# FORMATIVE EVALUATION OF THE REGIONAL PROGRAMME FOR LATIN AMERICA AND THE CARIBBEAN 2022-2025

**Annexes** 

# Content

1.	Bibliography	2
	Full context	
3.	Reviewed theories of change	
4.	Evaluation matrix	16
5.	Data collection instruments	22
a.	. Interview guidelines	22
b.	. Survey	25
6.	List of key informants consulted	30
7.	Context of selection of countries for field visits	36
8.	Terms of Reference for the Evaluation of the Regional Program 2022- 2025	42

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# 2. Full context

Diversity is one of the main characteristics of Latin America and the Caribbean; however, this diversity is often reflected in the inequality of the population, not only in economic terms, but also in the enjoyment of rights and quality of life. According to ECLAC statistics for 2023, approximately 665 million people live in the region, of which 337,630,000 are identified as women and 327,367,000 as men (ECLAC, 2024).

### Leave no one behind

Lagging groups, including low-income women, adolescents and youth, indigenous peoples, Afro-descendants, people with disabilities, refugees and migrants, internally displaced persons, rural populations, and people of diverse gender identity and/or sexual orientation, are disadvantaged on most indicators (UNFPA, 2021).

According to ECLAC estimates (2020), there are at least 800 indigenous peoples in 17 Latin American countries, with an approximate population of 57.5 million people, representing about 9.5% of the total population, i.e., on average, the indigenous population constitutes 10% of the population in the region. However, within each country the proportion varies; for example, in the Plurinational State of Bolivia and Guatemala, more than 40% of the population is indigenous; in Peru they constitute 26% of the population and in Mexico, with 27 million indigenous people, they constitute 21.5% of the population; in the other countries of the region, less than 10% of the population is registered as indigenous (Pedrero, 2023). In terms of the number of indigenous peoples, there is a great variety, from Brazil with 305 peoples, Colombia with 102 peoples, to El Salvador with only 3 and Uruguay with 2 (ibid). Most of them live in rural areas, linked to their territories of historical possession. However, migration and progressive urbanization have meant that more than 50% of the region's indigenous population now live in cities.

By 2022, the Afro-descendant population in Latin America was around 153.3 million people, representing 23.7% of the region's total population (ECLAC, 2023). To specify the territorial distribution, according to national data, it is possible to approximate in absolute terms their representation in some countries, for example, in Brazil, where they represent approximately 55.9% of the population, followed by Cuba with 35.9%, Dominican Republic (34.1%) and Panama (31.7%). The Afro-descendant populations of Colombia, Costa Rica and Peru vary between 7% and 9.3% of the national total, while in the other countries, the Afro-descendant population represents less than 5% of the total in their respective countries (ibid). In terms of territorial distribution, the Afro-descendant population is mainly urban in most countries, combined with some concentrations located in areas of difficult access due to their status as refugees, people who escaped from slavery (ECLAC/ UNFPA, 2021).

In the Latin American and Caribbean region, population dynamics are facing two phenomena simultaneously: on the one hand, some countries and peoples are going through the last stages of the demographic bonus, while others are dealing with the aging of their populations. Both phenomena bring with them different challenges and opportunities for the development of each country, mainly in terms of public policies for health, care and pensions. These phenomena are directly influenced by the increase in life expectancy and variations in the fertility rate.

According to their demographic pyramid, in general, the Afro-descendant population is relatively younger than the rest of the population. The countries with the highest proportions of Afro-descendant children under 15 years of age are Colombia, Ecuador, Honduras and Nicaragua, where they represent about one third of the Afro-descendant population. As for the relative weight of older people, it is highest in Argentina, Cuba, Panama, Uruguay and Venezuela, where they exceed 10% of the total Afro-descendant population (ECLAC, 2017). As for indigenous peoples, each people has its moment of demographic transition, however, the most recent censuses have shown that, despite having a younger population structure than the non-indigenous population in most of

the region, they are also beginning to experience aging processes, mainly in Argentina, Chile, Costa Rica and Uruguay (Pedrero, 2023).

On the other hand, according to World Bank data, by 2020 there were around 85 million people with disabilities in Latin America and the Caribbean, representing 14.7% of the regional population. Out of every 3 households, one has a person with a disability and out of every 10 people with disabilities, almost 3 have a severe condition. The most common conditions are motor and then vision. However, there is no information on psychosocial disabilities, caused by mental illness and intellectual disabilities (World Bank, 2021).

Information from the latest available censuses for eleven countries in the region<sup>1</sup> shows, as a simple regional average, that among people of African descent, disability among children under 15 years of age is 4.8%, increasing to 9.9% among people aged 15 to 59 years and rising to 32.7% among people aged 60 years and older. For white populations, the regional average is always lower, regardless of the stage of the life cycle; prevalence rates among non-Afro-descendants are 3.9% (under 15 years), 8.3% (between 15 and 59 years) and 29.2% (60 years or older) (ECLAC, 2017). With respect to people aged 60 years or older with at least one disability, the percentages of people in this situation and the ethnic-racial disparities are very large, for example, in the case of Brazil, 67.5% of Afro-descendant older adults are in this situation compared to 60.4% of non-Afro-descendants (ECLAC/ UNFPA, 2021).

# **Maternal Mortality**

Between 2005 and 2017, maternal mortality declined from 88 deaths per 100,000 live births to 74 per 100,000 live births (Regional Working Group for the Reduction of Maternal Mortality in Latin America and the Caribbean, 2017 in UNFPA, 2021), albeit with a huge equity gap in maternal mortality within and between countries. Currently, 13 countries<sup>2</sup> have a maternal mortality rate above the regional average. Maternal deaths are mostly preventable and are concentrated among indigenous women, women of African descent, women living in rural areas and women with disabilities. The main causes are hemorrhage (23.1%), hypertension (22.1%), unsafe abortions (9.9%), sepsis (8.3%) and other direct causes (14.8%) (ibid).

Abortion is one of the leading causes of maternal mortality in the LAC region, with an estimated 6.5 million abortions performed under unsafe and high-risk conditions. The maternal mortality rate due to high-risk abortion is three times higher in Latin America and the Caribbean than in developed regions (UNFPA LACRO, n.d.). Access to safe abortion, to the full extent permitted by law, and post-abortion care remains a serious public health concern, with an estimated 6.5 million high-risk abortions performed per year (UNFPA, 2021). Evidence shows that access to quality maternal care could prevent 54% of maternal deaths, while universal access to family planning could prevent an additional 30%. Increasing obstetric training has also been shown to save lives and strengthen the health system response (ibid).

# **Fertility and Adolescent Fertility**

In general terms, the regional fertility rate is 1.84 children per woman of childbearing age (15-49 years), this average is mainly due to the countries with the highest number of women in this age range: Brazil, Mexico, Colombia, Argentina, Venezuela, Peru and Chile. However, in the Caribbean, countries such as Aruba, The

<sup>&</sup>lt;sup>1</sup> Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Ecuador, Honduras, Panama, Uruguay and Venezuela.

<sup>&</sup>lt;sup>2</sup> Bolivia, Colombia, Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Suriname and Venezuela (Bolivarian Republic of).

Bahamas, Cuba, Jamaica, Puerto Rico and St. Lucia have rates above 2.5 children per woman in 2023 (ECLAC, 2023).

In terms of fertility, the Afro-descendant population, according to ECLAC information, shows fertility levels between 2 and 3 children (ECLAC, 2017). Data for the indigenous population are more complex to complete, however, different studies have identified a considerable reduction in the fertility rate of indigenous peoples. In the early 2010s, indigenous women in the region were found to have very high rates, more than 3 children per woman, but recent reports in 2017 indicate that fertility rates for indigenous women decreased considerably.

Regarding adolescent fertility, the statistics continue to be a major concern in the region. According to 2020 data, at least 17 countries in the Latin American and Caribbean region<sup>3</sup> are among the 70 countries with the highest teenage pregnancy rates in the world. In terms of regional average, the rate is 51.4 births per 1,000 women aged 15-19 years (ECLAC, 2021). Most pregnant adolescents in the region live in disadvantaged socioeconomic conditions, which is related to barriers to access to sexual and reproductive health services, lack of comprehensive sexual education in school, sexual violence and child marriage.

# Gender violence and child marriage

In LAC, the most widespread human rights violation is gender-based violence (GBV), with an average of two out of every three women between the ages of 15 and 49 having been victims of various forms of GBV in their lifetime, and 12% of women having suffered sexual violence. For example, the percentage of married or single women who have suffered physical or sexual violence by their partner ranges from 17% to 20% in the Dominican Republic and 53% to 64% in Bolivia (UNODC, 2018). However, it should be noted that there is no time for less vulnerability to violence in a woman's life. In the Americas, 21 percent of young women, aged 15-24, will have already experienced intimate partner violence by the age of 25. While 28 percent of women over the age of 65 report having experienced intimate partner violence (United Nations and RCP LAC). (United Nations and RCP LAC, 2024).

In 2022, at least 4,050 women in 26 countries in the region were victims of femicide, the ultimate expression of gender-based violence (United Nations and RCP LAC, 2024). In 2022, the highest rates of femicide in Latin America were recorded in Honduras (6 deaths per 100,000 women), Dominican Republic (2.9 deaths per 100,000 women), and El Salvador and Uruguay (1.6 deaths per 100,000 women,). In the Caribbean, Trinidad and Tobago registered the highest number of femicides (5.5 cases per 100,000 women), while Anguilla, Barbados and Cuba reported the lowest number of cases in LAC (below 0.3 deaths per 100,000 women) (ECLAC, n.d.a.).

There are other intersectional spaces where violence increases, as is the case of women and girls with disabilities who are three times more likely to suffer physical violence, sexual violence and emotional violence compared to women and girls without disabilities (UNFPA and Humanity & Inclusion, 2021 in United Nations and RCP LAC, 2024). By type of violence, it is observed that women with disabilities are up to ten times more likely to suffer sexual violence, a figure that reaches between 40 and 68 percent of young women with disabilities before the age of 18 (ibid). At the same time, there are clear cumulative risks of gender-based violence associated with being a woman with a disability of indigenous identity, each of which increases the risk in many countries of the Region. (ECLAC, n/d-b).

For their part, LGBTIQ+ people suffer physical aggression, sexual violence and are expelled from their communities due to discrimination perpetrated by people linked to criminal groups who use their power and

<sup>3</sup> Belize, Bolivia (Plurinational State of), Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, French Guinea, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, and Venezuela (Bolivarian Republic of).

influence. Between 2017 and 2023, there were 238 violent deaths of LGBTIQ+ people (Red Lésbica Cattrachas, 2024 in United Nations and RCP LAC, 2024).

Child marriage and early unions are part of cultural behaviors that harm the region's youth. In Latin America and the Caribbean, the prevalence of child marriage and early unions has declined slowly over the past 25 years. However, if the observed trend continues, by 2030 Latin America and the Caribbean will have one of the highest levels of child marriage in the world. Child marriage in Latin America and the Caribbean is often reflected more as an informal union in which girls live with a partner (usually 4 to 10 years older), rather than formally marrying. Moreover, this situation is more likely to occur in rural areas, in poor households and with lower levels of education. Child marriage rates vary across the region, ranging from 10% in Jamaica to 30% in the Dominican Republic, Nicaragua, Honduras, and Belize (UNICEF, 2019).

One in five young women married before the age of 18, and in some countries it is one in three. According to UNICEF data, one in four young women in Latin America and the Caribbean married for the first time or had an early union before the age of 18, and most of those who did so became pregnant in the same period, while 8 out of 10 had children before the age of 20 (UNICEF 2029 in UNFPA LACRO, n.d.).

# **Poverty**

In Latin America in 2021, poverty and extreme poverty disproportionately affected children and adolescents, and the incidence in this group was almost three times higher than that of the population aged 65 and over (ECLAC, 2023). This situation is even more common among members of Indigenous Peoples, those who live in rural areas or are Afro-descendants, compared to those who are neither Indigenous nor Afro-descendants or live in urban areas.

Indeed, in the case of Afro-descendant populations, data from the latest household surveys available from ECLAC, which allow this type of measurement, show that in all of them<sup>4</sup> the poverty rates of the Afro-descendant population in 2021 exceeded those of the rest of the population, except in Panama by a minimal difference, and that there was enormous heterogeneity among the countries. Colombia, 45.5%, and Ecuador, 42.7%, presented the highest rates of Afro-descendant population in this situation, compared to 33.6% and 25% of the non-Afro-descendant population, respectively. In the case of Uruguay, the country with the lowest poverty rate in the region, the percentage of the Afro-descendant population living in poverty (9.8%) was more than double that of the non-Afro-descendant population (4.5%); in Brazil, the Afro-descendant population (31.5%) living in poverty was double that of the non-Afro-descendant population (15.1%) (ibid).

The gender gap also has its consequence on people's poverty; for example, the femininity index of households in poverty indicates that in 2022, 118 women had lived in households in poverty in the region for every 100 men in the same conditions (ECLAC, 2023, in United Nations and RCP LAC, 2024). In addition, the incidence of multidimensional poverty among women also varies according to the territory in which they live, with 52.9% of rural women, compared to 25.3% of urban women, living in multidimensional poverty (UNDP, 2023, in United Nations and RCP LAC, 2024).

### Migration

The region is currently experiencing the worst migration crisis in its history. In recent years, the number of people on the move in LAC has increased significantly, reaching approximately 73.5 million international migrants and

<sup>&</sup>lt;sup>4</sup> Six countries: Brazil, Colombia, Ecuador, Panama, Peru, and Uruguay.

22.1 million forcibly displaced persons in need of international protection or humanitarian assistance (United Nations and RCP LAC, 2024). In addition to the traditional flows from Central America and Mexico to the United States, Venezuela and Haiti have recently experienced significant outflows. Some 7.5 million Venezuelans left their country since 2015, while 1.7 million Haitians are abroad, adding to the two million internally displaced persons (ibid).

Migratory flows are increasingly heterogeneous and are composed of a growing number of women and girls (it is estimated that women represent 51.3%); and of the population in contexts of forced displacement, approximately 46%, almost 10 million, are women, adolescents and girls (United Nations and RCP LAC, 2024).

The drivers of human mobility, particularly for women, are multidimensional and include family reunification, the search for employment opportunities, insecurity, persecution, violence in all its forms -especially gender-based violence-, inequality, human rights violations and the deterioration of law and order, as well as the growing impact of climate change and environmental degradation. Natural disasters such as hurricanes, floods and droughts are becoming more frequent, and it is estimated that 17 million people could be forced to flee their homes.

# **COVID 19 pandemic**

The COVID-19 pandemic was brutal for the region in its impact on human development, especially health, income and education. These impacts disproportionately affected women, the elderly, young workers, migrant households, informal workers, people with low incomes, people who were homeless or living in informal settlements, and people with underlying health conditions, among others. Especially for women, the pandemic has exacerbated gender inequality and negatively affected their political, economic, and bodily autonomy (UNFPA, 2021).

An example of this is in health and demographics represented a change in mortality trends in the region. Latin America and the Caribbean were the regions where life expectancy at birth decreased the most, registering a loss of 2.9 years in 2021, a setback in the region's achievements. (ECLAC, 2022b). In general, health systems in the area are burdened by persistent health problems. They are characterized by structural inequalities in access, especially among rural and indigenous communities, low investment and comorbidities in the general population. Setbacks in the diagnosis and treatment of other diseases, as well as the decline in preventive health care related to sexual, reproductive and maternal health, are vital issues that combine and deepen in the response to COVID-19.

The COVID-19 pandemic has been devastating. The United Nations Economic Commission for Latin America and the Caribbean (ECLAC) estimated that regional gross domestic product declined by 7.7 percent in 2020, resulting in an unprecedented increase in poverty and extreme poverty levels (33.7 percent and 12.5 percent, respectively) (UNFPA, 2021). The shutdown and restrictions on movement to curb the spread of the pandemic have led to severe socioeconomic impacts globally, such as increased unemployment, poverty and inequality (UNDP, 2023).

In education, in 2020, 32 countries closed their educational institutions, affecting more than 165 million students. This led to the acceleration of digitalization in response to changing employment and education dynamics. Progress has been made in expanding basic mobile Internet connectivity, with a coverage gap of only 7% of the population, while two-thirds of households have fixed Internet connections. Even so, the low quality of services remains a major problem and disparities persist: 74% of urban households have access to fixed Internet, but only 42% in rural areas (World Bank, 2023).

# 3. Reviewed theories of change

The review of the Theories of Change took place between February and July 2023, during which LACRO assessed the theories of change underpinning the Regional Program (RP) 2022-2025 for Latin America and the Caribbean. This process aimed to analyze the continued relevance of the proposed priorities and strategic interventions, addressing the challenges encountered in the first year of implementation of the RP.

The review of the regional context underlying the updated theories of change confirmed the importance of regional priorities and strategic interventions. Attention to adolescent pregnancy, maternal mortality, gender-based violence (GBV) and harmful practices remains crucial to accelerate progress towards the three transformative outcomes and contribute to the achievement of the 2030 Sustainable Development Goals (SDGs) in the region.

However, the exacerbation of existing structural challenges such as poverty and inequalities, along with emerging issues and megatrends such as the lingering effects of the COVID-19 pandemic, population aging, climate change and migration, requires a strengthened or different focus on certain PR priorities and interventions to advance the achievement of the three transformative outcomes.

# Teenage pregnancy and maternal mortality

LACRO has developed a unified regional action framework that recognizes similarities in the pillars and key interrelated interventions in related theories of change. This comprehensive framework for action consists of four pillars:

- Improve legal and public policy frameworks and increase financial investment, through evidence-based advocacy and policy dialogue (LINKED to OUTCOMES 1, 4 and 6 of the Strategic Plan 2022-2025).
- Expand coverage and access to quality sexual and reproductive health (SRH) services, including modern contraceptives and comprehensive abortion care, in humanitarian and peacebuilding contexts (LINKED to OUTCOMES 2 and 5 of the Strategic Plan 2022-2025).
- Strengthen health systems through effective coordination and referrals between levels of care, training of qualified human resources and provision of quality services (LINKED to OUTCOMES 2 and 5 of the Strategic Plan 2022-2025).
- Empower and inform adolescents and youth, improving their knowledge and skills on sexual and reproductive health, prevention of gender-based violence and human rights, especially through comprehensive sexuality education (CSE) in and out of school, as well as the promotion of their leadership and participation (LINKED to OUTCOMES 3 and 6 of the Strategic Plan 2022-2025).

### **Gender-based violence and harmful practices**

The Regional Framework for Action on GBV and Harmful Practices is based on a three-pillar approach:

- 1. Evidence and data for advocacy: Strengthen the production, analysis and use of data and evidence on GBV and harmful practices to make visible the magnitude of the phenomenon and support the design, implementation, monitoring and evaluation of evidence-based public policies that comply with international human rights standards and have adequate budgets (LINKED to OUTCOMES 1 and 4 of the Strategic Plan 2022-2025).
- 2. Response: Expand access to quality, survivor-centered, gender-sensitive services in both development, humanitarian and peacebuilding contexts (LINKED to OUTCOMES 2 and 5 of the Strategic Plan 2022-2025).
- **3. Prevention**: Promote the transformation of social and gender norms through comprehensive sexuality education, the promotion of positive masculinities and the empowerment of women and girls to prevent GBV, child marriages and early unions (LINKED to OUTCOMES 3 and 6 of the Strategic Plan 2022-2025).

### **LACRO's Strategic Priorities for 2024-2025**

Based on the desk review, consultations during the mid-term review (MTR) process, internal audit findings, reassessment of the theories of change, and analysis of emerging opportunities and challenges in the region, LACRO has defined five strategic priorities for the remaining two years of Regional Program implementation:

Strengthen the Regional Office's oversight of the programmatic and operational performance of country offices to accelerate the achievement of the three transformational outcomes.

Accelerate the transition from a solely financing-based approach to a comprehensive approach that encompasses financing and investment, promoting innovative partnerships and financial mechanisms with new actors, such as international financial institutions, multilateral development banks, the private sector and others. Strengthen UNFPA's strategic communication capabilities to ensure a strong and coherent narrative, enhancing the positioning and revitalization of the ICPD agenda, taking advantage of events such as the +10 Montevideo Consensus and the ICPD+30 anniversary.

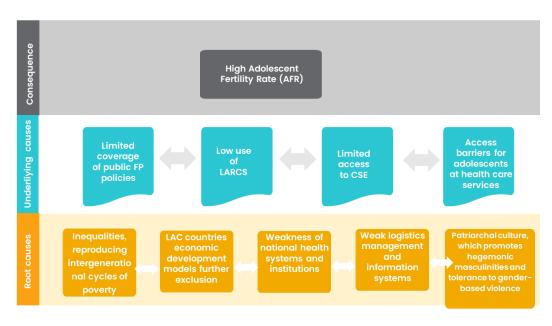
**Expand efforts to generate, analyze and use disaggregated data** on SRH, GBV, population dynamics and emerging megatrends, such as aging and human mobility, using tools such as MILENA, MEMI and country investment cases.

Strengthen humanitarian preparedness, response and programming capacities at the nexus of development and humanitarian action, ensuring a coordinated and effective approach to addressing humanitarian crises and their long-term implications.

### **Revised transformational results**

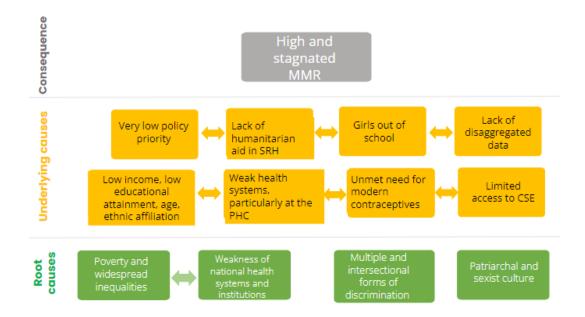
The corresponding graphs reflect the progress and revisions made in LACRO's transformational results:

**Transformational Result No. 1:** By 2025, the reduction in unmet need for family planning has accelerated.



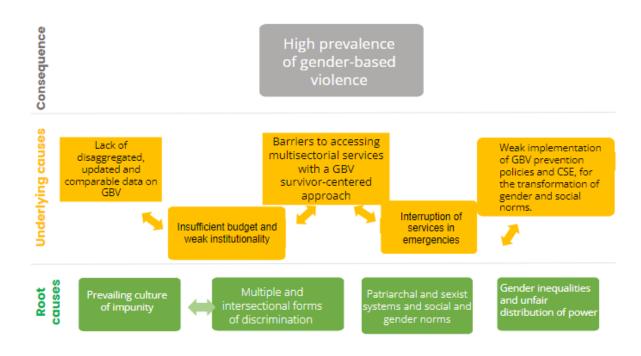
Source: UNFPA (2023) Mid-Term Review of the UNFPA Regional Programme 2022-2025.

Transformational Result #2: By 2025, the reduction of preventable maternal deaths is accelerated.



Source: UNFPA (2023) Mid-Term Review of the UNFPA Regional Programme 2022-2025.

**Transformational Result #3:** By 2025, the reduction of gender-based violence and harmful practices is accelerated.



Source: UNFPA (2023) Mid-Term Review of the UNFPA Regional Programme 2022-2025.

# 4. Evaluation matrix

Assumption to evaluate	Evaluation questions	Indicators	Sources/ methods/ tools
evaluate  Future outlook  A1. 1 UNFPA should reconceptualize the next Regular Program taking into account the state of progress towards the SDGs and the 3Rs in the region.	i. To what extent and in what ways should <b>UNFPA adjust</b> the next Regional Program taking into account the status of progress towards the SDGs, 3Rs and ICPD in the region and taking into account internal and external challenges and opportunities?  ii. To what extent have the	<ul> <li>Relevance of the TRs for the LACRO region</li> <li>Status of progress towards the SDGs and the 3Rs in the region</li> <li>Evidence of change in ToC assumptions:         <ul> <li>Programmatic risks</li> <li>Operational environmental risks</li> <li>UNFPA research on scenario planning</li> <li>Key structural issues and root causes and</li> </ul> </li> </ul>	<ul> <li>DPO</li> <li>RO annual reports</li> <li>Regional policy/strategy documents</li> <li>RO staff</li> <li>Main partners</li> </ul> Methods and tools <ul> <li>Documentary analysis</li> <li>Interviews with ROs and</li> </ul>
A1. 2 UNFPA LACROs have contributed to accelerating the achievement of the three transformative outcomes in the LAC region	main functions of the Regional Office (oversight and support to country offices, intergovernmental policy, advocacy and normative dialogue, etc.) contributed to accelerating the achievement of the three transformational outcomes in the LAC region?	gaps in achieving transformational results.  - Central issues around three transformative outcomes	<ul> <li>Interviews with ROs and selected national office personnel</li> <li>Interviews with regional civil society organizations (CSOs), donors and other international partners.</li> <li>CO</li> <li>Country visits</li> </ul>
Accelerators  A4.1: Each of the six accelerators is relevant to the achievement of the 3Rs in the LAC region and is enhancing programming at regional and country levels.	iii. To what extent has each of the six accelerators been relevant, clearly defined and applied to improve programming for the achievement of the 3Rs in the LAC region?	<ul> <li>The selection of regional accelerators is consistent with identified needs, national priorities, regional challenges and bottlenecks to achieving the 3Rs.</li> <li>LACRO ToCs include/consider all five accelerators, and are used to measure outcomes.</li> <li>LACRO clear understanding / operationalization of human rights-based and gender-transformative approaches, including for</li> </ul>	<ul> <li>DPO</li> <li>DPC</li> <li>RO annual reports</li> <li>Regional policy/strategy documents</li> <li>Surveys and censuses</li> <li>Other relevant studies used to understand the context, including those produced by government, gender or human</li> </ul>

Strategic changes		social norm change.  Increased use of innovation and digitization for programming in the Region  Growing trends in relevant, diversified and impactful partnerships, including SSTC.  Increased attention in the region to the collection, use and dissemination of data and evidence.  Increase the focus of the LNOB and reach the region's furthest behind first, with special attention to disability inclusion and protecting the rights of LGBTQI communities.  Integrating resilience and adaptation and working at the nexus of humanitarian aid, development and peace	rights mechanisms, academia, the United Nations, reports produced by international human rights organizations and reports produced by community/local organizations.  • RO staff • Regional partners  Methods and tools • Documentary analysis • Interviews with ROs and selected national office personnel • Interviews with regional civil society organizations (CSOs), donors and other international partners.  • CO • Country visits
A4.1: The PR has incorporated the effects of the megatrends	iv. To what extent are the effects of <b>megatrends</b> , in particular aging, migration and climate change, incorporated into the regular program?	<ul> <li>The existence of a comprehensive and accurate assessment of megatrends, especially taking into account their effects on vulnerable groups.</li> <li>Dissemination and discussion practices with CO on megatrends</li> <li>The RO considered and implemented strategies to mitigate or take advantage of the effects of megatrends.</li> <li>Inclusion of risk management and ToC practices.</li> </ul>	<ul> <li>DPO</li> <li>CPD</li> <li>RO annual reports</li> <li>Regional policy/strategy documents</li> <li>RO staff</li> <li>Regional partners</li> <li>Methods and tools</li> <li>Documentary analysis</li> <li>Interviews with ROs and</li> </ul>
A5.1: UNFPA programming in the LAC region focuses on "populations left behind".	v. To what extent does UNFPA programming in the LAC region focus on "populations left behind" and emphasize "reaching the furthest behind"?	<ul> <li>A thorough and accurate needs assessment is necessary to identify the different needs of the various stakeholder groups prior to programming CPD.</li> <li>The selection of target groups for</li> </ul>	selected national office personnel Interviews with regional civil society organizations (CSOs), donors and other international

		UNFPA-supported interventions is consistent with identified needs and regional priorities.  The RO and CBO took into account and applied the principle of "leaving no one behind", using disaggregated data to identify women, adolescents, youth and vulnerable groups, and addressing the barriers that prevent them from accessing services and opportunities.  Vulnerable populations have participated in the design of the activities of which they are beneficiaries.  Annual performance report on benefits granted to vulnerable groups  The extent to which the "Leave No One Behind" approach has been integrated and applied in the selection of outputs and activities for each outcome.  Establishment and operation of committees (including inter-ministerial committees) on women's rights and gender equality  Existence of Regional Strategies that explicitly include the LNOB.  UNFPA country offices integrate LNOB into their CPDs, annual reports and CPD assessments.	partners.     CO     Country visits
A6.1: The PR has expanded the provision of comprehensive, high quality SRH information and services and multisectoral response to gender-	vi. To what extent has the Regular Program expanded the provision of comprehensive, high-quality sexual and reproductive health information and services, as well as the multisectoral response to gender-based violence and harmful practices in the LAC region?	<ul> <li>Performance of regular program output and outcome indicators related to sexual and reproductive health and gender-based violence.</li> <li>Evidence of increased coverage of SRH services in the LAC region</li> <li>Evidence of increased multisectoral interventions and coverage of the response to gender-based violence.</li> </ul>	
based violence and			

harmful practices in the LAC region.		
A7.1: The RP ensured the expansion of data and evidence for decision making	vii. To what extent has the PR ensured the expansion of data and evidence for decision making?	<ul> <li>Increased availability of data and evidence for decision making</li> <li>Existence of national and sectoral policies that incorporate reproductive health and sexual and reproductive health issues supported by data and evidence.</li> <li>Disaggregated data developed, analyzed and used at regional level</li> <li>Number of countries reporting on SDG indicators 3.1, 3.7, 5.2, 5.3, 5.6</li> </ul>
A8.1: UNFPA has expanded humanitarian preparedness and response capacity and HPD nexus programming in the LAC region.	viii. To what extent has UNFPA expanded humanitarian preparedness and response capacity and HPD nexus programming in the LAC region?	<ul> <li>Degree of coherence between humanitarian action and development policy.</li> <li>Evidence that country offices have improved emergency preparedness and that their current level of preparedness for future emergencies is adequate.</li> <li>Existence of an effective risk management system in the region (linkages to megatrends)</li> <li>Evidence that CPD integrates humanitarian and development programming according to the triple nexus approach.</li> <li>% of funding mobilized and allocated to humanitarian and development programs following a triple nexus approach.</li> </ul>
A9.1: Discriminatory social and gender norms and structural inequalities addressed in the RP.	ix. To what extent are discriminatory social and gender norms and structural inequalities addressed in the interim program?	<ul> <li>Committees on women's rights and gender equality have been established and are in operation.</li> <li>Level of performance on the gender effectiveness scale (CO survey)</li> <li>Evidence of disaggregated data - including HR and GE- produced and publicly available.</li> <li>Existence of innovative guidelines for</li> </ul>

A10.1: UNFPA's normative role has been strengthened in the LAC region  A11.1: The focus of the Regular Program shifted from funding to financing and funding the ICPD program.	x. To what extent has UNFPA been able to play its normative role in the LAC region?  xi. To what extent has the focus of the regular program shifted from funding to funding and financing the ICPD program?	national and local planning to address priority human resources and gender issues.  Evidence of progress in gender transformative programming according to the principles of the document "Gender Transformative Approaches to Achieving Gender Equality and Sexual and Reproductive Health and Rights".  Evidence of PR/PR outcomes linked to changes in norms, cultural values, power structures and the roots of gender inequalities and discrimination.  Evidence of effective policy advice, advocacy, knowledge management, strategic partnership management and data analysis.  UNFPA's normative role has fostered a more enabling environment for FP, HRH and GBV response.  The strategic investment facility has supported leveraging and catalyzing resource mobilization and has helped unlock additional domestic and international public and private financing.  Regular resources have been used catalytically, scaling up projects by leveraging much larger amounts of domestic public resources, IFIs, aligned external financing, domestic donor contributions and private sector investments.	
Facilitators			
A12.1: UNFPA's strategic communication and resource mobilization and partnerships have accelerated the	xii. To what extent have UNFPA's strategic communication, resource mobilization and partnerships accelerated the progress of the	<ul> <li>Evidence of expanded partnerships, including those with the private sector, civil society organizations, international financial institutions, academia and the media, and partnerships through South-South and triangular cooperation.</li> </ul>	<ul> <li>DPO</li> <li>CPD</li> <li>RO annual reports</li> <li>Regional policy/strategy documents</li> <li>RO staff</li> </ul>

progress of the 3Rs and the ICPD Programme of Action in the region.	3Rs and the ICPD Programme of Action in the region?	<ul> <li>Evidence of human resources policy and practices for staff wellness, professional development, self-care and team building.</li> <li>Evidence of actions taken by LACRO to</li> </ul>	<ul> <li>Regional partners</li> <li>Methods and tools</li> <li>Documentary analysis</li> </ul>
in the region.	xiii. To what extent have financial and human resources been sufficient, adequately allocated and managed to facilitate the effective, efficient and coherent implementation of the Regional Program?  xiv. What has been (and should be in the future) the business model and added value of UNFPA in a middle-income country (MIC) region?	<ul> <li>Evidence of actions taken by LACRO to improve performance</li> <li>Evidence of expanded South-South and triangular cooperation and expanded humanitarian partnerships to improve operational and logistical capacity.</li> <li>Achievement of annual resource mobilization targets.</li> <li>UNFPA co-financing through pooled funds</li> <li>Number of United Nations outcome groups or thematic coalitions chaired or co-chaired by UNFPA</li> <li>Existence (and non-existence) of policies and practices for innovation in programming and resource mobilization</li> <li>Adoption and use of new technologies in resource mobilization and programming (use of</li> </ul>	<ul> <li>Interviews with ROs and selected national office personnel</li> <li>Interviews with regional</li> </ul>
		blockchain for transparent fundraising, data science and Al-based tools for program evaluation).	

### 5. Data collection instruments

# a. Interview guidelines

- Focus group: Afrodescendant civil society organizations:
  - 1. Could you comment briefly on how the joint work with UNFPA has been (if not in depth in the presentation of participants)?
  - 2. Is the prioritization of the prioritized work groups and themes consistent with the needs identified by the CSO?
  - 3. What added value or most distinctive elements do you see in UNFPA's work?
  - 4. What are the strengths and areas of weakness you have identified in UNFPA support?
  - 5. Do you believe UNFPA is prepared to address the challenges of the future (i.e. aging, climate change, migration, etc.)?
  - 6. In your experience, have there been any good practices to highlight?
  - 7. Are there any recommendations you would like to make to improve the support and accompaniment of the UNFPA LACRO Regional Office?

# Focus group: Youth Advisory Group

- 1. Could you comment briefly on how the joint work with UNFPA has been (if not in depth in the presentation of participants)?
- 2. Considering the situation of young people's rights, mainly RDS, to what extent has UNFPA support been relevant?
- 3. What added value or most distinctive elements do you see in UNFPA's work?
- 4. What are the strengths and areas of weakness you have identified in UNFPA support?
- 5. Do you think UNFPA is prepared to address the challenges of the future (i.e. aging, climate change, migration, etc.)?
- 6. In your experience, have there been any good practices to highlight?
- 7. Are there any recommendations you would like to make to improve the support and accompaniment of the UNFPA LACRO Regional Office?

# Questions for DR and DRD from the UNFPA Regional Office - RPE

- 1. Strategic Planning: From your point of view, does the formulation of the three transformative outcomes with a focus on the "three zeros" conceptualize well UNFPA's work in the LAC region and help guide the agency's strategy or, on the contrary, can it become a bit of a straitjacket?
- 2. Accelerators to achieve the 3 zeros: To what extent were the accelerators relevant, clearly defined and well implemented, improving programming in the region? Which three accelerators would you prioritize to move towards achieving results in the next regional program period 2026-2029?
- 3. Positioning in the region: How do you see the added value of UNFPA in Latin America to fulfill the Agency's mandate at the regional level? What role does and should UNFPA have in the countries of the region (e.g. oversight/support to COs, normative role, data generation, humanitarian response, participation in sub-regional mechanisms, etc.)? What do you think should be UNFPA's business model (at regional and country level) to respond to the needs and characteristics of the region?
- 4. Enablers: In your opinion, what are the main strengths and challenges of the LACRO Regional Office, for example, in terms of organizational capacity? (Review of enablers: HR, operations, communication, information systems-M&E, financial resources?

5. What are your expectations with the PR Assessment? In what areas would you like to have specific recommendations or suggestions for improvement?

# Questions to the UNFPA Regional Office Team - RPE

- 1. What role does and should UNFPA LACRO have in relation to the countries of the region, specifically in terms of HR policy in POs? What do you think should be the model for structuring UNFPA offices (at regional and country level) to respond to the needs and characteristics of the region?
- 2. In your opinion, what are the main strengths and challenges of the LACRO Regional Office, for example, in terms of organizational capacity? (Review of enablers: mainly HR, but also operations, communication, information systems-M&E, financial resources?
- 3. According to the MTR report, LACRO's strategic priorities are defined for the implementation of the Regional Program in 2024 and 2025. In this regard, what structural changes are expected in LACRO and what positions are expected to be strengthened in the near future?
- 4. Has work been done during the period of this Regional Program on wellness, professional development, self-care and team building measures? What capacities (skills, competencies and/or behaviors) should be strengthened to address megatrends (growing conservatism and advance of anti-rights groups, questioning of evidence, political polarization, growing inequities, limited funding, etc.)?
- 5. Finally, would you like to share any experiences that offer lessons learned, both positive and negative, especially in your area of work?

# Interviews with UNFPA Country Office Representatives -

- 1. Strategic Planning: From your point of view, does the formulation of the three transformative outcomes with a focus on the "three zeros" conceptualize well UNFPA's work in the LAC region, and in particular how relevant they remain for your country, and help guide the agency's strategy or, on the contrary, may limit the agency's action?
- Accelerators to reach the 3 zeros: To what extent were the accelerators relevant, clearly defined and well implemented, improving programming in the region? Which three accelerators would you prioritize in your country to move towards achieving results in the next regional program period 2026-2029?
- 1. Positioning in the region: How do you see the added value of UNFPA in Latin America to fulfill the Agency's mandate at the regional level? What do you think should be UNFPA's business model (at regional and country level) to respond to the needs and characteristics of the region?
- 1. Facilitators: What role does and should UNFPA LACRO play in the countries of the region (e.g. oversight/support to COs, normative role, data generation, humanitarian response, participation in sub-regional mechanisms, etc.)? In your opinion, what are the main strengths and challenges of the LACRO Regional Office, e.g., in terms of organizational capacity (review of enablers: HR, operations, communication, information systems-M&E, financial resources, etc.)?
- Interviews with external regional stakeholders of the UNFPA Regional Program -
  - 1. To begin with, could you comment briefly on your relationship and areas of joint work with UNFPA at the regional or national level?
  - 2. How do you see UNFPA's positioning in Latin America to fulfill the Agency's mandate at the regional level?

- 3. Considering the situation of SRR and the violence suffered by women, adolescents and young people in the region, especially the groups most left behind, to what extent do you consider that the UNFPA Regional Program has been relevant? What elements could you highlight?
- 4. For you, what have been the main achievements of UNFPA under its Regional Program 2022-2025 to date? Have you noticed a change (acceleration) during the current period on issues such as evidence generation, LNOB, its normative role, humanitarian response, megatrends, etc.?
- 5. From your experience, what are the main strengths and challenges of the LACRO Regional Office, for example, in terms of organizational capacity, expertise, resources, etc?
- 6. Finally, would you like to share some recommendations, especially in your area of work?

# b. Survey

# Formative Evaluation of the UNFPA Regional Program in Latin America and the Caribbean (2022-2025)

We are pleased to share the following survey, in the framework of the Formative Evaluation of the UNFPA Regional Program in Latin America and the Caribbean (2022-2025). In this sense, we request your collaboration to complete the following survey, which we estimate, will not take more than 15 minutes of your time. The information and data collected will be treated anonymously and confidentially by the Evaluation Team. We would appreciate it if you could complete it before September 5th. If you have any questions or comments, please contact us at the following e-mail address: alberto.nunez.sabaris@gmail.com

Δ	PR	വ	FΙ	ΙF

### A.1.National office

# A.2. Period covered by the current Country Program (CPD)

A.3. Indicate the number of employees in the national offices.	Number of personnel
June Professional Program (JPO)	
Service contract	
• ICA	
• LICA	
United Nations Volunteer (UNV)	
Technical Assistance (TA)	
• IC	
Other (specify)	

# A.4. What is the average annual ongoing CPD CO budget (including regular and other resources)?

# B. QUESTIONNAIRE

What is your assessment of UNFPA's contribution to the achievement of the 3Rs during the current Regional Program (2022-2025)?	Very satisfactory	Satisfactory	Somewhat satisfactory	Not satisfactory	Not applicable
No unmet need for family planning					
Zero maternal mortality					
Zero gender violence					
Reduction of teenage pregnancies					
Feel free to add comments to the above answers.					

2. Based on the country's experience in achieving the 3 TRs so far, we you think are the most relevant results for the region for the next Reprogram 2026-2029?	egional	ery likely/	Probably	Most likely	Not applicable
No unmet need for family planning					
Zero maternal mortality					
Zero gender violence					
Reduction of teenage pregnancies					
Feel free to add comments to the above answers.				·	
What emerging issues should be considered a key outcome for yo	our count	ry in the comin	g years r		
How important have PE accelerators been in promoting the achievement of the 3Ts in your country in the current period?		Significa	Something	Not significant	Not applicable
How important have PE accelerators been in promoting the	Very	Significa	Something		
How important have PE accelerators been in promoting the achievement of the 3Ts in your country in the current period?	Very	Significa	Something		
How important have PE accelerators been in promoting the achievement of the 3Ts in your country in the current period?  Human rights-based approaches and gender transformation	Very	Significa	Something		
How important have PE accelerators been in promoting the achievement of the 3Ts in your country in the current period?  Human rights-based approaches and gender transformation Innovation and digitalization	Very	Significa	Something		
How important have PE accelerators been in promoting the achievement of the 3Ts in your country in the current period?  Human rights-based approaches and gender transformation  Innovation and digitalization  Partnerships, South-South and triangular cooperation, and financing	Very	Significa	Something		
How important have PE accelerators been in promoting the achievement of the 3Ts in your country in the current period?  Human rights-based approaches and gender transformation  Innovation and digitalization  Partnerships, South-South and triangular cooperation, and financing  Data and evidence	Very	Significa	Something		

5. What have been the main opportunities and challenges in integrating and implementing these accelerators in your country? Please specify	Opportunities	Challenges
Human rights-based approaches and gender transformation		
Innovation and digitalization		
Partnerships, South-South and triangular cooperation, and financing		
Data and evidence		
Leave no one behind and get to the people lagging behind first		
Climate change resilience and adaptation and nexus approach		
6. Please specify what kind of support your FBO has received from LACRO to contribute to the achievement of the 3TR (scale from 1 to 5, with 1 being not very significant and 5 being very significant).	Scale from 1 to 5, being 1 not very significant	Briefly explain your answer

			and signific	5 very ant.	
Technical assistance					
Capacity building and training for UNFPA staff and/or partners					
Defense, policy advice					
Mobilization of resources and partnerships					
KM. Research and testing					
Other (specify)					
in the coming years (i.e., different modalities of work, intercountry thematic gr	oups, etc.)? B	riefly explain your	answer		
8. Please indicate below the relevance of the strategic changes proposed by	Very		Something	Not	Not
the SP for your country in achieving results.	pertinent	Corresponding	relevant	relevant	applicable
Integrating the effects of megatrends					
Increased attention to LNOB					
Expansion of the comprehensive sexual and reproductive health					
reproductive health information and services					
Expansion of humanitarian response capabilities					
Integrating disaster resilience, preparedness and early response.					
Humanitarian response (Nexus approach)					
Data mining and evidence for decision making					
Social and gender norms and structural inequalities					
UNFPA's normative role					
From financing to financing and financing					
Feel free to add comments to the above answers.					

the

Rate from 1 to 5,

where 1 indicates

greatest

Briefly explain your answer

9. In which strategic axes (areas) do you consider that you have

more strengths and in which ones more challenges (value from

1 to 5, with 1 indicating the greatest challenges and 5 the greatest strengths)?	challenges an the grea	d 5 itest	
	strength.		
- Integrating the effects of megatrends			
- Increasing the attention given to LNOB			
- Expand comprehensive sexual and reproductive health			
information and services.			
- resilience, preparedness and early response to disasters			
- Humanitarian response (Nexus approach)			
- Expansion of data and evidence for decision making.			
- Social and gender norms and structural inequalities			
- UNFPA's normative role			
- From funding to funding and funding nding the humanitarian			
response capacities			

y Agreed	I Disagree	Strongly disagree	Not applicable
_			

12. Please indicate below what recommendations you would propose to improve the Regional Program in order to make it more relevant
and impactful for the achievement of the 3Rs in the region.
Please provide any additional comments on UNFPA's work at the regional level:

# 6. List of key informants consulted

A total of 148 stakeholders were consulted in interviews and focus group discussions, representing different actors from the UNFPA LACRO office and the subregional office for the Caribbean, the United Nations System, international organizations, donors, civil society organizations, academia and governments. Representatives of the country offices were interviewed and also consulted through the survey.

Type of actor	Regional	Brazil	Dominican Rep.	Caribbean	Total
UNFPA LACRO	15	0	0	0	15
UNFPA SROC	0	0	0	9	9
UNFPA offices	8	11	9	3	31
United Nations System	10	5	4	7	26
Organizations/Donors	2	2	3	3	10
Civil society networks and organizations	7	8	3	2	20
Academy	0	1	1	0	2
Reference group	11	0	0	0	11
Government	0	10	9	5	24
Total	53	37	29	29	148

List of stakeholders consulted at the regional level:

Category	Instituttion / Office	Role
Academy	University of Antioquia	Director Nacer Group
Reference group	ECLAC	Director of the Latin American and Caribbean Demographic Center (CELADE) ECLAC Population Division Director of the Gender Affairs Division
	Afro-Latin American, Afro-Caribbean and Diaspora Women's Network	General Coordinator
	of Latin America and the Caribbean (FILAC)  F  A  University of Chile	Responsible for gender and youth
		Former SG Special Rapporteur on Disability and Accessibility
		Director of the Women's and Newborn Health Promotion Dept.
	AECID	Head of Multilateral Cooperation Service Multilateral Cooperation Department Multilateral, Horizontal and Financial Cooperation Directorate

		Spanish Agency of International Cooperation for Development (AECID)
International	IDB	· · ·
Organizations/donors	Organon	Policy, Access, ESG & External Communications Director - LATAM Cluster
	MERCOSUR	Regional organization
	ECHO	Regional Health
Networks and	CLACAI- PROMSEX, Civil Society	Director
Organizations of Civil	Ashanti Peru	Director
Society	LAC Youth Network	Coordinator
	Voices of Afro-descendant Women of Panama	President
	Chuquiragua	Executive director
	RED CORV	Chairman
	ECMIA	Regional Network
	Everyday	Director
UN System	UNAIDS	
	UN Women	Strategic Planning & Interagency Coordination Specialist
	FAO RLC	Policy, Gender, Social and Institutional Systems and Policy Officer
	UNICEF LACRO	·
	ECLAC	Director Statistics Division
	OCHA	Regional Disaster Response Adviser
	UN Women	Statistics and data consultant
	Regional Platform for Refugees and Migrants from Venezuela (R4V)	Senior Coordinator
	UN Women	Regional Director
	UNICEF	Deputy Regional Director
	IOM	Regional GBV
UNFPA Country Offices	Cuba	Office team
	Guatemala	Office team
	Honduras	Office team
	Uruguay	Office team
	Ecuador	Office team
	Argentina	Office team
	Chile	Office team
	Hait	Office team
UNFPA LACRO	UNFPA LACRO	Regional Director
		Deputy Regional Director
		upcoming DRD
		Programme coordinator a.i.
		Reg Advisor Humanitarian
		International Operations Manager
		Supply Assurance Advisor
		Sexual and Reproductive Health Advisor
		Advisor Gender, GBV and social norms
		Population and Development Advisor
		Inter-Governmental Affairs & ICPD Advisor

		Reg Advisor Partnership and RM
		Human
		LNOB
		Regional M&E Advisor
		SRH Humanitarian
		former Supply Assurance Advisor
		Prepositionin
		Innovation Focal Point
		Afro-descendant Specialist and Regional Project
		Coordinator
UN System	UNFPA Headquarters	SMUC Supplies

# List of stakeholders consulted in Brazil:

Category	Instituttion / Office	Role
Academy	IPAC - Instituto de Pesquisa e Ação COmunitária (Institute for Research and Community Action)	Executing partner of sustainable development project for Afro-Brazilian communities in Rio de Janeiro
Government	IBGE	co-coordinator of the Project for the Modernization of Statistical and Geoscientific Production, PRODOC UNFPA-IBGE
	IBGE	former national director of prodoc signed and former president of the institution
	Agência Brasileira de Cooperação	Analyst of the UNFPA Brazil Partnership Program for CSST
	National Secretary of Youth	Partner in the Youth actions and implementation of the MoU.
	Ministério da Saúde - Department of Integral Care Management (DGCI)	Partner Ministry of Health
	Ministério da Saúde - Indigenous Health Secretariat (SESAI)	Partner Ministry of Health
	President of COSEMS/PA and Secretary of Health of the Municipality of Breves	Partnership with the Council of Municipal Health Secretariats of the State of Pará - and implementation of a Memorandum of Understanding
	Ministry of Development and Social Assistance, Family and Combating Hunger	Coordinator of Operation Welcome Services at MDS
	Gestao do Sus Municipal	- Basic Care Superintendent - Gestor do Sus Municipal
		State SUAS and Justice System Management: UNFPA Partnerships with State Government and CEVID/TJRR Coordinator
International	Embaixada dos Países Baixos	Financier of the Mujer Segura Platform
Organizations/donors	Organon Brazil CEO	Project implemented with the support of Organon
Networks and Organizations of Civil	REBRAPD	REBRAPD Coordinator
Society	ADENFO	
		Rota hair coat complex + PRA
		Espacos itinerantes de atuacao do UNFPA
	PITRIG+ installations	PITRIG+ Coordinator

		Dialogue with beneficiaries
	Operational of OA	Coordinato
		Meeting with Implementation Partners (Refúgio 343, SJMR, PADF e CVB)
UN System	RCO	UN Coordination
	UNHCR	Partner in Operação Acolhida and other interventions
	UN Women	Gender equality and women emporwerment
	IOM	Operational Coordinator of Operation Acolhida
	UNICEF	Partner in Operação Acolhida and other interventions
<b>UNFPA Country Offices</b>	UNFPA Brazil	Representative
		Auxiliary Representative
		Humanitarian
		Communication
		P&D South-South Cooperation
		Gender, Race and Ethnicity
		Operations
		SSR and Officer
		Roraima Team
		Escretória Bahia
		Sexual and Reproductive Health Supplies Safety

# List of stakeholders consulted in the Dominican Republic:

Category	Institution / Office	Role
Academy	Autonomous University of Santo Domingo -UASD	Training of midwives
Government	Vice- Ministry of international Cooperation	
	CONANI	Youth, Prevention of early marriages and onions
	National Office of Statistics (ONE)	Disaggregated data
	Ministry of Women	Director of
	Youth Ministry	
	Ministry of Public Health	Governance function
	Ministry of Public Health	Service provider
	Ramón Matias Provincial Hospital	Authoritie
International	European Union Delegation	Officer
Organizations/donors	AFP Popular	Strategic intervention on Older People's
	Popular Foundation	
Networks and	Women's rights movement and Monitoring	
Organizations of Civil	of Montevideo Agenda	
Society	Afrodescendant population	
	Youth advisory Panel	

UN System	Interagency group	Results Group MdC #1
	UN Resident's Coordinator Office	UN Resident's Coordinator
	UNHCR	Interagency coordinations aspects
	UN AIDS	Representativ
UNFPA Country Office	UNFPA Dominican Republic.	CO staff
		Head of office
		Output social norms
		Sexual and health
		Partnerships & Resource Mobilization
		M&E
		Administrations and finance
		Communications
		Population and

# List of stakeholders consulted at the Caribbean Subregional Office

Category	Instituttion / Office	Role
Academy	UWI	Social
Government	National Statistics Office	
	Jamaica Constabulary Force	Deputy superintendent of Police
	Bureau of Gender Affairs	
	Planning Institute of Jamaica (PIOJ)	
	Women's Center Foundation of Jamaica	Interim Executive Director
International	Government	
Organizations/donors	European Union	Spotlight Program
	CARICOM	
Networks and	Barbados Family Planning Association (FPA)	
Organizations of Civil	Jamaica Community of Positive Women	Convenor
Society		
UN System	RCO (RC or Head of RCO)	
	RCO	Human Rights
	ECLAC	Population and development
	OCHA	Humanitarian Aid
	A WOMEN	Deputy Representative of the UN Women
		Multi-Country Office- Caribbean
	UN Resident's Coordinator Office	Resident
	UNAIDS	Country Coordinator
UNFPA Country	UNFPA SROC	LO
Offices	UNFPA JAM	Operations team and Communications and
		Partnerships specialist
	UNFPA JAM	Technical advisors/ specialists
UNFPA SROC	UNFPA SROC	Deputy director
	UNFPA SROC	LO Trinidad and Tobago
	UNFPA SROC	LO Guyana
	UNFPA SROC	Spothlight
	UNV	Monitoring, Evaluation and Planning

SROC		Deputy Director
		SRH Technical advisor
		IOM
SROC		HIV and AIDS Officer
		SRHR Programme analyst and Focal point SI
		Regional
SROC		Director and representative
Barba	dos and OECS	LO
IP on U	JBRAF	Perspective of LNOB and SRHR/HIV
		prevention

# 7. Context of selection of countries for field visits

Data collection at country level will focus on country offices that have developed and approved Country Program Documents (CPDs). It will be used to assess the relevance, effectiveness and implementation of strategic changes and accelerators following the approval of the current SP and Regional Program. A brief description of the country context is provided below.

## **Dominican Republic**

The Country Program Document (CPD) aims to address the complex socioeconomic and health challenges in the Dominican Republic through a multi-sectoral approach that emphasizes human rights, gender equality and evidence-based strategies to achieve the Sustainable Development Goals and improve the well-being of vulnerable populations. The CDP also faces diverse development challenges, particularly in sexual and reproductive health, gender-based violence and social inequalities.

Despite being an upper-middle income country with stability, the Dominican Republic faces challenges of poverty, inequality and vulnerability, trends that have been exacerbated by the COVID-19 pandemic. The country is experiencing demographic changes, such as population aging and migratory patterns, which present both opportunities and challenges, especially in terms of emigration and immigration, particularly of people of Haitian origin.

In addition, the Dominican Republic faces humanitarian emergencies due to climate change, underscoring the need for resilience strategies, primarily focused on reproductive health and gender-based violence. Insufficient health spending and infrastructure constraints contribute to maternal mortality rates above the regional average and challenges in family planning services. Maternal deaths, most of which are preventable, occur predominantly among vulnerable groups, highlighting the need to improve the quality of health care and adopt human rights-based approaches.

Gender disparities, including early unions and high rates of gender-based violence, represent significant challenges that impact women's rights and health. Despite existing policy frameworks, unmet need for family planning persists, particularly among adolescents and young women, requiring improved access and services. High rates of adolescent pregnancy, driven by factors such as limited education and social norms, require comprehensive interventions to prevent early unions and pregnancies.

#### **Program priorities**

The program addresses these challenges through advocacy, capacity building and community engagement, with a focus on sexual and reproductive health, gender equality and evidence-based interventions. Collaboration with government agencies, UN organizations, civil society and other stakeholders is considered crucial for successful implementation, with a focus on inclusion and leaving no one behind.

The program also focuses on ensuring that services are inclusive and accessible to marginalized populations, including adolescents, young women, migrants and those affected by humanitarian emergencies. It seeks to strengthen the capacity of institutions to offer quality sexual and reproductive health services, prevent gender-based violence and respond to its consequences.

In addition, priority is given to the collection, analysis, and use of disaggregated data to improve policy formulation and monitor progress toward development goals. This includes strengthening national data systems to address gaps in information related to family planning, reproductive health, and gender inequalities.

The program incorporates a human rights-based and gender-transformative approach, encouraging the participation of communities in all stages of planning, implementation and evaluation. It also promotes strategic partnerships to support innovative and sustainable solutions that address persistent barriers to access to sexual and reproductive health services and rights.

In the context of climate emergencies, the program strengthens the health system's capacity to ensure the continuity of essential services, especially for women and girls in crisis situations. At the same time, awareness and education strategies are implemented to transform social and cultural norms that perpetuate gender inequalities and teenage pregnancies.

The success of the program depends on a comprehensive and collaborative approach involving all sectors of society. This includes mobilizing resources, strengthening public and private partnerships, and implementing concrete actions to overcome the structural barriers that affect the well-being of the most vulnerable populations.

## Subregional Program for the English- and Dutch-speaking Caribbean region

The Caribbean region, which includes 22 English- and Dutch-speaking countries and territories, is home to approximately 7.6 million people. Despite its importance in international tourism, it faces significant humanitarian challenges stemming from natural disasters, man-made crises and the effects of climate change. These challenges include the Venezuelan refugee and migration crisis, annual hurricane seasons, natural disasters such as volcanic eruptions and floods, and the COVID-19 pandemic.

In addition, the region faces demographic complexities marked by population aging due to demographic policies and international migration. While fertility rates are generally below replacement level, disparities persist, especially in adolescent birth rates, which remain unacceptably high. Access to comprehensive sexual and reproductive health services is limited by legal, social, and regulatory barriers, exacerbating problems such as teenage pregnancy, early marriage, and unequal access based on socioeconomic status and ethnicity.

There is also a significant unmet need for family planning services, with disparities in availability and accessibility by age group and country. Maternal mortality rates vary considerably, with noncommunicable diseases being primary causes, along with problems of access and quality of maternal care. Gender-based violence, deeply rooted in patriarchal norms and exacerbated by social emergencies and inequities, poses an additional challenge to ensuring reproductive health and rights, especially for marginalized groups.

Data collection and analysis in the region is weak, hindering efforts to address key development objectives, particularly in family planning and gender equity. It is crucial to strengthen programs to collect and disseminate relevant demographic and sexual health data and to promote inclusive, decentralized, and non-discriminatory health services. Collaboration with civil society organizations is essential to adopt innovative approaches to effectively reach vulnerable populations.

## **Program priorities**

In the face of these challenges, the proposed subregional program seeks to address high adolescent fertility rates, thereby contributing to UNFPA's transformative outcomes related to family planning, maternal mortality reduction, and prevention of gender-based violence. While focusing directly on reducing adolescent pregnancy, the program includes interventions to end preventable maternal deaths and gender-based violence, promoting integrated approaches to improve reproductive health outcomes.

The subregional program in the Caribbean is based on the objectives outlined in various international frameworks, such as the International Conference on Population and Development (ICPD), the UNFPA Strategic Plan (2022-2025), the 2030 Agenda for Sustainable Development, the Montevideo Consensus on Population and Development, the Samoa Pathway for Small Island Developing States, as well as national priorities of 22 countries and territories, the Second Generation Multinational Sustainable Development Cooperation Framework, and evaluations of previous subregional interventions (2017-2021).

UNFPA will support government and civil society organizations in Barbados, Grenada, St. Kitts and Nevis, Suriname, and Trinidad and Tobago to fulfill the voluntary commitments made at the Nairobi ICPD+25 Summit. The main focus will be on improving access to sexual and reproductive health and rights for adolescents and reducing gender-based violence.

The sub-regional program operates under the assumption that integrated interventions addressing sexual and reproductive health and gender-based violence are most effective, efficient and sustainable when they comprehensively address interdependent and mutually complementary provisions, facilitating environmental and demand-side dimensions. The program applies various intervention modalities, with a focus on capacity development in 13 countries through annual UN Country Team implementation plans. Advocacy, partnership and humanitarian assistance interventions are implemented in these countries and in nine territories.

The program has a dual purpose: to ensure that all countries achieve maternal mortality ratios below the global target of 70 per 100,000 live births and that three-quarters of Caribbean countries achieve a decline in adolescent birth rates to less than 40 births per 1,000 girls aged 15 to 19.

The main beneficiaries include women, youth (especially socioeconomically marginalized adolescents, youth with disabilities and those in humanitarian crises), migrants, HIV-positive youth and indigenous youth. Government entities, civil society organizations, faith-based organizations and other actors are expected to benefit from the program and participate in removing identified barriers.

The program seeks to involve young people, particularly adolescents and vulnerable populations, through regular consultations at all stages of policy and program development. In addition, UNFPA strengthens collaboration with regional entities such as the Caribbean Disaster and Emergency Management Agency, the Caribbean Community Secretariat and the Organization of Eastern Caribbean States.

The sub-regional plan applies accelerators, including strategic interventions based on human rights and gender transformative analyses, support for innovative approaches, prioritization of multi-country

interventions and intra-regional cooperation, as well as integration of emergency preparedness and response interventions to improve the resilience of social service systems and communities.

The partners incorporated in the Subregional Program Results and Resources Framework include state agencies, civil society organizations, youth networks, academic institutions and regional intergovernmental bodies. Each partner is detailed in a table below according to the expected results and outputs.

#### **Brazil**

Brazil is classified as an upper-middle income country and the tenth largest economy in the world. It has a population of over 203 million, making it the sixth most populous nation. Recognized for its multiculturalism, it is home to great ethnic diversity: 42.8% identify themselves as white, 55.9% as of African descent and smaller proportions as mestizo, black, indigenous or belonging to traditional black communities. In addition, about 8.9% of the population has a disability. Adolescents and young adults aged 15-29 years represent 23% of Brazil's population, while total fertility rates have declined from 2.3 to 1.6 children per woman between 2000 and 2021.

The rate of aging is projected to triple by 2060. Various factors such as gender, race, ethnicity, age, income and geography intersect to influence vulnerability to poverty, exclusion and violence. In 2021, 29.4% of the population lived in poverty, with 17.9 million in extreme poverty, notably affecting Afro-descendants and those residing in the Northeast and North regions. Women and youth, particularly within Afro-descendant communities, face higher rates of poverty, limited access to health services, education and employment, as well as greater exposure to violence.

In line with Brazil's Multi-Year Plan 2024-2027 (currently in the process of approval) and its voluntary commitments to ICPD25, the United Nations Sustainable Development Cooperation Framework (UNSDCF) establishes several priority Economic transformation and inclusion: by 2027, Brazil seeks to achieve sustainable economic transformation, with an emphasis on intergenerational, gender, racial and ethnic inclusion. This involves integrating socio-environmental considerations into production chains, increasing productivity through technological advances, and fostering national competitiveness by developing human capabilities. Social protection and guarantee of rights: Brazil plans to expand and strengthen social protection policies by 2027, ensuring their intersectoral, inclusive and participatory nature. This includes evidence-based policies that reduce poverty, hunger and inequalities, ensuring transformative education, decent work and resilient infrastructure, promoting generational, gender, racial and ethnic equality. Environmental conservation and climate action: Brazil seeks to advance environmental conservation, pollution reduction and sustainable production and consumption by 2027. This includes investing in knowledge, technology and regional expertise to promote food sovereignty and security, health, water, sanitation and within development energy а sustainable framework. Governance and public services: Strengthening governance, legislation and institutional capacities is a priority to design evidence-based public policies focused on human rights and equity by 2027. This involves preventing corruption, crime and violence, improving transparency and ensuring broad social participation, especially of vulnerable Humanitarian response and disaster management: Brazil seeks to strengthen its strategies and institutional capacities to prevent, mitigate and respond to humanitarian crises and disasters by 2027. This includes evidence-based approaches, addressing affected populations, refugees, migrants and

vulnerable groups, combating xenophobia, and promoting respect for human rights and sustainable development principles.

The proposed country program emerges from extensive consultations conducted during the development of the UNSDCF 2023-2027, involving government institutions at various levels, statistical agencies, academia, civil society and community-based organizations, including representations of marginalized populations. Aligned with the national priorities of Brazil's Multi-Year Plan 2020-2023 and other international frameworks such as the 2030 Agenda for Sustainable Development, the ICPD Programme of Action and the UNFPA Strategic Plan 2022-2025, the program aims to empower women, adolescents and youth, particularly from marginalized groups, to exercise their sexual and reproductive rights free from gender-based violence by 2028.

Leveraging its subnational presence, UNFPA plans to implement a comprehensive approach that addresses intersectional inequalities and promotes transformative human rights and gender strategies. Key strategies include using data and evidence, fostering partnerships, and building resilience to accelerate development in regions with greater equity gaps or affected by humanitarian emergencies. In addition, UNFPA will continue to expand South-South and Triangular Cooperation (SSTC) initiatives, collaborating with governmental and non-governmental partners to advance the goals of international agreements such as the ICPD Programme of Action and the Montevideo Consensus. Multi-stakeholder partnerships will be essential, involving government institutions, women and youth-led organizations, civil society and the private sector, with a focus on the most underserved populations.

Regarding health, Brazil supports the agenda of the International Conference on Population and Development and defends human rights, including sexual and reproductive rights. Although there is a legal framework that guarantees access to sexual and reproductive health, its full implementation remains a challenge. The Unified Health System provides free medical care to 71.5% of the population. Abortion has been legal under specific circumstances since 1940, and the Maria da Penha Law has been in force since 2006.

Despite the high prevalence of modern contraceptive use, about half of pregnancies are unintended, with a significant proportion among adolescents, particularly those of African descent. Women's reproductive intentions and fertility patterns reflect the country's demographic diversity and evolving needs throughout the life cycle.

Access to public assisted reproductive services for LGBTQIA+ people is currently limited, making it difficult to fulfill their reproductive intentions. Contraceptive methods provided by the public health system include mainly pills, sterilization, and condoms, with low use of long-acting reversible methods (LARCs). HIV screening rates have increased among young people, especially key populations. Vaccination coverage against human papillomavirus (HPV) is incomplete, affecting cervical cancer prevention, especially among indigenous and Afro-descendant populations. Maternal mortality rates remain high, exceeding the Sustainable Development Goals target, with a disproportionate impact on Afro-descendant women and adolescents.

Gender-based violence is prevalent, with a significant number of femicides annually, particularly affecting young Afro-descendant women. Addressing these problems requires addressing socioeconomic disparities, improving access to and quality of health care, and effectively combating gender-based violence.

Despite legal prohibitions, child marriages persist, with 36% of women aged 20-24 married or in union before the age of 18. Significant gaps include the lack of sufficient data on sexual and gender-based violence, the absence of multisectoral services to address gender-based violence (GBV), and discriminatory norms that perpetuate violence and racism.

Brazil's statistical system needs improvement, with outdated surveys and inadequate records on gender-based violence. It is crucial to update data on emerging megatrends such as aging and migration.

The United Nations Cooperation Framework for Sustainable Development in Brazil prioritizes economic transformation, social inclusion, environment, governance and humanitarian action. Lessons from the sixth country program highlight the importance of evidence-based advocacy, scaling up partnerships and challenges in resource mobilization. Recommendations include engaging marginalized populations, scaling up sexual and reproductive health and GBV interventions, strengthening adolescent-focused services, and improving data collection and analysis.

UNFPA has also evaluated the Sixth Country Program 2017-2021. This program was developed in 2016 and approved in September 2016 during a regular session of its Executive Board. It was based on the United Nations Partnership Framework for Sustainable Development 2017-2021 in Brazil, the Multi-Year Plan 2016-2019 and UNFPA's main global frameworks and planning documents.

The Sixth Country Program contributes directly to Outcome 1 (Sexual and Reproductive Health), Outcome 2 (Adolescents and Youth) and Outcome 4 (Population Dynamics) of the UNFPA Global Strategic Plan 2018-2021, with Outcome 3 (Gender) being cross-cutting to all programmatic areas. These outcomes translate into four outputs focused on the following themes: sexual and reproductive health, adolescents and youth, population dynamics, and South-South and triangular cooperation.

The Sixth Country Program had a budget of US\$37,500,000.00. However, its execution until the end of 2020 amounted to USD 12,786,762.24, mainly due to challenges in resource mobilization and execution in the midst of the economic crisis and the transition to the Cooperation Framework.

The methodology to evaluate the Sixth Country Program included a mixed approach with the integration of quantitative and qualitative methods. Data were collected through a desk review, semi-structured interviews, surveys and field visits. The evaluation identified important achievements and challenges in program implementation and provided key recommendations for future UNFPA efforts in Brazil.

# 8. Terms of Reference for the Evaluation of the Regional Program 2022- 2025

#### Formative evaluation of Latin America and the Caribbean

# Regional Program 2022-2025

### **Terms of Reference**

#### A. Introduction

- Evaluation in the United Nations Population Fund (UNFPA) has three main objectives: (a) to demonstrate
  accountability to stakeholders for performance in achieving development results and for resources
  invested; (b) to support evidence-based decision making; (c) to contribute key lessons learned to the
  existing knowledge base on how to accelerate the implementation of the 1994 International Conference
  on Population and Development (ICPD) Programme of Action.
- 2. The Evaluation Office will conduct a formative evaluation of UNFPA's organizational readiness and strategic positioning to accelerate progress towards achieving the three transformational outcomes as articulated in the Strategic Plan 2022-2025. An evaluation of the Regional Program for Latin America and the Caribbean 2022-2025 will be conducted as part of the formative evaluation of the UNFPA Strategic Plan 2022-2025. This evaluation, which was included in the UNFPA LACRO Cost Evaluation Plan, will also serve as a catalyst for initial discussions on the design of the next Regional Program, taking into account the current status of progress towards the SDGs and the three transformative outcomes in the LAC Region.
- 3. The main intended users of the regional programme evaluation (RPE) are: (i) the UNFPA Regional Office for Latin America and the Caribbean; (ii) UNFPA Country Offices (COs) and the Sub-Regional Office (SRO) for the Caribbean; and (iii) UNFPA Headquarters Divisions, especially the Evaluation Office. The evaluation results should also be of interest to a wider group of stakeholders, such as UNFPA national partners, subregional organizations, governments, civil society organizations, the private sector, academia and other United Nations organizations.
- 4. The preparation of these ToRs was based on a desk review and initial consultations with key UNFPA stakeholders as part of the mid-term review of the Regional Program. The evaluation team will conduct the evaluation in accordance with the UNEG norms and standards as articulated in the ToR, under the guidance of the Latin America and Caribbean Regional Office (LACRO) for the RPE component and the guidance of the regional evaluation reference group. Efforts will be made to ensure complementarity and synergy with the ongoing evaluation of the Strategic Plan 2022-2025.

#### B. Fund

5. UNFPA's Strategic Plan 2022-2025 is the second of three strategic plans aimed at accelerating progress toward achieving the three transformative outcomes - ending unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence and harmful practices - and ultimately achieving universal access to sexual and reproductive health and reproductive rights and accelerating the implementation of the ICPD Programme of Action. In achieving these goals, UNFPA will contribute directly to the 2030 Agenda for Sustainable Development - in particular Sustainable Development Goals

- 3, 5, 10, 13, 16 and 17 and ultimately Goal 1 while aligning with the 2030 Agenda's principles of human rights, universality and "leaving no one behind."
- 6. UNFPA's Strategic Plan 2022-2025 aims to accelerate progress towards the achievement of the three transformational results (TRs):
  - Outcome 1: By 2025, the reduction in unmet need for family planning will have accelerated;
  - Outcome 2: By 2025, the reduction in preventable maternal deaths will have accelerated;
  - Outcome 3: By 2025, the reduction of gender-based violence and harmful practices will have accelerated.
- 7. UNFPA will contribute to these three integrated outcomes by achieving six interlinked outputs. These outputs are (a) policy and accountability; (b) quality of care and services; (c) gender and social norms; (d) demographic change and data; (e) humanitarian action; and (f) adolescents and youth. The six outputs contribute to the achievement of each of the outcomes by having a multidimensional, "many-to-many" relationship with them.
- 8. The main target groups of the Strategic Plan are women, adolescents and youth, especially adolescent girls. UNFPA applies a life course approach, recognizing that people have different and changing needs throughout their lives, as well as an intergenerational connection. The Strategic Plan reaffirms the Fund's commitment to prioritize gender equality and the empowerment of women and girls, in all their diversity, women's rights, women's leadership and bodily autonomy for all.
- 9. Recognizing the setbacks resulting from the COVID-19 pandemic, in particular, the current Strategic Plan identified a number of key strategic changes that are necessary to accelerate progress toward 3TR, including:
  - Aligning the organizational approach to achieve the 3Rs
  - Integrating the effects of megatrends
  - Increasing attention to "lagging populations" and emphasizing "reaching the furthest behind
  - Increase the provision of high quality comprehensive sexual and reproductive health information and services.
  - Expansion of humanitarian preparedness and response capacity
  - Integrating resilience, prevention, preparedness and early action.
  - Incorporate the multisectoral needs of women, adolescents and youth.
  - Tailoring programmatic and technical assistance through country office-led processes with the United Nations in the field.
  - Strengthening the normative role of UNFPA
  - Shifting from funding to financing the ICPD program
  - Strengthening and expanding partnerships
  - Increased focus on joint responsibility

# Regional Program for Latin America and the Caribbean (2022-2025)

10. The Regional Program for Latin America and the Caribbean (RP) 2022-2025 aims to support the programmatic efforts of Country Offices (COs) to accelerate the achievement of the three transformative outcomes and advance the ICPD agenda and the Montevideo Consensus in the region. The Regional Program is based on the central and overarching principle of "leaving no one behind", focusing on

women, adolescents and youth from the most vulnerable population groups in the region, particularly indigenous people, Afro-descendants, people living in rural areas, people in situations of human mobility, people with disabilities and people with humanitarian needs.

- 11. The Regional Program offers six common outputs, aligned with some adaptations for the regional context of Latin America and the Caribbean with the UNFPA Strategic Plan, 2022-2025. These six common outputs are (a) policy and accountability; (b) quality of care and services; (c) gender and social norms; (d) demographic change and data; (e) humanitarian action; and (f) adolescents and youth<sup>5</sup>. The program integrates strategic interventions aimed at accelerating the reduction of preventable maternal mortality and unmet need for family planning.
- 12. To the extent that structural inequalities are the main challenge to development in the region, the regional program is based on the central and overarching principle of "leaving no one behind," integrated throughout the program through mainstreaming, specific actions and disaggregated indicators. The program will focus on women, adolescents and youth, and will apply cross-cutting approaches to reach the population groups that have been left furthest behind, particularly indigenous and Afro-descendant communities, people living in rural areas, people in situations of human mobility, people with disabilities and people with humanitarian needs. The following five cross-cutting approaches will be applied: (a) life cycle and life course; (b) gender equality; (c) human rights; (d) intercultural approach; (e) localized and targeted interventions.
- 13. Five accelerators are employed: (a) partnerships, UN coordination and funding; (b) communication and advocacy; (c) innovation and adaptation; (d) data generation, analysis and use of evidence-based interventions and knowledge management; (e) efficient management and agile business processes. The program uses the five modes of engagement in a flexible manner, depending on contextual needs.

# Mid-term Review of the Regional Program for Latin America and the Caribbean (2022-2025)

- 14. In 2023, a Mid Term Review (MTR) of the LAC Regional Program has been conducted with the objective of assessing progress towards the PR results to accelerate the achievement of the three transformational outcomes in the Latin America and Caribbean region and make necessary adjustments to the 2022-2025 Integrated Budget (IB) and its implementation in light of emerging opportunities and challenges, and the findings of LACRO's recent internal audit.
- 15. As part of the MTR, the Regional Office participated in the review of the theories of change for the 2022-2025 regional program. This process allowed the Regional Office to assess the continued relevance of the proposed priorities and key strategic interventions, while addressing some of the challenges faced in the first year of RP implementation. The prevention and reduction of adolescent pregnancy, maternal mortality and gender-based violence and other harmful practices remain key priorities for the LAC region. However, the exacerbation of existing structural challenges, particularly poverty and inequalities, conservative and anti-rights movements, emerging issues and megatrends in the regional context (i.e. the effects of the COVID-19 pandemic, aging, climate change, migration and displacement) warrant a different and/or strengthened emphasis on specific PR priorities and/or interventions to ensure acceleration of the three transformative outcomes.

44

<sup>&</sup>lt;sup>5</sup> Outcome 6 was reformulated from "autonomy and bodily integrity" to "adolescents and youth", given the importance of strengthening the agency and autonomy of women, adolescents and youth to achieve universal access to sexual and reproductive health and reproductive rights in this region,

- 16. To this end, LACRO has identified **five strategic priorities** for the remaining two years of the Regional Program:
  - a. Strengthen regional organizations' oversight of country offices' programmatic and operational performance to accelerate the achievement of the three transformational outcomes.
  - b. Accelerate the shift from financing to funding and financing, promoting innovative partnerships and financing approaches with new players.
  - c. Strengthen UNFPA's strategic communications capabilities to ensure a strong and coherent narrative that enhances the positioning and renewal of the ICPD agenda.
  - d. Increase the generation, analysis and use of disaggregated data and evidence on SRH, GBV, population dynamics and megatrends (aging and human mobility) to support evidence-based advocacy and policy and program development, including through socioeconomic tools.
  - e. Strengthen UNFPA capacities in humanitarian preparedness and response and programming across the humanitarian-development nexus.
- 17. Finally, the Integrated Results and Resources Framework (IRRF) will remain unchanged in its essence, maintaining the 6 interconnected outputs. As for the indicators, most of them have been revised to highlight the role of the Regional Office for Latin America and the Caribbean in supporting country offices to achieve the three transformational outcomes in the countries where UNFPA works.

### C. Purpose, objectives and scope of application

- 18. The purpose of this evaluation is to provide evidence to support UNFPA's learning on what works (and what does not) to accelerate progress towards the achievement of the three transformational outcomes in the LAC region and to inform the design of the next Strategic Plan and Regional Program for LAC 2026-2029 and its stated intention to focus on the "unfinished business".
- 19. The objective of this evaluation is to assess UNFPA's organizational readiness and strategic positioning to accelerate progress towards the achievement of the three transformational outcomes in the LAC region and to provide inputs for the design of the next Strategic Plan and Regional Programme, taking into account the results of the recent mid-term review of the Strategic Plan and the tenth anniversary of the Montevideo Consensus and ICPD30. Key priority areas for the LAC region, namely prevention and reduction of adolescent pregnancy, maternal mortality and gender-based violence and other harmful practices, will be carefully assessed, as well as key strategic changes proposed in the current SP, including the impact of megatrends, NPO, humanitarian response and linkages. The accelerators of change introduced in the current Strategic Plan will also be part of the analysis, especially in the case of the Regional Program: a) partnerships, UN coordination and funding; b) communication and advocacy; c) innovation and adaptation; d) data generation, analysis and use of evidence-based interventions and knowledge management; e) efficient management and agile business processes.
- 20. Finally, special attention will be given to the analysis of UNFPA's added value in a middle-income country (MIC) region and its primary role in oversight and support to country organizations, its intergovernmental and normative role, policy support and advocacy, in order to strengthen the capacities of regional

- organizations, subregional organizations and country organizations to accelerate the achievement of the three transformative outcomes in the LAC region.
- 21. The evaluation will focus on the current Regional Program period, starting in 2022 and ending with data collection in mid-2024. A forward-looking perspective will be maintained so that the results of the evaluation will benefit both the remainder of the current Regional Program cycle and the development of the next one.

# D. Evaluation questions

22. The evaluation will address the following key questions, which will respond to evaluation criteria such as relevance, coherence, effectiveness and efficiency within the framework of a formative evaluation. The evaluation questions will be reviewed during the inception phase. The regional evidence collected will serve both as a repository of evidence for the entire corporate evaluation, as well as for the specific regional report for Latin America and the Caribbean.

Evaluation questions		E	Evaluation criteria			
		Rele van ce	Con sist enc y	Effi cie ncy	Effi cie nc y	
Future	outlook					
i.	To what extent should UNFPA reconceptualize the next Regular Program given the state of progress towards the SDGs and the 3Rs in the region?	Х				
Accele	rators					
ii.	To what extent is each of the five accelerators relevant to the achievement of the 3Rs in the LAC region? To what extent does each of the accelerators enhance programming at regional and country level?	Х	Х	Х		
iii.	What have been the facilitating and inhibiting factors in achieving the results?	Х		Х		
Strate	rgic changes					
iv.	To what extent are the effects of megatrends, particularly aging, migration and climate change, being incorporated into the Regional Program?		Х			
٧.	To what extent does UNFPA programming in the LAC region focus on "populations left behind" and emphasize "reaching the furthest behind"?			Х		
vi.	To what extent has the Regular Program expanded the provision of comprehensive, high-quality sexual and reproductive health information and services and the multisectoral response to gender-based violence and harmful practices in the LAC region?			Х		
vii.	To what extent has the PR ensured the expansion of data and evidence for decision making?			Х		

viii.	To what extent has UNFPA expanded humanitarian preparedness and response capacity and HPD nexus programming in the LAC region?		х	
ix.	To what extent are discriminatory social and gender norms and structural inequalities addressed in the interim program?		х	
X.	To what extent has UNFPA's normative role been strengthened in the LAC region?	X	Х	
xi.	To what extent has the focus of the regular program shifted from funding to funding and financing the ICPD program?			Х
xii.	To what extent have UNFPA's strategic communication and resource mobilization and partnerships accelerated the progress of the 3Rs and the ICPD Programme of Action in the region?	х	Х	

# E. Methodological approach

- 23. The evaluation will be theory-based with aspects of an adaptive/developmental approach. The use of mixed methods will ensure that a wide range of data, both quantitative and qualitative, is examined. This evaluation will ensure that data from the EP and PR mid-term review are used as appropriate.
- 24. The evaluation will conduct, at a minimum, the following data collection:
  - Documentary review of key documents related to the Strategic Plan and the Regional Program 2022-2025:
  - Documentary review of strategic and programmatic documents (mid-term review report, revised ToC, LACRO internal audit, annual reports, second regional report on the Montevideo Consensus on Population and Development, etc.);
  - Synthesis of evaluation evidence from corporate, regional<sup>6</sup> and national evaluations (CPE);
  - Missions to selected national offices to be determined during the inception phase.
  - Interviews with UNFPA key informants at global, regional and country levels.
  - Interviews with other UN agencies at the regional level.
- 25. Aspects of an adaptive and developmental approach will be applied in this assessment, including an appreciation of complexity, systems thinking, timely feedback and co-creation. Consultation with key stakeholders during the data collection phase will identify key issues to be added to the evidence base for analysis.
- 26. The six regional programs, including that of Latin America and the Caribbean, will be reviewed as an integral part of the formative evaluation of the Strategic Plan and specific regional reports will be prepared to meet the accountability requirements of the regional program evaluations.
- 27. In order to assess the relevance and effectiveness of strategic changes and accelerators, data collection at the country level will focus on country offices that developed and approved Country Program Documents (CPDs) following the approval of the current SP and Regional Program. Other countries may be considered to reflect regional context and priorities. 2-3 country offices will be selected for field missions.

<sup>&</sup>lt;sup>6</sup> Regional evaluation of UNFPA's contribution to the prevention of adolescent pregnancy in Latin America and the Caribbean.

28. Artificial Intelligence will be leveraged to the extent possible and in accordance with UNFPA and UNEG rules and regulations to collect, analyze and store data. Other methods of data collection will be explored during the initial phase of the evaluation.

### F. Evaluability assessment

- 29. This formative evaluation will benefit from aspects of the data collection conducted as part of the midterm review of the LAC Strategic Plan and Regional Program. Results from the survey of staff perceptions of the Strategic Plan, the LAC regional survey, financial implications of strategic priorities, key informant interviews and regional leadership meetings will be used.
- 30. Since the Strategic Plan and Regional Programs will only have been in place for two years when data collection for this evaluation begins, greater emphasis will be placed on the collection of primary data sources in this evaluation. Secondary sources to be reviewed include documentation prepared by the various divisions/units/offices to assist in the implementation of the Strategic Plan and Regional Program. CPDs prepared after the approval of the Strategic Plan and Regional Program will be reviewed. Performance reports will be evaluated not to measure results achieved, but to identify evidence related to the strategic changes called for in this Strategic Plan.

## G. Evaluation process

31. The evaluation will be conducted in five phases and will lead to the preparation and presentation of key deliverables, which are described below.

# **Preparatory phase**

32. This phase will be led by the Director of Evaluation of the Regional Office for Latin America and the Caribbean, in close collaboration with the Director of Evaluation of the Strategic Plan, based in the UNFPA Evaluation Office. It will include: (i) an initial desk review; (ii) scoping interviews with UNFPA key informants; (iii) drafting of the evaluation terms of reference; (iv) selection and recruitment of the evaluation team; and, (v) constitution of an evaluation reference group.

# **Initial** phase

- 33. The evaluation team will conduct the inception phase, in consultation with the evaluation manager and the evaluation reference group. This phase includes:
  - A review of key documents at the global, regional and country office levels;
  - Desk review of all relevant centralized and decentralized evaluations, especially the regional evaluation on UNFPA's contribution to adolescent pregnancy prevention and CPE completed in 2022-2023;
  - A stakeholder mapping and analysis describing the "interest" that the various persons or offices have in the evaluation (RO, CO, SRO);
  - The development of a final list of evaluation questions and the corresponding evaluation matrix (see template in Annex X), presenting the hypotheses, indicators, sources of information and data collection methods and tools;
  - The selection of 2-3 countries to carry out field missions;
  - Development of country-specific data collection tools to be tested during an initial country mission, test table to collect country-level data, and outline for country briefing;
  - The development of a global strategy for data collection and analysis,

An updated and detailed evaluation schedule.

### 34. The expected results of this phase are:

- ✓ Concept note specifying the appropriate scope and methodology for the regional program evaluation;
- ✓ A PowerPoint presentation summarizing what was learned in the initial phase, as well as for data collection at regional and national levels;
- ✓ A test table that compiles the data and information collected in the initial phase;
- ✓ A PowerPoint presentation structured around the key components of the concept note, for the initial assessment reference group virtual meeting.

# Data collection phase

- 35. During this phase, the evaluation team
  - Conduct an in-depth review of the documents;
  - Conduct a systematic review of UNFPA evaluations, including a possible synthesis of evidence;
  - Conduct interviews with internal and external key informants (at headquarters, regional and national levels);
  - Conduct 2-3 country missions and one visit to the Regional Office for Latin America and the Caribbean;
  - Complete the analysis of regional programs,
- 36. The results of this phase are:
  - ✓ Evidence tables compiling data and information collected during country missions;
  - ✓ Powerpoint presentations on the regional visit and country missions
  - ✓ Powerpoint presentation for an ERG meeting at the end of data collection.

### Information phase

- 37. The reporting phase will open with a workshop that will bring together the evaluation team and the evaluation manager to discuss the evidence gathered during data collection. The objective is to help the evaluation team to deepen its analysis with a view to identifying the evaluation findings, the main conclusions and the corresponding recommendations. The evaluation team then proceeds with the drafting of the final report, which will include six separate reports with findings, conclusions and issues to be considered for each Regional Office. The evaluation team, the evaluation manager and the regional monitoring and evaluation advisors will ensure the quality of these regional reports.
- 38. This first draft of the final report will be sent to the evaluation manager for comments. The evaluation manager will assess the quality of the submitted draft report according to the EQAA table. If the quality of the draft report is satisfactory (form and substance), the manager will distribute it to the reference group members. If the quality is not satisfactory, the evaluators will be asked to prepare a new version of the draft report.

- 39. The evaluation team will present the second draft of the final report, and in particular the interim findings and recommendations, during a stakeholder workshop (to be attended by the ERG and other stakeholders) and distributed to UNFPA Executive Committee members. The stakeholder workshop will be held at UNFPA headquarters (New York) and regional workshops will be organized to present the findings, conclusions and draft recommendations of the regional evaluations.
- 40. The evaluation team will revise and finalize the report based on the comments received. When submitting the final draft of the report, the evaluation team will also provide a detailed matrix indicating how each comment has been addressed. The final report will follow the structure set forth in Annex X.
- 41. The report will be considered final once it has been formally approved by the Director of OE in consultation with the evaluation manager and the reference groups.

### **Dissemination phase**

42. The evaluation team will assist the evaluation manager in selected dissemination activities. In particular, they will prepare a PowerPoint presentation on the highlights of the evaluation report and a summary of the evaluation.

# H. Management and governance

- 43. Responsibility for the management and oversight of the regional program evaluation (RPE) will rest with the Regional Office, in coordination with the evaluation manager and the team leader of the overall evaluation of the SP.
- 44. The evaluation manager. The evaluation manager will have overall responsibility for the management of the evaluation process, including the recruitment and management of the external consultant(s). The evaluation manager is responsible for ensuring the quality and independence of the evaluation (in accordance with UNEG ethical norms, standards and guidelines). The main responsibilities of the evaluation manager are:
  - hire the external consultant(s) who will form the evaluation team;
  - chairing the reference group and convening review meetings with the evaluation team;
  - supervise and guide the evaluation team throughout the evaluation process;
  - review, provide substantive comments and approve the concept note, including the work plan and methodology;
  - facilitate the work of the regional assessment team conducting country missions/reviews
  - review and ensure the quality of all evaluation results in general and of the preliminary and final evaluation reports in particular;
  - Approve the regional program evaluation report, in coordination with the reference group,
  - disseminate evaluation results and contribute to learning and knowledge sharing in UNFPA.
- 45. The *Evaluation Office* will participate in the selection of the regional evaluation team, as well as in the validation of the final evaluation report.
- 46. The evaluation reference group. The conduct of the evaluation will be closely monitored by an evaluation reference group consisting of UNFPA staff members and selected external members. The reference group will play a key role in ensuring access to information and people, as well as in reviewing draft results. Specifically, the responsibilities of the reference group are:
  - provide information and comments on the draft terms of reference for the evaluation;

- act as an interface between the evaluators and UNFPA services (at headquarters, regional and country offices), particularly to facilitate access to informants and documentation;
- participate in review meetings with the evaluation team when necessary;
- provide feedback and comments on the draft concept note;
- provide substantive comments and opinions from a technical point of view on the draft and final evaluation report;
- help identify external stakeholders to be consulted during the evaluation process; and,
- play a key role in the dissemination of evidence and learning from the evaluation, contributing to the dissemination of evaluation results, as well as to the finalization and follow-up of the management response.

# I. Evaluation calendar

	Evaluation phase	Chronology
0	Preparatory phase	October - December 2023
	<ul> <li>Drafting of the mandate</li> </ul>	
	<ul> <li>Procurement</li> </ul>	
1	Initial phase	January 2024
	<ul> <li>Concept note</li> </ul>	
2	Data collection phase	February - April 2024
	<ul> <li>Missions in the field</li> </ul>	
3	Analysis and synthesis	April - June 2024
4	Reporting and review	July - September 2024
	<ul> <li>Final draft report</li> </ul>	
	<ul> <li>Final Report</li> </ul>	
5	Management response and	October - December 2024
	dissemination	
	<ul> <li>Dissemination of the report</li> </ul>	