Costed Implementation Plan</li> <li>• GBV Costed Implementation Plan</li> <li>• GBV case management</li> <li>• Bottleneck Analysis Study</li> <li>• Barcode Track &amp; Trace</li> <li>• Rh-care.info website</li> <li>• UBRAF HIV/AIDS support</li> <li>• National Condom Strategy development</li> <li>• Formative condom program assessment</li> <li>• Development Manual of Operations on HIV Combination Prevention</li> <li>• FP/MNH demand generation videos</li> <li>• TA to CHR on periodic reviews on SRHR for vulnerable groups</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive Sexuality Education (CSE) Costed Implementation Plan</li> <li>• Support CSE operationalization</li> <li>• Support high level dialogues of DOE</li> <li>• Youth Consultation and support to policy discussion on APP and Child Marriage</li> <li>• Youth, Peace and Security Action Plan</li> <li>• Inter-generational online dialogues to engage young people</li> <li>• Online Sexual Exploitation and Abuse</li> <li>• Online support for ICT-SGBV survivors</li> <li>• Youth innovation grants on HIV prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy by demographic data</li> <li>✓ TA to feed into Demographic Dividend (DD) roadmap</li> <li>✓ Legislative advocacy for UNFPA’s three zero’s</li> <li>✓ Budgetary advocacy for the implementation of the RPRH law</li> <li>• Longitudinal Cohort Study</li> <li>• Big Data analysis</li> <li>• Population Development Situational Analysis</li> <li>• SDG Fund</li> <li>• Population statistics in humanitarian settings</li> <li>• Support to data and analysis of population effects of pandemic</li> <li>• Support to the National Census</li> <li>• Integrated National Financing Framework together with UNDP and UNICEF</li> </ul>	<ul style="list-style-type: none"> <li>• MISP Costed Implementation Plan</li> <li>• National and regional pre-positioning</li> <li>• Anticipatory Action</li> <li>• Inter-agency coordination body for SRHR in emergencies</li> <li>• Inter-agency coordination body for GBV in emergencies</li> <li>• Support to COVID-19 national response plan, focus on women and girls</li> <li>• Support to CHR in portal for COVID feedback opportunities with monitoring teams led by women with disabilities</li> <li>• Common Operational Data Sets for Humanitarian agencies</li> <li>• Response to Odette</li> </ul>

**Table: Selection of sub-national locations and issues concerned in each of the programme areas**

Region / Province	SRHR & Adolescent SRHR	Adolescent & Youth Education/Leadership	Population Dynamics	Humanitarian Support
<b>Mindanao BARMM</b>	<ul style="list-style-type: none"> <li>• TA to BTA</li> <li>• BIWAB project</li> <li>• Provincial action plans for Women, peace and security</li> <li>• MISP</li> </ul>	<ul style="list-style-type: none"> <li>• Community mobilization models</li> <li>• Youth leadership and Governance programme</li> <li>• Bangsamoro Youth Agenda</li> <li>• Young people platform with other UN agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Support BARMM Legislative Council</li> </ul>	<ul style="list-style-type: none"> <li>• Cotabato Earthquake response</li> <li>• Marawi Siege response (gender)</li> <li>• MISP LGU Executive course</li> <li>• Peace building joint project with FAO</li> <li>• Peace building support across programme</li> </ul>
<b>Mindanao R XII</b>		<ul style="list-style-type: none"> <li>• Youth leadership and governance programme</li> </ul>		
<b>Central Visayas Cebu</b>		<ul style="list-style-type: none"> <li>• Learning sessions HIV for adolescent transgenders</li> <li>• Economic opportunities to key populations</li> </ul>	<ul style="list-style-type: none"> <li>• Cooperation for Technical support longitudinal cohort study</li> </ul>	<ul style="list-style-type: none"> <li>• Cash and Voucher Assistance for safe pregnancies and birth during the pandemic</li> </ul>
<b>Eastern Visayas Southern Leyte</b>	<ul style="list-style-type: none"> <li>• BRAVE (Joint project, COVID response, GBV/MHPSS)</li> <li>• Women Health on Wheels</li> <li>• SRH Watch</li> </ul>			<ul style="list-style-type: none"> <li>• Odette Emergency Response</li> <li>• BRAVE (Joint project, COVID response, GBV/MHPSS)</li> <li>• Anticipatory Emergency Preparedness</li> </ul>
<b>Luzon Calabarzon Batangas / Rizal / Laguna</b>	<ul style="list-style-type: none"> <li>• EMTF (Batangas Provincial Hospital/San Pedro District Hospital)</li> <li>• Cash and Voucher Assistance / E-bikes</li> </ul>			<ul style="list-style-type: none"> <li>• Taal Emergency Response (SRH / GBV / MHPSS)</li> </ul>
<b>National Capital Region Navotas &amp; Malabon</b>	<ul style="list-style-type: none"> <li>• Cash and Voucher Assistance</li> </ul>			<ul style="list-style-type: none"> <li>• ASRHIE</li> <li>• HIV poor urban adolescent girls during COVID pandemic</li> <li>• Condom distribution during COVID</li> </ul>

### ***Selection of Stakeholders for Primary Data gathering***

UNFPA Philippines has been working with a range of stakeholders in order to achieve the aims of the Eighth Country Programme. Partners included Government agencies, civil society organizations, academia, sister UN agencies and donors. For the identification of stakeholders to be included in the field work of the evaluation, use was made of a stakeholder mapping and analysis, which results are presented in annex 8, with stakeholders mapped along each of the programme outcome and cross-cutting areas. This analysis enabled the prioritization of stakeholders in terms of meetings during the in-country data gathering process, ensuring a sufficient representation across the three outcomes and cross-cutting areas and the various types of stakeholders concerned. This was achieved by including agencies that UNFPA worked with directly and intensively as well as those that the agency worked with only incidentally, including stakeholders of programmes and projects deemed successful as well as those deemed to have produced less results and partners of both financially large and small interventions. Selection of stakeholders from the early period of programme implementation that were no longer working with UNFPA or no longer a staff member of UNFPA were selected in order to ensure coverage of the entire CP8 period.

### ***Contingency Planning for COVID-19 Situation in-country***

Given the on-going COVID-19 pandemic and the recent identification of new Omicron variants of the virus, the evaluation team prepared to adapt the setup of the field phase at national as well as sub-national levels, in case of a resurgence of the virus in the country. When such a situation would occur, the team would make use as much as possible of a hybrid setup of meetings, limiting in-person participation at meetings and moving towards a combination of face-to-face and online data gathering, in line with government and UNFPA corporate and regional office restrictions concerned. The use of a tailored hybrid approach in such a situation was meant to protect UNFPA staff, Government agency and other partner staff and beneficiaries as well as CPE team members as much as possible from possible infection. In case the COVID-19 situation further deteriorated, the possibility of full-fledged virtual meetings would have been considered, in particular for national and provincial level meetings.

Given the present COVID-19 situation in-country and the limited restrictions concerned, the international team leader and SRHR specialist travelled to the Philippines and participated in-person in meetings and provided support to the evaluation process in the field phase of the evaluation. Visa requirements were amongst the constraints that delayed the start of the field phase of the evaluation.

When meeting in-person, within the evaluation team as well as with UNFPA staff, partners and beneficiaries, team members adhered to COVID-19 established and required protocols, including regular use of hand sanitizer, wearing of face masks, practising physical distancing (also referred to as social distancing) and refraining from handshakes and other forms of physical contact.

### ***Methods for Data Analysis***

Data analysis focused on the evaluation criteria and questions as presented above and made use of the assumptions and indicators as identified in evaluation matrix, which provided an overall analytical framework in terms of the issues concerned in answering each of the evaluation questions, in response to the selected evaluation criteria. Moreover, the following analytical methods were used:

- **Qualitative content analysis** was used in order to categorize and code data in order to break down large amounts of qualitative data into manageable portions in relation to assumptions and indicators identified in the evaluation matrix.
- **Context analysis** was used in order to assess the contextual enablers and constraints in programme implementation.

- **Analysis of the TOC and the Results Chain of the programme:** The TOCs and the CPD results framework provided a logical sequence between activities, their direct outputs, and outcome level changes. It provided a framework for assessing whether objectives were likely to be achieved through a stepped approach of monitoring of indicators at the levels of the framework.
- **Contribution Analysis:** Providing an assessment whether the program is based on a plausible theory of change, whether it was implemented as intended, whether the anticipated chain of results occurred, the extent to which UNFPA contributed to outcome level changes through the realization of output level results and the extent to which other factors influenced the program's achievements.
- **Timeline analysis:** Analysis of programme implementation from a chronological perspective, linking programme design and implementation as well as adaptations concerned with internal organizational processes as well as changes in contextual issues in-country and beyond.
- **Policy analysis:** With inclusion of policy engagement and advocacy in the country programme, the analysis made use of a number of tools to assess and analyse initiatives and their results, including the policy cycle (to understand to what phases of the policy cycle initiatives aim to contribute and the kind of policy results expected), type of policy engagement (assessing audience and influence sought), theory of change (to analyse the logic of how policy engagement was meant to deliver results) and partnership analysis (to analyse UNFPA's partnering with other organizations to reach policy objectives).
- **SWOT analysis:** Looking at strengths and weaknesses in terms of internal capabilities of UNFPA's programme interventions, and looking at opportunities and threats to highlight external factors. Strengths and opportunities were used to assess aspects to be further developed and reinforced, while weaknesses and threats were used to identify those internal as well as external issues that needed to be addressed and mitigated against.

### **Ethical Considerations**

The evaluation team was bound by and abided by the ethical code of conduct for evaluations of UNEG as well as UNFPA (the latter attached as annex 13), the UNEG Standards and Norms for Evaluation in the UN System, as well as UNEG guidance on gender- and human rights-responsive and disability inclusive evaluations. This included the independence of the evaluators, the anonymity and confidentiality of individual participants to the evaluation, sensitivity to social and cultural contexts and acting with integrity and honesty in relations with all of the stakeholders.<sup>65</sup>

Consent was obtained from evaluation participants. The interviewers requested oral consent for participation in the interviews with participants. Relevant CPE information was provided to participants in a transparent way prior to seeking consent, explaining the purpose of the evaluation and the discussion with the respondent(s) and stating that data will only be used for the evaluation purposes, only de-identified data will be released, and that the specific interview data provided will be kept confidential. Moreover, the CPE was implemented in line with the UNFPA Handbook on How to Design and Conduct Country Programme Evaluations, including the use of tools and templates as part of the handbook.<sup>66</sup>

During the entire field phase of the evaluation, all team members operated conform international, national as well as UN and UNFPA guidance in relation to Covid-19 pandemic regulations as well as in

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<sup>65</sup> UNEG, United Nations Evaluation Group, Norms and Standards for Evaluation, 2016, 2017; UNEG, Ethical Guidelines for Evaluation, March 2008; UNEG, UNEG Code of Conduct for Evaluation in the UN System, March 2008.

<sup>66</sup> UNFPA, Evaluation Handbook, How to design and conduct a country programme evaluation at UNFPA, revised and updated edition, February 2019.

line with specific recommendations in relation to the situation in-country and its provinces in terms of travel and engagement in any evaluation activity.

### **Evaluability Assessment, Limitations and Risks**

Methodological choices have their inherent limitations and their application in a specific context can at times pose certain risks in terms of data gathering and the ability of the evaluation process to reach its purpose. These and any other limitations and risks pertaining to the present evaluation were identified, including measures to mitigate limitations and risks identified. See results in the table below.

**Table: Key Limitations, Risks and Mitigation Measures**

#	Limitation / Risk	Mitigation Measures
1	The greatest risk posed to the implementation of the country programme evaluation concerned the on-going COVID-19 pandemic and its continued presence in the Philippines, with the recent identification of the new Omicron variants. This could limit the ability of the evaluation team to travel and to have in-person meetings in particular at the local level in case the situation worsened. This included limits to the access of team members to in-person meetings with stakeholders concerned and the need to conduct (parts of) the field phase remotely.	The risk that COVID-19 poses to the implementation of the evaluation was mitigated through continued monitoring of the situation and the UN and UNFPA guidelines in place. The evaluation team assessed the situation in consultation with UNFPA Philippines senior management team and evaluation managers on an on-going basis with guidance from the UN Department of Safety and Security in-country.
2	The outbreak of the COVID-19 pandemic resulted in delays in programme implementation due to the travel and other restrictions put in place to prevent or delay the spread of the disease. This affected not only programme implementation directly but also indirectly through its effects on the functioning of the health and other government systems as such. These contextual changes are likely to have affected some of the indicators included in the results framework of the programme and could pose a threat to the actual appreciation of the results of the programme.	This limitation was addressed by making the effects to the health system and health facilities due to the COVID-19 pandemic an aspect of the assessment in terms of the results, which enabled the evaluators to value changes concerned within the wider framework of changes in the capacities of health facilities to provide sexual and reproductive health services to women and girls as affected by the pandemic.  Also, in terms of the situation on GBV and results achieved eventual increase in the occurrence of such violence due to the outbreak and continuation of the pandemic was taken into consideration.  The use of the evaluation framework for tracking strategy enabled the identification of parts of the programme that could not be realized, due to COVID-19 pandemic or otherwise, as well as identify those part that were added to the programme, both on the development side of the programme and the humanitarian side.
3	Availability of secondary information for implementation of the desk review has been challenging, while such availability is key to the ability of the evaluation team to triangulate data and information from primary data gathering with data from monitoring and reporting as well as other relevant secondary data with respect to each of the three outcome areas of the programme and the cross-cutting theme of gender.	This issue has been addressed through the on-going request for information sharing and working with the evaluation managers in order to get access to the information concerned through a shared folder on Google Drive. Moreover, as part of the design phase, initial interviews were conducted with the Country Representative and UNFPA staff members of each of the outcome areas in order to inform the design phase of the evaluation and the development of the design and the present evaluation report.

The evaluation team consisted of three members:

- Frank Noij, Team Leader, Specialist in Complex Evaluation and Review
- Josefina Natividad, Independent Specialist Population and Development
- Michael Pastor, Young and Emerging Evaluator and Independent Specialist Gender Equality and Women's Empowerment

Team leader and team members each provided specific inputs into the draft and final design report and the draft and final evaluation report as agreed upon at the outset of the evaluation process.

The evaluation process was managed by the UNFPA M&E team, which team was assigned the function of evaluation manager for the implementation of the CPE, and who provided support to the evaluation throughout the process. The implementation of the evaluation was, moreover, guided by the Evaluation Reference Group, in the design, field and reporting phases of the evaluation, in line with the details presented in the TOR of the evaluation (see Annex 1).

## Main Data Collection Tool

### Main tool which was adapted for specific target groups based on the Evaluation Matrix

#### Introduction:

- a. Introduction Evaluation Team and participants to the discussion
- b. Explanation of the Country Programme Evaluation purpose and objectives and expected use of results
- c. Ethical considerations including confidentiality of discussion and independence of team
- d. Refining understanding of the interviewee's role vis a vis organization/programme

#### 1. UNFPA Support provided

- a. In programme outcome area concerned
- b. Partners and partnership arrangements with each of these
- c. Coverage of each of the initiatives at national and sub-national level (area/vulnerable groups)
- d. Resource allocation of regular and non-regular resources over the programme cycle
- e. Adaptations due to COVID-19 pandemic

#### 2. Fit with national and organizational strategies and policy frameworks

- a. Issues of targeting of equity, gender and vulnerability
- b. Adaptations made in response to contextual change incl. COVID-19 pandemic / BARMM
- c. Ways in which human rights, gender equality and disability approach were included
- d. Coherence with government strategies and plans, other UN agencies and development partners

#### 3. Results achieved compared to planning - focus on output level change and contribution to outcome level change

- a. Results achieved at output levels (including details on output level indicators)
- b. Contribution of UNFPA to outcome level change
- c. Results on gender equity mainstreaming
- d. What has worked / what has not worked
- e. Enabling and constraining factors for reaching results
- f. Unintended results, both positives and eventual negatives
- g. Effects of the COVID-19 pandemic and measures to prevent the spread of infections on the socio-economic and health context and results achievements
- h. Results of emergency preparedness and response

#### 4. Capacities developed so far / Ownership concerned

- a. Ownership of results
- b. Capacity improvement / levels concerned – what is still required
- c. Use of enhanced capacities and organizational (financial) resources used to sustain results

#### 5. Humanitarian Response

- a. UNFPA support and its coverage, in particular in terms of vulnerability and informed by an assessment
- b. Connectedness of humanitarian response to development programming and attention to the interconnectedness of problems to be addressed

- c. Coherence with support from government, other UN agencies, development partners

**6. Partnerships and process issues**

- a. Viewpoints of UNFPA as a partner, short term vs long term partnerships
- b. Partnership strategy in place
- c. UNFPA as partner in Joint UN programmes

**7. Process issues**

- a. Efficiency and timeliness of support provided
- b. Cost effectiveness of initiatives and opportunities for enhancing process; transaction costs versus benefits in terms of results
- c. Financial procedures in place and their efficiency in supporting results
- d. Resource mobilization strategy
- e. UNFPA country office staff composition versus programme requirements
- f. Technical capacities of the country office vs programme requirements

**8. Monitoring and Evaluation**

- a. M&E system in place – own system and reporting of data to UNFPA – fit concerned
- b. Disaggregation of data for monitoring purposes
- c. Use of data to inform programme management / other use of monitoring data
- d. Evaluation and use of results to inform programming
- e. M&E capacities built

**9. Coherence with other stakeholders' initiatives and comparative advantage / value added of UNFPA**

- a. Main Government interventions and those of other stakeholders in relation to UNFPA outcome areas
- b. Coherence of UNFPA interventions with other initiatives / overlap concerned
- c. Comparative advantage of UNFPA support vis a vis other UN agency and DPs/ (I)NGOs
- d. Added value of UNFPA over the time of the programme cycle
- e. UNFPA's role in the UNCT coordination mechanisms

**10. Lessons learned**

- a. Which learnings / experiences would be useful for application beyond the context in which they were obtained

**11. Recommendations for future support**

- a. What would UNFPA need to focus on from your perspective in the next programme cycle?
- b. What adaptations if any would be needed in terms of the ways in which achievement of results can be accelerated?
- c. What can be done in the remainder of the present programme cycle in this respect?

**12. Other issues that you would like to mention relevant to the present evaluation**

**ANNEX 15: List of UNFPA supported Interventions****Overview of Initiatives at National and Sub-National levels**

Outcome Area	National level	Sub-National level	
		Programme	Location
SRHR	Costed Implementation plans FP, GBV, MISP	Business Action for Family Planning (BAFP)	Mindanao (R IX & RX)
	Bottleneck analysis	Technical assistance to strengthen the capacity of the newly established Bangsamoro Transition Authority (BTA) to provide high-quality, integrated information and services	BARMM
	Barcode track & trace	Capacity-building of former women combatants under the Bangsamoro Islamic Women Auxiliary Brigade (BIWAB) into para-social workers, gender equality champions, and grassroots peace advocates	BARMM
	RH-care info	Technical assistance to BARMM provinces in the formulation of Provincial Action Plans on Women, Peace and Security	BARMM
	Institutionalization of MISP	BRAVE Joint project with WHO and UNICEF for the protection and mental health and psychosocial support (MHPSS) for GBV survivors, vulnerable women, children and adolescents during the COVID-19 pandemic	Bohol, Eastern Samar, Dinagat Islands, Surigao del Norte and Palawan
	Inter-agency GBV working group in humanitarian action	Cash and Voucher Assistance	Laguna, Rizal, Cebu City, Marikina and Batangas Province
	TA for CHR on periodic reviews / online GBV reporting	Women Health on Wheels	Samar (R VIII)
	Technical assistance in the policy review of the Women in Emergencies provision of the Magna Carta of Women to inform Congress	MISP LGU Executive course	Catanduanes, Maguindanao, Laguna
	Evidence-based advocacy on COVID-19's implications for women and young people	Taal response	Batangas
	National Gender and Inclusion Assessment		
	Gender responsive GBV Case Management		
	GBV Sub-cluster activation and National strategy		
	Support to GBV data harmonization		
	Executive course on GBV in emergencies		
	Update of WFS Operational Guidelines		

Outcome Area	National level	Sub-National level	
		Programme	Location
		EMTF Anticipatory preparedness	Batangas Cebu
AY	CSE support	Development and pilot-testing of community mobilization models	BARMM
	Technical assistance in the development and validation of the National Condom Strategy	Development and pilot-testing of a youth leadership and governance programme	BARMM
	High-level dialogue among key national government agencies	Technical assistance to the Bangsamoro Transition Authority (BTA) to formulate the 2019-2022 Bangsamoro Youth Agenda	BARMM
	Convened virtual intergenerational dialogues of young people with key government officials at the height of COVID-19	Platform for young people with other UN agencies	BARMM
	Addressing online sexual exploitation during COVID-19 pandemic	Condom distribution during COVID	NCT: Pasay & Taguig cities
		ASRHIE	Cataduanes and Rizal
		HIV urban poor during COVID pandemic	NCT: Navotas and Malabon
		Learning sessions HIV for adolescent transgenders	Cebu
	Economic opportunities to key populations	NCT, Cebu and Angeles cities	
PD	Support to policy engagement at national level	Support establishment of the BARMM Legislative Council	BARMM
	Big data project	Cooperation for Technical support longitudinal cohort study	Cebu
	Population Situation Analysis (PSA)		
	Population statistics in humanitarian settings		
	Analysis of COVID impact on excess births and deaths		
	Integrated National Financing Framework		
SSTC with Indonesia			

## Overview of Projects in Development, Peacebuilding and Humanitarian Support

Initiatives	Year Implemented	Atlas Codes	Main outcome area
<b>Development Programming</b>			
Business Action for Family Planning	2019-2020	PHL08RHP, UPB01	SRH
Reckitt Benckiser Project for Iloilo	2020-2021	PHL08RHP, RBA01	SRH
Track and Trace	2020-2021	PHL08RHP, ZZM14	SRH
Innovation Fund- Big Data	2020-2021	PHL08DEM, ZZM14	SRH
CANADA Support	2021-2022	PHL08RHP, CAB17	SRH/Gender
USAID Support for PSEA	2021-2022	PHL08RHA/RHP, USA89	SRH/Gender
Project BRAVE	2021-2023	PHL08RHP, UWJ02	SRH/Gender
UBRAF- joint Programme on HIV/AIDS	2019	UBRAFPHL, UQA68, UQA70	ASRH
	2020	UBRAFPHL, UQA70, UQA72	ASRH
	2021	UBRAFPHL, UQA72, UQA73	ASRH
	2022	UBRAFPHL, UQA73, UQA76	ASRH
DFAT Support for the Longitudinal Cohort Study	2019	PHL08DEM, AUA83	Demographic Intelligence
	2020-Present	PHL08DEM, AUB08	Demographic Intelligence
UNICEF Support for the Longitudinal Cohort Study	2019	PHL08DEM, UCA20	Demographic Intelligence
	2022	PHL08DEM, UCA32	Demographic Intelligence
SDG Fund	2021-Present	PHL08DEM, UDD32	Demographic Intelligence
<b>Peacebuilding</b>			
Norway	2020	PHL08RHP, IOM03	SRH/Gender
Japan	2020-2021	PHL08RHP, JPD07	SRH/Gender
Peace Building Fund	2021-2022	PHL08RHP, UJB02	SRH/Gender
New Zealand	2021-2022	PHL08RHP, NZA27	SRH/Gender
Joint Project of FAO and UNFPA	2022-Present	PHL08RHP, UZI42	

Initiatives Development	Year Implemented	Atlas Codes	Main outcome area
<b>Humanitarian</b>			
Multi-year Prepositioning Project	2018-2022	PHL08RHP, AUB02	SRH/Gender
Regional Prepositioning Initiative	2019-2020	PHL08RHP, AUA78	SRH/Gender
Cotabato Earthquake Response	2019-2020	PHL08RHP, UOH22	SRH/Gender
Cotabato Earthquake Response	2019-2020	HRF01PHL, ZZT07. 3006E	SRH/Gender
Gender Support for Marawi Response	2019-2020	PHL08RHP, AUB04	SRH/Gender
HTF- COVID Response	2020	HRF01PHL, ZZT07	SRH
Humanitarian Taal Response	2020	HRF01PHL, ZZT07. 3006E	SRH/Gender
Humanitarian Catanduanes Response	2020	HRF01PHL, 3006E	SRH/Gender
Multi-year, Regional Prepositioning Project	2021	PHL08RHP, AUB15	SRH
CVA Study with John Hopkins University	2021-Present	PHL08RHP, DKA49	SRH
CERF Response to TY Rai	2022	PHL08RHP, UOI01	SRH/Gender
DFAT Response to TY Rai	2022	PHL08RHP, AUB25	SRH/Gender
Emergency Fund Response for TY Rai	2022	HRF01PHL, 3006E	SRH/Gender
USAID-BHA	2022	PHL08RHP, USB14	SRH/Gender

## ANNEX 16: Overview of UN Agencies Contribution to SEPF 2020-2023

Indicators of results	UN Agencies
<b>Pillar 1 - HEALTH FIRST: Protecting health services and systems during the crisis</b>	
<b>Indicator 1.1</b> Number of people accessing essential (non-COVID-19 related) health services	UNAIDS, UNFPA, UNICEF, WHO
<b>Indicator 1.2</b> Number of health facilities that received UN support to maintain essential immunization services since COVID-19 disruptions	UNICEF
<b>Indicator 1.3</b> Whether the country is protecting health services and systems, Yes/No, with a set of core essential	WHO
<b>Indicator 1.4</b> Number of community health workers receiving UN support to maintain essential services since COVID-19 disruptions	UNHCR, UNICEF
<b>Pillar 2 - PROTECTING PEOPLE: Social protection and basis services</b>	
<b>Indicator 2.1</b> Number of people reached with critical WASH supplies (including hygiene items) and services	IOM, UNDP, UNHCR, UNICEF
<b>Indicator 2.2</b> Number of children supported with distance/home-based learning	UNICEF, UNESCO
<b>Indicator 2.3</b> Whether the country has measures in place to address gender-based violence (GBV) during the COVID-19 pandemic, which, Yes/No, Integrate violence prevention and response into COVID-19 response plans	UNDP, ILO
<b>Indicator 2.4</b> Number of beneficiaries of social protection schemes and services related to the COVID-19 pandemic	IOM, FAO, UNDP, UNFPA, UNICEF
<b>Pillar 3 - ECONOMIC RESPONSE AND RECOVERY: Protecting jobs, small and medium-sized enterprises, and vulnerable workers in the informal economy</b>	
<b>Indicator 3.1</b> Number of private sector companies and formal and informal sector workers supported during and after the COVID-19 pandemic	ILO, UNDP
<b>Indicator 3.2</b> Number of direct beneficiaries of food supply protection regimes that are designed to protect livelihoods by addressing food supply bottlenecks	FAO
<b>Pillar 4 - MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION</b>	
<b>Indicator 4.1</b> Whether the country undertook socio-economic impact assessments in response to the COVID-19 crisis, with a focus on vulnerable groups, directed at-risk populations, Yes/No	FAO, ILO, UNDP, UNICEF, UNIDO
<b>Indicator 4.2</b> Whether the country is implementing policies informed by socio-economic impact assessment, directed at-risk populations	FAO, UNDP
<b>Pillar 5 SOCIAL COHESION AND COMMUNITY RESILIENCE</b>	
<b>Indicator 5.1</b> Number of organizations benefiting from institutional capacity building so that governments, employers' and workers' organizations can work	ILO
<b>Indicator 5.2</b> Number of community-based organisations capacitated to respond to and mitigate the pandemic, fight against COVID 19 related domestic	IOM, UNDP, UNFPA, UNICEF, UN Habitat
<b>Indicator 5.3</b> Number of social dialogue, advocacy and political engagement spaces facilitated with participation of at risk populations and groups	ILO

Source: United Nations Philippines, UN Socioeconomic and Peacebuilding Framework for COVID-19 Recovery in the Philippines 2020-2023.

## ANNEX 17:

### Ethical Code of Conduct for UNEG/UNFPA 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. In particular:

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-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests 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. Evaluators 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 suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators 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. Evaluators 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](http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21)

## ANNEX 18: Agenda of the Field Phase of the Evaluation

Thematic Areas	Organization to Visit	Date	Time
UNFPA Philippines Team	Humanitarian Unit	17 October 2022	
	SRHR / ASRHR Unit		3:00 PM to 5:00 PM
	SRHR / ASRHR Unit	18 October 2022	1:00 PM to 3:00 PM
	GBV Unit	18 October 2022	8:00 AM to 10:00 AM
	PD Unit		10:00 AM to 12 PM
	Human Resources Unit		1:00 PM to 3:00 PM
	Finance/procurement Unit		3:00 PM to 5:00 PM
	Logistics Unit	19 October 2022	8:00 AM to 10:00 AM
	M&E Unit		10:00 AM to 12:00 PM
	SMT		1:00 PM to 4:00 PM
Government Counterparts	DEPED	20 October 2022	9:00 AM to 12:00 PM
	NEDA		1:00 PM to 3:00 PM
	POPCOM	21 October 2022	9:00 AM to 12:00 PM
	PCW		1:00 PM to 2:30 PM
	DOH		3:00 to 5:00
	OCD	24 October 2022	9-11
	National Youth Commission		11-12

Thematic Areas	Organization to Visit	Date	Time
	PSA		1-2:30
	CHR		3:00 - 5PM
	DSWD	25 October 2022	9-12
<b>Academia</b>	UPPI and UP SRF		1PM -3PM
<b>DONOR</b>	DFAT	26 October	9AM to 10:30 AM
	CANADA		11:00 to 12:00
	New Zealand		1:00 PM to 2:30 PM
	Japan		3:00 to 5:00 PM
	KOICA	27 October	9:00 to 10:30 AM
<b>IP</b>	PMHA		11 AM to 12 PM
	CATW-AP		1:00 to 2:30 PM
	ZOTO		2:30 to 4PM
	Y-PEER		4:30 to 6PM
	PLCPD	28 October	9:00AM to 10:30
	PSRP		10:30 to 12:00
	CHSI		1:00 to 2:30
	CPN		3:00 to 5:00 PM
	PSRP	31 October	9:00 to 10:30 AM
	ZFF		10:30 to 12:00 PM

Thematic Areas	Organization to Visit	Date	Time
<b>UN Agencies (Manila)</b>	RC Office, RC and M&E staff member	03 November	1:00 to 3:00 PM
	IOM, UN Women (joint programmes)		3:30 to 6PM
	OCHA, CERF (humanitarian)		9 to 10:30 AM
	UN AIDS		10:30 to 12:00 PM
	UNICEF, WHO (BRAVE)		1:00 to 3:00
	UNICEF, UNDP(SDG)		3:30 to 5:00 PM
<b>Humanitarian</b>	Taal Volcano response (Batangas)	04 November	9:00 AM to 5:00 PM
	HerVoice		
	GAC funded project (SRHR and SGBV)		
	CHD4A		
<b>Academia</b>	Cebu	07 November	9:00 AM to 12:00 PM
	Meeting with USC		
<b>Lanao Del Sur and CDO</b>	Travel to Cagayan De Oro	08 November	7:00 AM to 12:00 PM
	Cagayan De Oro- Meeting with Delmonte (BAFP)		Meeting with Delmonte: 1PM to 3PM
	Travel to Iligan		3PM to 5PM
	APMC	10 November	9:00 AM to 10:30 AM
	MARAWI IDPs		10:30 AM to 12:00 PM
	IPHO LDS		1:00 PM to 3:00 PM
	Marawi City Officials		11 November 2022

Thematic Areas	Organization to Visit	Date	Time
	PSWDO		1:00 PM to 3:00 PM
<b>Maguindanao</b>	Travel to Cotabato City	12 November 2022	9:00 PM to 12:00 PM
	IPHO Maguindanao	14 November	9:00 AM to 11:00 AM
	Travel back to Cotabato		11:00 AM to 12:00 AM
	PSWDO Maguindanao		1:00 PM to 2:30 PM
	WCPU CRMC		3:00 PM to 5:00 PM
	BPDA		15 November
	MILG	10:30 AM to 12:00 PM	
	MOH	1:00 PM to 2:30 PM	
	BYC	3:00 PM to 5:00 PM	
	MSSD	16 November	8:30 AM to 10:00 AM
	BWC		10:30 AM to 12:00 PM
<b>Maguindanao</b>	BIWAB	16 November	1:00 PM to 2:30 PM
	Mindanao IP		3:00 PM to 5:00 PM
	Mindanao UN Agency		5:30 to 7:00 PM (dinner meeting)
<b>North Cotabato</b>	North Cotabato Earthquake Response	17 November 2022	10:00 AM to 12:00 PM
	IPHO North Cotabato		
	PSWDO North Cotabato		1:00 PM to 3:00 PM
<b>South Cotabato</b>	Travel to Columbio	18 November 2022	7:00 AM to 9:00AM

Thematic Areas	Organization to Visit	Date	Time
	Columbio Sultan Kudarat (YLGP)		9:00 AM to 12:00 PM
	Sultan Kudarat to General Santos		1:00 PM to 4:00 PM
	Gen. San to Saranggani	19 November	8:00 AM to 9:00 AM
	Meeting with YLGP and LGU's		9:00 AM to 12:00 PM
	Travel Back to Gen Santos		1:00 PM to 2:00 PM
	General Santos to Manila	20 November	10:AM

**Additional schedule:**

21-25 November: Visayas – Southern Leyte

**Validation Meetings:**

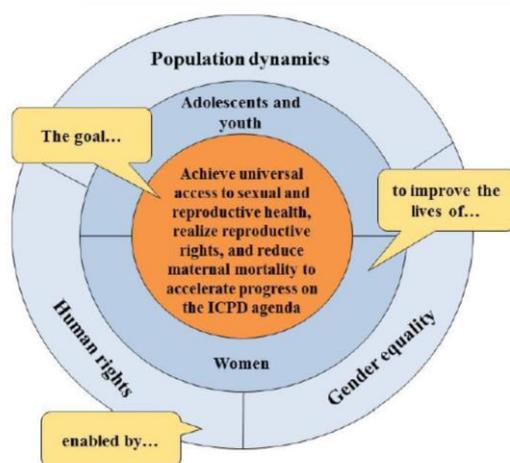
28 November: Validation meeting with UNFPA staff

29 November: Validation meeting with members of the Evaluation Reference Group

## ANNEX 19: Additional Details on the UNFPA Programme Response

The UNFPA strategic plan for the period 2014-2017 put universal access to sexual and reproductive health, realization of reproductive rights, and reduction of maternal mortality to accelerate progress on the ICPD agenda as the agency’s goal. This in particular for women and adolescents and youth, the key targeted beneficiaries of UNFPA support, enabled by information and analysis on population dynamics and the use of a human rights- and gender equality-based approach. This focus of the organization was presented as “the bull’s eye” (see figure below).<sup>67</sup>

Figure: The “bull’s eye” of UNFPA’s Strategic Plan 2014-2017



The latest UNFPA strategic plan is explicitly aligned with the 2030 Agenda for sustainable development and the SDGs (see figure below).

Figure: Updated bull’s eye with the UNFPA strategic vision and alignment to the SDGs



In order to achieve the SDGs in a timely fashion, acceleration is deemed required. In order to achieve this, the latest business model classifies the 119 UNFPA programme countries globally in three tiers,

<sup>67</sup> United Nations Population Fund, The UNFPA Strategic Plan 2014-2017.

Tier 1 consisting of countries in which all three of the transformative results have not yet been achieved; Tier 2 including countries where two of these results have not yet been achieved and Tier 3 where only one of the results is yet to be achieved. Based on the assessed achievement levels of the Philippines so far, the country remains part of Tier 1 with all three transformative results not yet achieved, notwithstanding improvements observed, including in terms of reduced adolescent birth rates, which was added as a key objective by the Country Office. For details see table below.

**Table: Transformative result indicators and level of achievement in the Philippines - updated**

Transformative result	Indicator	Threshold by 2030	Status	Source of Information
Ending the unmet need for family planning	Need for family planning satisfied with modern methods	>= 75 per cent	<b>58.8 per cent</b>	DHS 2022
Ending preventable maternal deaths	Maternal mortality ratio	<= 70 per 100,000 live births	<b>78</b>	WHO, et.al. 2023
Ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage	Gender inequality index	<= 0.3 (with 1.0 being unequal and 0.0 being equal)	<b>0.419</b>	HDR 2021
Adolescent Birth Rate <i>Not included at corporate level but added by CO</i>	Births per 1,000 women age 15-19 years	<= 30.3	<b>25</b>	DHS 2022

The business model of the new strategy identifies the same modes of engagement as in the business model of the previous strategy and additionally identifies six accelerators for the achievement of results (see box below).

#### **Box: Accelerators for the achievement of the transformative results**

- i. Human rights-based and gender transformative approaches
- ii. Innovation and digitalization
- iii. Partnerships, South-South and triangular cooperation and financing
- iv. Data and evidence
- v. 'Leaving no one behind' and 'reaching the furthest behind first'
- vi. Resilience and adaptation, and complementarity among development, humanitarian action and peace-responsive efforts

*Source: United Nations Population Fund, UNFPA Strategic plan, 2022-2025, Annex 3 Business model, July 2021.*

All of the UNFPA country programmes can employ all modes of engagement and make use of all accelerators identified, which are expected to be customized to the national context and local settings in order to bring about bold, innovative, enduring and tailored solutions within the overall sustainable development framework of the UN Country Team. The strategy emphasizes prioritizing the organization's normative role to support the implementation of the ICPD Programme of Action and achievement of the transformative results.<sup>68</sup>

<sup>68</sup> United Nations Population Fund, UNFPA strategic plan, 2022-2025, Annex 3: Business model, July 2021.

## ANNEX 20: TOR of the Evaluation Reference Group

United Nations Population Fund  
8<sup>th</sup> Country Programme of Assistance to the Philippines Evaluation  
Term of Reference of the Evaluation Reference Group

### Rationale:

The United Nations Population Fund (UNFPA) is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect.

The 8th CP (2019-2023) is aligned with the Ambisyon Nation 2040, Philippine Development Plan (2017-2022), Philippine Population Management Program (PPMP) Directional Plan (2017-2022), National Objectives for Health (2017-2022), Philippine Youth Development Plan (2017-2022), the UN – Government of the Philippines Partnership Framework for Sustainable Development (2019-2023) and the Socio-Economic and Peacebuilding Framework (2020-2023), and the UNFPA Strategic Plan (2018-2021). It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Philippines CO delivers its CP through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery. The overall goal of the UNFPA Philippines 8th CP (2019-2023) is universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality, as articulated in the UNFPA Strategic Plan 2018-2021.

### Purpose:

In order to enhance the accountability of the UNFPA Philippine Country Office for the relevance and performance of its 8<sup>th</sup> CP with regard to its contribution to reproductive health, population and development and gender equality issues both nationally and locally, and to provide a broadened evidence-base for the design of the 9th Country Programme; UNFPA will assess its technical and operational delivery of assistance through the conduct of a Country Programme Evaluation (CPE). The evaluation aims to cover all activities planned and/or implemented by national and local implementing partners and those through UNFPA initiated activities from 2019 to the first half of 2022 within each programme component (SRH, ASRH, and Population and Development), including Humanitarian preparedness and response.

### ERG Main Responsibilities and Functions:

The evaluation reference group is tasked to do the following:

- Provide inputs to the ToR of the evaluation and to the selection of the team of evaluators,
- Contribute to the selection of evaluation questions,
- Provide feedback and comments to the design report of the CPE,
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.

- Provide comments and substantive feedback from a technical perspective on the draft evaluation report,
- Provide comments on the main deliverables of the evaluation, including a draft final report, especially on the findings, conclusions and recommendations, and
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response.

**Proposed Members of the ERG:**

Member of the ERG	Relevance to UNFPA 8th CP
National Economic and Development Authority	Strategic Government Partner
Department of Health	Strategic Government Partner
Commission on Population	Strategic Government Partner
Department of Social Welfare and Development	Strategic Government Partner
TBD	Private Institutions working on UNFPA key areas
Zuellig Family Foundation	CSO Partner
LIKHAAN	CSO Partner
Comm. Karen Dumpit	Former Chair Commission on Human Rights
Dr. Ernesto Pernia	Former NEDA Secretary
TBD	CSO Partner Working on MINDANAO
Ms. Mariquit Melgar (COS of Rep. Acosta-Alba)	Legislative Partner - House of Representative
UP - Population Institute	Academe - Social Policy
Desk Officer - Philippines CO	UNFPA APRO