Eswatini 7th CP Evaluation (2021-2025)

Design Report

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Acronyms

AI	Artificial Intelligence
CPD	Country Programme Expenditure
CO	Country office
EQAA	Evaluation Quality Assurance and Assessment
ERG	Evaluation Reference Group
ESA	Eastern and Southern Africa
ESARO	East and Southern Africa Regional Office
GBV	Gender-Based Violence GBV
HDP	Humanitarian Development Peace nexus
HIV	Human Immunodeficiency Virus
HQ	Headquarters
ICPD	International Conference on Population and Development
KII	Key Informant Interview
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex
LIC	Low Income Countries
LMIC	Lower Middle-Income Countries
MMR	Maternal Mortality Ratio
MobiSAM	Mobile Social Accountability Monitoring
MTR	Mid-Term Review
SDG	Sustainable Development Goals
SP 2022-25	Strategic Plan 2022-2025
SPE	Strategic Plan Evaluation
SRHR	Sexual Reproductive Health and Rights
ToR	Terms of Reference
3TRs	Three transformative Results
UMIC	Upper Middle-Income Countries
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

1. Introduction

This section introduces the evaluation, including its rationale, purpose, objectives and scope. It also provides a brief overview of the evaluation process.

1.1 Background

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals"

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on "leaving no one behind" and emphasizing "reaching those furthest behind first".

UNFPA has been operating in Eswatini since 1974. The support that the UNFPA Eswatini Country Office (CO) provides to the Government of Eswatini under the framework of the 7th Country Programme (CP) (2021-2025)[1] builds on national development needs and priorities articulated in: National Development Plan (2023/24 - 2027/28)[2]; the Kingdom of Eswatini Strategic Road Map: 2019-2022[3]; National Development Plan 2019/20 –

[1] UNFPA 7th Country Programme (CP) (2021-2025

[2] National Development Plan (2023/24 -2027/28)

[3] The Kingdom of Eswatini Strategic Road Map: 2019-2022

2021/22 [4]Towards Economic Recovery; the United Nations Sustainable Development Cooperation Framework (2021-2025)[5]; the United Nations Common Country Analysis/Assessment (2020)[6].
The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles, the country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 7th country programme (2021-2025) in Eswatini and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the UNFPA **Evaluation Handbook[7].** The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

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

The evaluation will be managed by the CPE manager within the UNFPA Eswatini CO in close consultation with the Government of Eswatini National Population Unit of the Ministry of Economic Planning and Development that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the ESARO, UNFPA Head of Office and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

[4] National Development Plan 2019/20 – 2021/22
[5] The United Nations Sustainable Development Cooperation Framework (2021-2025)
[6] The United Nations Common Country Analysis/Assessment (2020)

[7] UNFPA, Evaluation handbook (2024). The document is available at:
https://www.unfpa.org/sites/default/files/admin-resource/Final_Eval%20Handbook%202024.pdf

1.2 Purpose, Objective and Scope

1.2.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy[8]: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

1.2.2 Objectives

The **objectives** of this CPE are:

i. To provide the UNFPA Eswatini CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Eswatini 7th country programme 2021-2025

ii. To broaden the evidence base to inform the design of the next programme cycle.

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

i. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.

ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance, including natural disasters, and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.

iii. To provide an assessment of the role played by the UNFPA Eswatini CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Eswatini CO in the coordination mechanisms of the HCT, with a view to improving humanitarian response and ensuring contribution to longer-term recovery.

iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

1.3 Overview of the Evaluation Process

The evaluation process consists of five phases - i.e., preparatory (August 2023), inception (September 2024), data collection (October 2024), analysis and reporting November 2024) and dissemination December 2024). These phases are broken down into specific activities and dates are in Section 6 of this inception report.

[8] UNFPA Evaluation Policy (2024) The document is available at: http://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2024

1.4 Purpose of this Inception Report

During the inception phase, the consulting team primarily engaged in reviewing background documents and formulating the evaluation matrix, which included revising Evaluation Questions (EQs), refining indicators, and outlining the work plan. Additionally, consultative meetings were held with UNFPA Eswatini staff to further refine the evaluation process, questions and data collection tools, as well as to assist in selecting implementing partners for case studies.

The aim of this inception note is to ensure alignment among the different UNFPA evaluation stakeholders, including the Evaluation Reference Group (ERG), as well as to ensure clear and complementary processes with the CPE team. More specifically, this inception note emphasizes: (i) adaptations to the UNFPA CPE Terms of Reference (ToR), and (ii) adaptations of the evaluation methodology for context-specific purposes.

The inception note is the first deliverable of this consultancy and has to receive feedback from the UNFPA Eswatini Evaluation Manager, and the ERG.

2. Background and Context

This section describes the Eswatini context, the status of UNFPA'S transformative Results in Eastern and Southern Africa, the UNFPA country context and the Mid-Term Review for Eswatini Country programme.

2.1 Eswatini Context

The Kingdom of Eswatini, situated in Southern Africa, is bordered by South Africa and Mozambique. Covering 17,364 square kilometre[9]s, it is divided into four administrative regions: Hhohho, Manzini, Shiselweni, and Lubombo. The country has a population of approximately 1.1 million, with a median age of 21.4 years. The population is experiencing demographic shifts, including a decline in fertility rates and an increase in the working-age population.

Eswatini aims to be among the top 10% of countries in human development by focusing on sustainable economic growth, social justice, and political stability[10]. It is classified as a lower-middle-income country, with a GDP per capita of over $3,800 and a human development index of 0.611, ranking 144 out of 191 countries. Despite this, poverty is widespread, with 58.9% of the population living below the poverty line and high-income inequality, reflected in a Gini coefficient of 51.5.[11] The country faces significant health challenges, including a high prevalence of HIV, with new infections declining but still significant, particularly among young women[12]. Comprehensive knowledge of HIV among youth is low, and contraceptive use has decreased. Violence and exploitation are pervasive, with high rates of child discipline violence, sexual harassment, and intimate partner violence[13].

[9] UN, 2019
[10] The Eswatini NDP 2023/2024 – 2027/28
[11] World Food Program (WFP) Eswatini country strategic plan (2020-2025)
[12] National Health Sector Strategic Plan (NHSSP) end term review report, 2024
[13] Multiple Indicator Cluster Survey (MICS) 2023

Eswatini has been updating its policies and strategies to address these issues, including revisions to the National Youth Policy, National Gender Policy, and other key frameworks. The implementation of the 7th country programme has supported the national statistical system, improved data analysis, and provided capacity building. However, the country has also faced setbacks due to civil unrest, climate-related disasters, and the COVID-19 pandemic.

Table 1*: *Eswatini main Indicators

Indicator	Facts	Source

Land		
Geographical location	**Southern Africa**	United Nations (UN) Eswatini Country results report 2020[14]
Land area	**17,364 sq km**	UN 2020
Demographics		
Total population size	**1 093, 238**	2017 Census Preliminary Results[15]
Population size by sex composition	**531,111M/ 562,127F**	2017 Census Preliminary Results
Population size by rural/urban	**833, 472 rural /259, 762 urban**	2017 Census Preliminary Results
Population growth rate	**0.7**	2017 Census Preliminary Results
Life expectancy at birth (disaggregated by sex)	**54M/61F years**	2017 Census Preliminary Results
Under 5 mortality rate	**41 deaths per 1000 live births**	Multiple Indicator Cluster Survey (MICS) 2023[16]
Human Development Index (HDI) index/rank (2018)	**0.611 (ranked 144/191 countries)**	Eswatini National Development Plan (NDP) 2023/24- 2027/28 [17]
Gender Inequality Index (GII) index/rank	**0.569 (141 out of 159 countries)**	UNDP Human Development Reports 2018 [18]
Young people		
Proportion of population aged 10-19	**250 708**	2017 Census Preliminary Results
School attendance rate (disaggregated by sex; level of education e.g primary, secondary)	● **Primary school age- 94.6 (94.5 M/ 94.8 F)** ● **Lower secondary school age- 50.8 (42.5 M/59.3 F)** ● **Upper secondary school age- 28.9 (22.3 M/36.5 F)**	MICS 2023
School completion rate (disaggregated by	● **Primary completion- 79.7 (79.4**	MICS 2023

[14] United Nations Eswatini Country results report (2020)
[15] Eswatini Census Preliminary Results (2017)
[16] Multiple Indicator Cluster Survey (MICS) 2023
[17] Eswatini National Development Plan (NDP) 2023/24- 2027/28
[18] UNDP Human Development Reports (2018)

sex; level of education e.g primary, secondary)	**M/ 84.9F)** ● **Lower secondary school completion- 57.3 (54.4 M/60.9F)** ● **Upper secondary school age- 36.5 (33.5 M/39.9F)**	
Economic		
Gross domestic product (GDP) per capita 2020	**US$3500 per year**	Eswatini NDP 2023/24- 2027/28
GDP growth rate 2024	**3.7**	Eswatini NDP 2023/24- 2027/28
Unemployment rate (by sex; rural/urban)	**33.3**	Labour survey 2021
Inflation rate 2021	**3.7**	Eswatini NDP 2023/24- 2027/28
Gini index 2020	**0.515**	Eswatini NDP 2023/24- 2027/28
Major economic activity	**Manufacturing and agriculture**	Eswatini NDP 2023/24- 2027/28
Gender equality		
Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (child marriage)	**0.1 Before age 15/1.9 Before age 18**	MICS 2023
Political		
Type of government	**Dual Monarchy**	The Constitution of the Kingdom of Swaziland Act 2005
Key political events (during period being evaluated)	**Civil arrests 2021**	UN Eswatini common country analysis addendum, 2022

Sexual and Reproductive health progress on indicators

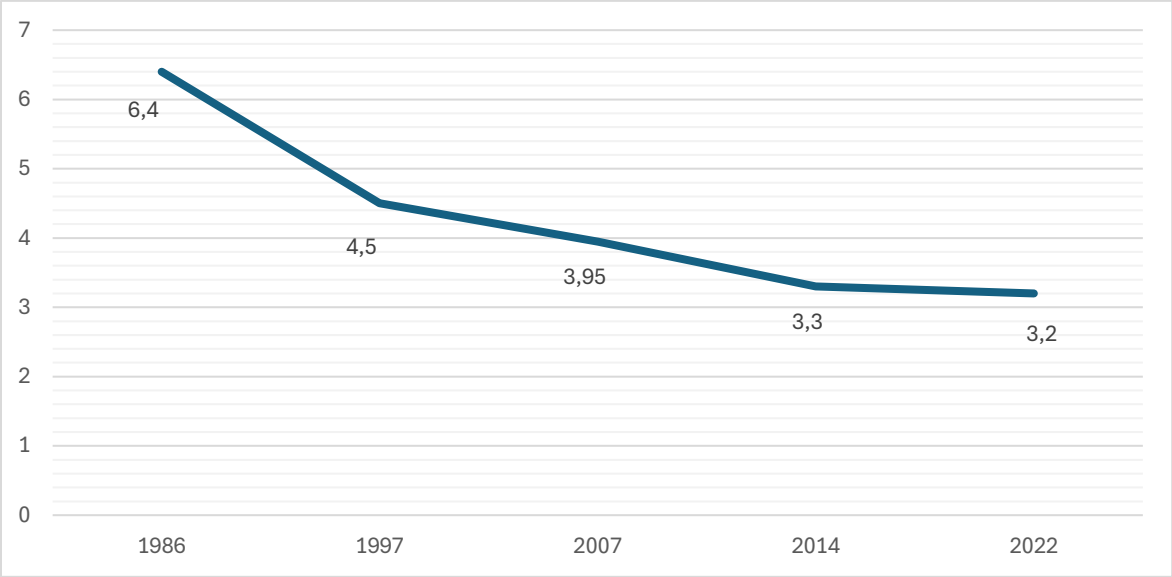
In 2022, the percentage of women aged 15-49 who had a live birth in the past two years and were attended by skilled health personnel was 93.2%, an improvement from the 88.3% reported in 2014.

The unmet need for family planning (FP) is 15.2% among women aged 15-49, with higher rates among adolescents at 28.6%, and the highest rates among the poorest, rural-based, and least educated young women. The percentage of demand for contraception satisfied was 81.3% according to MICS 2014. MICS 2023 reveals that the

unmet need for family planning is higher among unmarried women (33.1%) compared to married women (20.04%).

The country has experienced a significant decline in fertility rates. The Total Fertility Rate (TFR) decreased from 6.4 children per woman in 1986 to 4.5 in 1997, 3.95 in 2007, 3.3 in 2014, and 3.2 in 2021-2022, as illustrated in Figure 1.

Figure 1 :Eswatini Total Fertility Rate (1986-2022)

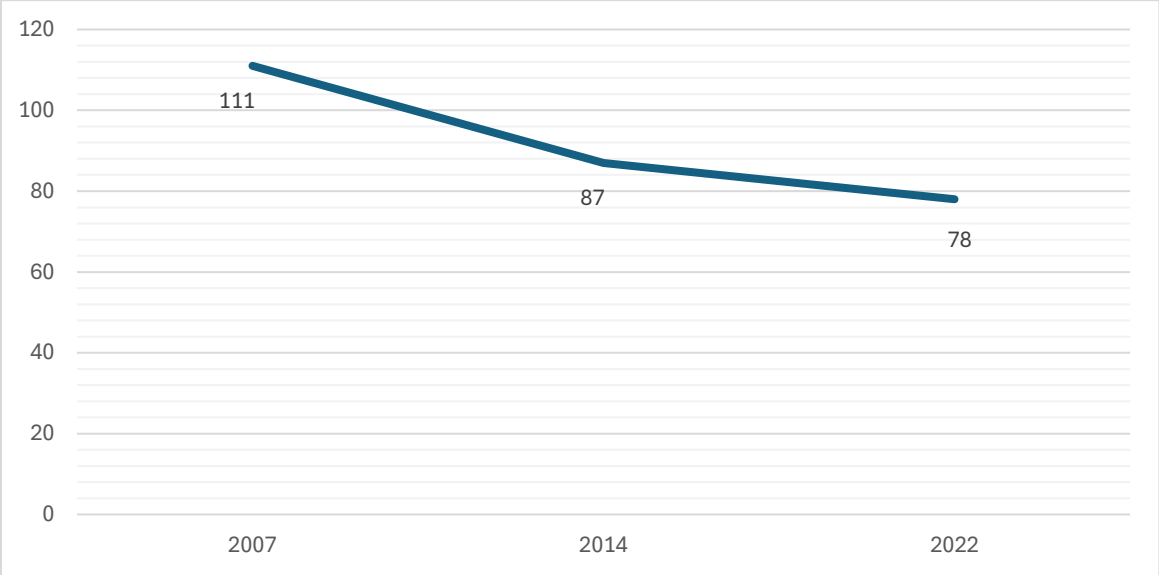


Source: CSO, MICS 2014 & 2021-2022

The strategic priority for Eswatini as articulated in the National Health Sector Strategic Plan III SO 2.2.3 was to increase the demand and utilisation of comprehensive information and integrated adolescent services aged 15-24. This is in line with the UN Sustainable Development goal (SDG) 3.7. The adolescent birth rate declined from 111 in 2007 to 87 in 2014 and 78 in 2022 as depicted in figure 2 below. The country's HIV incidence among adolescents and young people (15-24) {%} SDG 3.3.1 in 2023 was 1.4 which declined from previously reported 1.3 in 2019[19]. Prevalence of HIV among adults is 24.8%, which corresponds to approximately 185,000 adults living with HIV. HIV prevalence is higher among women, at 30.4% (95% CI: 28.8%-31.9%*) compared to 18.7% among men (95% CI: 17.4%-20.0%*)[20].

[19] Eswatni NHHSP 2019-2023 ETR report (2024)
[20] Eswatini Population-based HIV Impact Assessment 3 2021 (SHIMS3 2021)

Figure 2 : Adolescents birth rate (2007-2022)



Source: CSO, MICS 2014 & 2021-2022

Eswatini has witnessed a notable reduction in maternal mortality, with the maternal mortality rate (MMR) declining by 16 percent from 538 per 100,000 live births in 1994 to 452 in 2017, and further to 243 in 2022. Despite this progress, the MMR remains above the global average of 211. One significant challenge is the lack of reliable data on abortion services, though estimates suggest that unsafe abortions account for approximately 10 percent of maternal deaths. Abortion is permitted only under extremely restricted conditions as outlined by the constitution and the bill of rights. Consequently, women and girls with unwanted pregnancies are often compelled to either carry the pregnancy to term, seek an abortion abroad (for those who can afford it), or resort to unsafe and illegal abortions, which can result in complications that exacerbate maternal mortality rates. Although Eswatini boasts a high coverage of skilled birth attendance at 88.3%, there have been recent issues with medical and commodity supplies at health facilities.

HIV

In a significant achievement, Eswatini became the first African country to meet the UNAIDS 95-95-95 targets in 2020. The 2021 Eswatini HIV Incidence Measurement Survey (SHIMS 3) confirmed that the country's HIV epidemic is under control. Notably, the HIV incidence rate for children aged 0-11 months decreased from 15 per 100,000 in 2019 to 19 per 100,000 in 2023, reflecting substantial progress in reducing HIV incidence. This has had a positive effect on improving life expectancy. HIV prevalence in 2021 was 23.7% for both sexes and was higher among females (31.6) than males (15.6).

2.2 The Status of UNFPA's Transformative Results in Eastern and Southern Africa

UNFPA has been working with the Government of Eswatini since 1974 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 7th country programme in Eswatini which is aligned with the National Development Plan (2023/24 -2026/27), the United Nations Sustainable Development Cooperation Framework (UNSDCF,2021-2025), and UNFPA strategic plan(s) (2018-2021 and 2022-2025). UNFPA Eswatini CO undertook the process of aligning the 7th country programme to the UNFPA Strategic Plan 2022-2025. The programme developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nation organizations, the private sector and academia.

The UNFPA Eswatini CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery. The **overall goal/vision** of the UNFPA Eswatini 7th country programme (2021-2025) is **to reduce preventable institutional maternal rates among women of childbearing age by 50% by 2025**. The country programme contributes to the following national priorities, UNSDCF outcomes and UNFPA Strategic Plan 2022-2025 outcomes.

The UNFPA Eswatini 7th country programme (2021-2025) has 4 thematic areas of programming with 4 interconnected **outputs**: (i) quality of care and services; (ii) gender and social norms; (iii) population change and data and (iv) adolescents and youth. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with these outcomes.

Output 1: **Quality of care and services**: **By 2025, the health system is strengthened to provide evidence-based, comprehensive and integrated quality of care at all levels covering all population groups, particularly young people and the furthest left behind across the health continuum of care.** This output focuses on strengthening the capacity of the health system to provide high-quality, integrated information and services for comprehensive maternal health, family planning, sexually transmitted infections, HIV and gender-based violence for women, young people and key populations, particularly the most vulnerable, across the development and humanitarian continuum. This output directly contributes to Outcome 2 of the United Nations Sustainable Development Cooperation Framework, which focuses on ensuring increased access to equitable, effective and efficient high-quality social services for adolescents, young people, men and women, including marginalized persons.

To achieve the output, the programme planned interventions and activities to focus broadly on: (a) strengthening institutional capacity to deliver equitable and high-quality integrated sexual and reproductive health and rights information and services, including HIV prevention and a health sector response to gender-based violence; (b) intensifying policy advocacy on increased sustainable financing for sexual and reproductive health and rights services, including commodity security for life-saving medicines and commodities; (c) promoting inclusive legislative actions to promote financial risk protection, address barriers to demand and use of right-based services; (d) improving governance and accountability with effective participation of women and young people; and (e) enhancing data availability on integrated bundle of services disaggregated by sex, age, disability, place of care and demonstrating proven delivery models through robust measurements.

This has been delivered through the following: (a) targeted institutional capacity for the design and implementation of quality-of-care delivery models along the sexual, reproductive, maternal, newborn, child and adolescent health continuum of care, including respectful maternity care, emergency obstetric and newborn care; (b) scaling up successful models for maternal and perinatal death surveillance and response at community, regional and national levels; (c) use of innovation and modern technology to scale up effective coverage of the climate-smart interventions that facilitate equitable access for women and girls, including gender-based violence information and services; (d) national and regional statistical capacity strengthening on generation, analysis and use of disaggregated data, complemented by thematic knowledge products on sexual and reproductive health, to inform policy actions, programme scale-up and targeted sustainable financing options; (e) multisectoral coordination of policy actors, technocrats, regulatory and professional councils, development partners and civil society, guided by accountability mechanisms; (f) South-South and triangular cooperation to advance knowledge transfer on quality of care for adolescent and gender-responsive sexual and reproductive health and rights, including HIV prevention and gender-based violence services; and (g) social accountability to promote increased health-seeking behaviour among women and young people for sexual and reproductive health and rights, including gender-based violence prevention services.

Output 2: **Gender and social norms**: **By 2025, multi-sectoral mechanisms to promote gender equality; prevention and response to gender-based violence are strengthened, furthermore promoting decision making with a focus on advocacy, data, health and coordination including in humanitarian settings.** This output aims at increasing the multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination. This output contributes directly to outcome 3 of the United Nations Sustainable Development Cooperation Framework, which seeks to ensure that oversight bodies and government institutions at national and regional levels have strengthened accountability, with an emphasis on access to justice and services, strengthened reporting on human rights obligations and the SDGs, with a focus on leaving no one behind. It also contributes indirectly to outcomes 1, 2 and 4.

To improve bodily autonomy and reproductive rights, the programme planned interventions and activities to focus broadly on: (a) strengthening multisectoral coordination of essential services on prevention and response of gender-based violence across health, education, gender, social protection, social development, police and justice sectors as well as the development, humanitarian and peace nexus, including during the protracted response and recovery phases of national emergencies such as the coronavirus pandemic; (b) scaling up high-impact and cost-effective interventions that address entrenched negative social norms, cultural beliefs and practices that limit achievement of gender equality; (c) promoting inclusive and rights-based legislative and policy environment required to end gender-based violence and harmful practices; (d) deepening community mobilization and engagement of community structures and systems to address cultural drivers of gender inequality and gender-based violence, including traditional leaders, opinion leaders and influencers; and (e) strengthening capacity and functionality of the national gender-based violence surveillance and reporting system. Lessons from the coronavirus pandemic will be applied to strengthen response and recovery systems for gender-based violence and target efforts to address disproportionate socio-economic impact on women and girls.

This has been delivered through the following: (a) evidence based advocacy to strengthen provisions and enforcement of inclusive legislation and policies on gender-based violence and all forms of harmful practices that limit gender equality and women's empowerment, including the National Strategy to End Violence in Swaziland 2017-2022 and the Sexual Offences and Domestic Violence Act (2018); (b) scale up engagement of men and boys in prevention, response and management of gender-based violence; (c) strengthen national statistical system capacities for data generation, analysis and use, including establishment of a gender-based violence management information system; (d) institutionalisation of multisectoral gender-based violence prevention and response referral network and pathways; (e) strengthened capacity of the national coordination mechanism to promote women's empowerment, address gender-based violence and eliminate harmful practices; and (f) promote South-South cooperation to advance learning on successful models on gender equality and women's empowerment that contribute to improved maternal health outcomes.

Output 3: **Population change and data: By 2025, data systems strengthened and take into account demographic intelligence mainstreaming and climate change issues at national and subnational levels especially in development policies, programmes and advocacy, related to Sexual Reproductive Health and Rights including in humanitarian settings.** This output contributes directly to the four outcomes of the United Nations Sustainable Development Cooperation Framework, by ensuring that national programmes and policies incorporate and use demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy in achieving the 2030 Agenda for Sustainable Development.

To guide targeted programming across the country programme, the following actions were undertaken: (a) strengthened capacity of national stakeholders in subnational data analysis to improve targeting of development interventions; (b) increased availability of reliable population data and analysis to inform policies and programming processes; and (c) improved monitoring of the implementation of population policies within the context of the Sustainable Development Goals framework.

This has been delivered through the following: (a) accelerated dissemination and use of the 2017 population and housing census data and thematic reports to guide national development processes, with a focus on advancing sexual reproductive health and rights; (b) integration of demographic intelligence from the national demographic dividend study into national development plans, policy instruments and expenditure frameworks; (c) strengthened national institutional capacity in further data analysis, including small-area estimations to improve targeting of maternal health, adolescent sexual and reproductive health, gender equality and women's empowerment programmes; (d) strengthen functionality of the civil registration and vital statistics system to collect and generate annual reports with data disaggregation to guide decision-making; and (f) promote South-South and triangular cooperation, and multisectoral partnerships to advance data generation, analysis and use, to improve monitoring and measurement of integrated sexual reproductive health and rights programmes, including HIV prevention and gender-based violence prevention and response programmes.

Output 4: **Adolescents and youth: By 2025, young people, in particular adolescent girls and young women's skills are strengthened to make informed decisions to access SRHR services in particular FP services including leadership and participation in national development processes and in humanitarian settings.** This output aims

at ensuring that adolescents and young people are empowered with skills and capabilities to make informed choices about their sexual and reproductive health and rights and well-being and participate in programming and national decision-making processes. This output contributes to outcome 2 of the United Nations Sustainable Development Cooperation Framework, focused on ensuring that access to equitable, effective and efficient high-quality social services is increased for all adolescents, young people, men and women, including marginalized persons.

To address high teenage pregnancy and maternal mortality levels among adolescent girls and young women in the country, the programme planned and implemented the following broad activities: (a) increased demand among adolescents and young people to access sexual and reproductive health services and life skills; (b) strengthened capacity of formal, vocational and youth-serving networks to deliver comprehensive sexual and reproductive health education and life skills; (c) increased political and multisectoral support for youth engagement and participation in national development processes; (d) increased availability of disaggregated data on youth sexual and reproductive health and rights, youth engagement and participation to guide decision-making, including targeted financing for adolescent and youth development; and (e) applying promising practices emerging from continuity of essential youth-friendly information and services during the coronavirus pandemic.

This has been delivered through the following: (a) scaling up innovative solutions on condom and contraceptive programming, targeting adolescents and young people, to reduce unintended pregnancies, unsafe abortions and sexually transmitted infections, including HIV across the development, humanitarian and peace nexus; (b) intensifying evidence-based design and delivery models to facilitate integration of gender equality, bodily autonomy, agency, non-violent masculinities and resilience building into life skills curricula for in-school and out-of-school adolescents and youth and young key populations; (c) strengthening institutional capacity of youth serving organizations and networks to accelerate men and boys engagement, effective youth participation, youth-led accountability and monitoring of adolescent and youth friendly sexual and reproductive health and rights information and services; (d) rights-based advocacy for increased sustainable financing, including domestic resource allocation and innovative financing earmarked for implementation of inclusive policies and legislation on provision of high-quality and integrated adolescent and youth health services; and (e) generation and analysis of disaggregated data to improve the quality of care for adolescent and youth sexual and reproductive health services.

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

The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex 3. The theory of change will be an essential building block of the evaluation methodology. It

explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Eswatini 7th country programme 2021-2025 is based on the following results framework presented in Annex 2.

2.3 The Status of UNFPA's Transformative Results in Eastern and Southern Africa and Eswatini

The East and Southern Africa (ESA) region was home to 90 million persons in the 1950s, there are approximately 580 million persons living in the region in 2023. The total population will exceed one billion around 2050 and 1.5 billion by 2090 – more than India and China today. ESARO's population of children and young people is fast-growing, reaching 360 million, and reflects the 21 countries included in UNICEF's regional classification. A WHO/UNICEF report found Africa has the highest prevalence of developmental delays and disabilities among children and young people. whilst the number of women is estimated to be 340 million (50%).

To focus on the most impactful pathways and provide tailored support to countries, the UNFPA strategic plan for 2022-2025 introduced the concept of tiers to replace the color quadrants used in previous plans. These tiers indicate the progress of program countries toward achieving transformative results and serve as a basis for allocating core resources to UNFPA country offices.

- Tier 1 signifies that none of the transformative results have been achieved
- Tier 2 indicates that one of the three transformative results have been achieved, and
- Tier 3 denotes that two or more of the three transformative results have been achieved.

UNFPA focuses on three transformative results, namely, ending unmet need for family planning, preventable maternal deaths and gender-based violence and harmful practices. Notably, some progress has been realized towards achieving these three results, but challenges remain. COVID-19 slowed some of the progress that had been previously made prior to the advent of the pandemic and reversed some of the gains that had been achieved.

- **TR 1: Ending unmet need for family planning (and SRHR)**

According to the UNFPA Year in Review Report, A World of Zeros (2023)[21] the number of women using contraceptive methods grew from 20% in 1994 to 40% in 2021. The growth could be attributed to intensified awareness raising, improved access and expanded choice of FP methods. However, there are an estimated one in [22]five women who still have an unmet need for family planning. Of note is the relatively high adolescent birth rate in the region which is double that of the global average. Several factors contribute to this situation, including

[21] A World of Zeros, UNFPA East and Southern Africa Year in Review, 2023
[22] UNFPA strategic plan, 2022-2025 (DP/FPA/2021/8)

restrictive policy, legislative and administrative environment, socio-cultural norms and the limited coverage of comprehensive sexuality education for young people, in school and out of school.

Eswatini is on the right track in as far as reducing the unmet need for family planning is concerned (UNFPA Annual Report, 2022). By the end of 2022, it was estimated that 3,057 unwanted pregnancies had been prevented through the improved access to modern contraceptive methods. Also, the proportion of demand satisfied with modern methods among married women increased from 80% to 83% during the same period[23]. However, similarly with other countries in the ESA region, barriers still exist in accessing family planning services including socio-cultural norms, gender inequality, lack of information and awareness, cost, quality and availability of and method preferences and side effects.

- **TR 2: Ending preventable maternal deaths**

A 35% reduction in maternal mortality was recorded between 2017-2021 (A World of Zeros. UNFPA East and Southern Africa, A Year in Review, 2023). However, for the region to achieve the SDG target of 70 per 100,000, maternal mortality should decline by 12% annually which currently is a mammoth task for many countries in the ESA region, the Kingdom of Eswatini being no exception. In Eswatini, the Maternal Mortality Rate (MMR) was estimated to be 452 per 100,000 live births in 2020 and the leading causes were haemorrhage, obstructed labour, HIV/AIDS, anaemia and puerperal sepsis. As such, Eswatini is categorized as a High/moderate since the MMR falls within the range of 100 to 499 deaths per 100 000 live births (Integrated African Health Observatory, Analytical Fact sheet, WHO, 2023)

Countries still have to tackle the challenges of HIV/AIDS, unsafe abortions and address a myriad of health system related issues to improve access to quality maternal care services. These challenges account for more than 10 per cent of maternal deaths in the region. Nonetheless, there were notable efforts such as the introduction of e-learning modules which significantly contributed to improving knowledge on maternal and newborn health topics. Further, UNFPA-ESARO developed, and piloted an innovative module that linked climate change and SRHR for young people. Such initiatives are expected to contribute towards increased knowledge thereby contributing to the reduction of maternal mortality in the region.

- **TR 3: Ending gender-based violence (and harmful practices)**

Gender-Based Violence and Harmful Practices are prevalent in the ESA region. An estimated 9% of girls aged 20 to 24 years are married before the age of 15 while 35% are married before the age of 18 (A World of Zeros. UNFPA East and Southern Africa, A Year in Review, 2023). At least 20% of people aged 15 to 24 years reported having experienced sexual violence from an intimate partner. The DRC, Mozambique, Uganda and Zimbabwe reported sexual violence against adolescents aged 15 years and below in conflict and post-conflict areas. Girls with disabilities are estimated to be up to 10 times more likely to experience sexual violence[24], with a range of 40 to 68 per cent of girls with disabilities below 18 experiencing sexual violence. Stigma, discrimination and a lack of services were cited as some of the barriers preventing reporting of sexual violence.

There were a few countries that had laws covering physical, sexual, psychological, and economic violence and these were estimated to be only 37% in the sub-Saharan region. In addition, enforcement of laws is also weak and there is limited prosecution of the perpetrators. UNFPA in conjunction with SADC developed a model law to combat the problem and to ensure implementation across the region.

[23] UNFPA strategic plan, 2022-2025 (DP/FPA/2021/8)

[24] United Nations Population Fund (2024). Information is available at: https://www.unfpa.org/swp2024/left-out

The situation in Eswatini is no different from the rest of the ESA region. Gender based Violence remains a crisis in the country disproportionately affecting women and girls with an estimated 1 in 3 females having experienced some form of sexual abuse by age 18 years[25]. Also, approximately 48% of women reported to have experienced some form of sexual violence in their lifetime. A National Strategy to end violence was put in place covering the period 2022-2027. Efforts were also directed at strengthening a coordinated multi-sectoral response including improving evidence-based advocacy and supporting Gender Based Violence (GBV) surveillance. The country also enacted the Sexual Offence and Domestic Violence Act of 2018. However, more effort is required to raise awareness on the provisions of the law, ensure its enforcement and remove barriers hindering reporting of sexual offences and GBV incidents.

2.5 Mid-Year 2024 Review Eswatini Country Programme

A Mid-Year review for 2024 was finalised in July 2024 and has been focusing on the following key objectives:

- Reviewing country programme implementation progress for 2024, including the ICPD voluntary commitments.
- Identifying challenges and gaps hindering the achievement of planned results.
- Sharing lessons learned during the implementation of planned interventions for the first two quarters of 2024.
- Drawing recommendations and actions to address identified challenges and gaps.
- Developing and endorsing a programme implementation acceleration plan.
- Strengthening partnerships for achieving results and sharing information among partners.
- Strengthening advocacy and communication for the ICPD agenda.

Below the achievements, challenges and lessons learned for the first two quarters of 2024 from each output area.

Output 1: By 2025, the health system is strengthened to provide evidence-based, comprehensive and integrated quality of care at all levels covering all population groups, particularly young people and the furthest left behind across the health continuum of care.

- Focuses on strengthening the health system to provide comprehensive quality care.
- Progress has been made in training healthcare workers, conducting maternal death audits, and implementing youth-friendly health services.
- Challenges include slow implementation of guidelines and poor attendance at GBV training sessions.

Output 2: By 2025, multi-sectoral mechanisms to promote gender equality; prevention and response to gender-based violence are strengthened, furthermore promoting decision making with a focus on advocacy, data, health and coordination including in humanitarian settings.

- Addresses gender equality and GBV prevention.
- Key results include the establishment of national mechanisms for coordination and data collection.
- No challenges observed in the period

[25] MICS 2023

Output 3: By 2025, data systems strengthened and take into account demographic intelligence mainstreaming and climate change issues at national and subnational levels especially in development policies, programmes and advocacy, related to Sexual Reproductive Health and Rights including in humanitarian settings.

- Focuses on strengthening data systems for SRHR and population dynamics.
- Progress has been made in producing population projections and integrating demographic data into development plans.
- Key challenge is the non-finalization of the National Population Policy

Output 4: [26] By 2025, young people, in particular adolescent girls and young women's skills are strengthened to make informed decisions to access SRHR services in particular FP services including leadership and participation in national development processes and in humanitarian settings.

- Aims to empower young people, especially girls, to make informed decisions about SRHR.
- Life skills education programs have reached a significant number of girls, and progress has been made in providing comprehensive sexuality education.
- ICPD Voluntary Commitments: The presentation provides updates on commitments related to family planning, adolescent sexual and reproductive health, and gender-based violence.
- Recommendations: Include decentralizing blood donation sites, promoting best practices in maternal health, conducting national CMEs, and addressing teenage pregnancy through sensitization.

Based on the findings, the following recommendations were made:

- Decentralization of blood donation sites to health centers / facilities - mobilize donors
- Promote the sharing of best practices on maternal health between health facilities
- Continue conducting national CMEs
- Conduct sensitization on teenage pregnancy, since we are seeing alarming rates.
- Continuous stakeholder engagements
- Contingency Planning.
- MobiSAM implementation should be supported longer than one month to maintain and sustain the results acquired by the project.
- There is a need for advocacy on the lack of family planning commodities to eliminate stockouts.
- There is a need to fast track the engagement of a consultant who will ensure the application is reinstalled for access.
- Forging a partnership with internet service providers like MTN could bring solutions to the existing data challenges. MTN currently has a product that allows end-users to access online platforms at subsidised prices (zero rating) and this could work effectively for Tune Me.
- Strengthening parent child communication is required to boost teen moms' academic communication.

A comprehensive implementation acceleration plan was developed, outlining strategies to address lagging activities and ensure timely achievement of programme goals.

[26] UNFPA strategic plan, 2022-2025 (DP/FPA/2021/8)

The review reaffirmed the importance of strong partnerships and effective communication in driving the ICPD agenda. Collaborative efforts and information sharing among partners were emphasised.

The mid-year review served as a critical platform for reflection, learning, and planning. It underscored the commitment of the Government of Eswatini and UNFPA to achieving the ICPD goals and improving the well-being of the population.

Moving forward, the following actions were prioritised:

- Finalization of the Programme implementation acceleration plan by the end of July 2024.
- Conducting regular monitoring of the work plan implementation progress.
- Continued collaboration and information sharing among partners.
- Continued strengthening of advocacy for the ICPD agenda ensuring that efforts are focused, effective, and aligned with the national priorities and the global ICPD agenda.
- Use the work plan implementation acceleration plan until the end of the year.

3 Strategic Planning in UNFPA

This section describes strategic planning in UNFPA, with a focus on the strategic plan 2022-2025 and the recent MTR results. Overall, it sets the background for understanding the methodology and approach of the evaluation.

3.1 UNFPA Strategic Planning

The UNFPA strategic plan is designed in alignment with the reform initiatives of the United Nations and adheres to the principles outlined in General Assembly resolution 75/233, known as the 2020 quadrennial comprehensive policy review of operational activities for development within the United Nations system. It undergoes a comprehensive development process involving consultations with UNFPA staff, external stakeholders, Executive Board members, Member States, and other UN entities. Grounded in the principles of the International Conference on Population and Development (ICPD) and the Sustainable Development Goals (SDGs), UNFPA incorporates the latest evidence and draws from successful practices and past experiences to shape its strategic direction.

The UNFPA Strategic Plan 2022-2025 marks the second stage in a series of three strategic plans progressing towards 2030. Continuing the focus of its predecessor, the UNFPA strategic plan for 2018-2021, it maintains a steadfast commitment to achieving **three transformative results**: (a) ending the unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices.

Indeed, the 2018-2021 Strategic Plan set the trajectory for achieving the three transformative results and furthered the implementation of the ICPD Programme of Action. However, amidst various challenges, notably the COVID-19 pandemic, the world encountered setbacks, so did the region. The Strategic Plan for 2022-2025 seeks to further the advancement of the ICPD Programme of Action while giving priority to recovering from the impacts of the pandemic and regaining lost momentum. Finally, based on the learning from the first two phases, the 2026-2029 plan will tackle unfinished business.

The Executive Director's Annual Report serves to oversee the implementation and assess the outcomes of the strategic plan, primarily utilizing the Integrated Results and Resources Framework. In the second year of implementation, a Mid Term Review (MTR) is conducted and integrated into the Annual Report. A global evaluation of the 2022-2025 SP is ongoing for the first time and is referred to as the Strategic Plan Evaluation (SPE) hereafter.

3.2 UNFPA Global Strategic Plan 2022-2025

The second strategic plan serves as an urgent call to accelerate progress and transform operational approaches. It aims to introduce significant changes to fulfilling UNFPA's mission of serving the world's most marginalized individuals, particularly women, adolescents, and youth. Its primary objective is to ensure inclusion (leaving no one behind) and advocating for the protection and promotion of human rights for all, especially for marginalized groups.

Furthermore, acknowledging the necessity for internal transformation, the plan outlines UNFPA's vision for spearheading efforts toward gender equality, equity, and non-discrimination, as well as the empowerment of women and girls, alongside the realization of sexual and reproductive health rights. To realize these objectives, the UNFPA strategic plan for 2022-2025 furnishes a comprehensive framework ensuring that all fundamental organizational processes (including policies, programs, technical support, human resources, resource mobilization, partnerships, and communications) are fully aligned with UNFPA's mission.

In pursuit of enhanced organizational effectiveness, the plan aims to cultivate refined programming for achieving results, optimize resource management, and foster expanded partnerships to maximize impact. The diagram below provides a visual representation of the UNFPA strategic plan elements, illustrating the interconnectedness between the goal, outcomes, outputs, and accelerators.

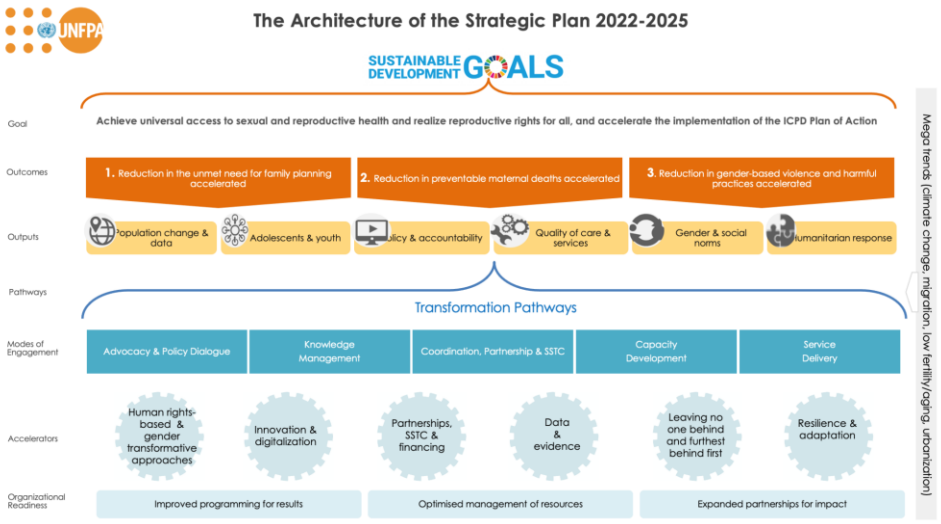
The six accelerators for change *(wheels in the graphic above)* are a new introduction to UNFPA Strategic Plans, they are designed to drive advancements towards UNFPA's objectives and extend beyond the principles outlined in previous strategic plans. The plan demonstrates how each accelerator can be implemented through specific program strategies to realize the plan's outputs.[27] In addition to these accelerators, the strategic plan lists a set of twelve strategic shifts. These shifts demonstrate UNFPA's commitment to embracing innovative approaches to support the implementation of the 2022-2025 Strategic Plan.[28]

Finally, the terms of reference (ToRs) for this evaluation outlined two key "enablers" - strategic communication and human resource management - essential for implementing the strategic shifts and accelerators. In line with the CPE Inception note, the evaluation team recognizes “knowledge management” as an additional enabler and may identify other issues of interest to include during the evaluation process.

Figure 3: Strategic Plan Architecture toward SDGs

[27] Formative evaluation of the UNFPA Strategic Plan 2022-2025. Inception Report

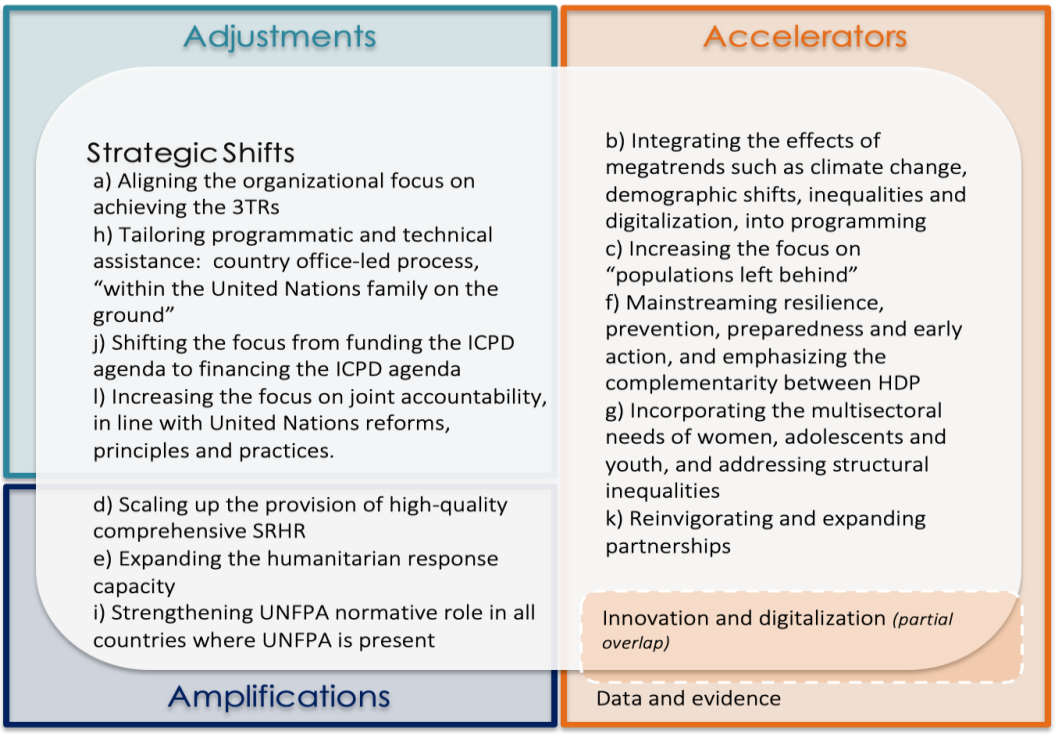
[28] Formative evaluation of the UNFPA Strategic Plan 2022-2025. Inception Report



3.3 Distinction between Strategic Shifts, and Accelerators

Of the 12 strategic shifts in the UNFPA 2022-2025 strategic plan, there are 4 that fully overlap with the accelerators, 1 that partially overlaps and 1 that does not. The way the strategic shifts, which encompass various types of actions, intersect with the six accelerators, is described in the below figure 4.

Figure 4: Strategic Shifts Categories and Accelerators Overlap



3.4 The Mid-Term Review (MTR) of the Strategic Plan 2022-2025

As part of UNFPA's monitoring and evaluation systems, an internally led Mid Term Review of the 2022-2025 Strategic Plan was conducted. The purpose of the MTR was to evaluate progress, identify achievements, and pinpoint obstacles hindering SP goals. In this assessment, the Policy and Strategy Division (PSD) has: 1) analyzed progress toward the three transformative results, 2) reviewed country program documents from 2022 and 2023, and findings from evaluations and audits conducted during 2022-2023, and 3) carried out a Global SP implementation Survey and focus group discussions, leading to the identification of 12 strategic priorities for 2024-2025.[29]

Despite notable progress in achieving the targets defined, according to the MTR team,[30]:

- TR1: The pace of progress needs to accelerate by 38 times to eliminate unmet need for family planning.
- TR2: Progress must increase by 42 times to eliminate preventable maternal deaths.
- TR3: Advancement needs to quicken by 17 times to eliminate child marriage and by 10 times to eradicate FGM.

Further, the MTR report highlights that two of six Strategic Plan outputs were not achieved in 2022, three of the six Strategic Plan accelerators were not widely used, and major knowledge and implementation gaps exist with respect to three out of the twelve Strategic Shifts.[31] The 2023 SP 2022-2025 office implementation survey, also identified threats and opportunities to accelerate the 3TRs.
The three accelerators with gaps in use are:

- Innovation and digitalization
- Partnerships, South-South and triangular cooperation, and financing
- Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts

In addition, approximately 30% of offices reported low or no familiarity with these strategic shifts:

- Integrating the effects of megatrends into programming
- Humanitarian, development and peace complementarity
- Funding to financing

Outputs with significant gaps (compared to 2022 targets) are

- **Output 3: Gender and social norms** (By 2025, strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to advance gender equality and women's decision-making). Gaps in:
- Promoting positive masculinities
- Capacity for changing discriminatory social and gender norms
- **Output 4: Population change and data** (By 2025, strengthened data systems and evidence that take into account population changes and other megatrends (including ageing and climate change), in development policies and programmes, especially those related to SRHR). Gaps in:
- Health information management information
- Disaggregated incidence data regarding GBV
- Analysis of population, and megatrends
- Vulnerability assessments

[29] Report_ SP 2022-2025 MTR workshop Istanbul. Nov 2023

[30] Formative evaluation of the UNFPA Strategic Plan 2022-2025. Inception Report. UNFPA

[31] SP/IB MTR Strategic Priorities PPT. Aug 2023

- Geo-referenced data

4. Methodology

This section describes the evaluation approach and rationale for proposed methods, data collection and analysis processes, as well as potential risks and limitations.

4.1 Methodological Approach

4.1.1 Evaluation Approach

Theory-based approach

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

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Eswatini 7th country programme (2021-2025) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Eswatini CO been during the period of the 7th country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Eswatini 7th country programme (2021-2025) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Eswatini CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA

yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Eswatini CO has established an ERG comprised of key stakeholders of the country programme, including governmental and non-governmental counterparts at national level, including organizations representing persons with disabilities, the regional M&E adviser in UNFPA ESARO – See Handbook: section 1.5]. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

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

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

4.2 Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA **Evaluation Handbook**[32]. This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Eswatini CO, the evaluators acquire a solid knowledge of the UNFPA methodological framework, which includes the **Evaluation Handbook.** and the evaluation quality assurance and assessment principles and their application.

[32] UNFPA Evaluation Handbook (2024). The document is available at: https://www.unfpa.org/admin-resource/evaluation-handbook-2024

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation,*[33] *Ethical Guidelines for Evaluation,*[34] *Code of Conduct for Evaluation in the UN System*[35]*, and Guidance on Integrating Human Rights and Gender Equality in Evaluations.*[36] When contracted by the UNFPA Eswatini CO, the evaluators will be requested to sign the UNEG *Code of Conduct*[37] prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Eswatini. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

4.2 Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review**,** notably, but not limited to the resources highlighted in section 14 of these terms of reference. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible. The information will be used to analyse trends and gain understanding of the past and current situation as it relates to the UNFPA CO programme in Eswatini over the implementation period. The information obtained from secondary sources will be completed with primary data to establish a full and balanced picture of the UNFPA 7th country programme (2021-2025).

Document review

The evaluation team will continuously conduct extensive review of relevant documents throughout the evaluation process, to inform the evaluation design, and to triangulate with primary sources. The Evaluation Manager identified and has provided the main documents to the evaluation team as per UNFPA Evaluation Handbook guidelines.

[33] Document available at: http://www.unevaluation.org/document/detail/1914.
[34] Document available at: http://www.unevaluation.org/document/detail/102.
[35] Document available at: http://www.unevaluation.org/document/detail/100.
[36] Document available at: http://www.unevaluation.org/document/detail/980.
[37] UNEG Code of conduct: http://www.unevaluation.org/document/detail/100.

Key informant interviews (KIIs)

Key informants' interviews (KIs) will be used to collect data relating to programming in the implementation as well as checking data on various issues including reasons behind observed levels of various quantitative indicators. For each CP component, KIIs will be requested to explain the achievements or lack of them during the UNFPA programme period for all categories of the beneficiaries by gender as well as by vulnerable group; the interventions being implemented to address these challenges. The informants will be selected among those who are directly and indirectly involved in the programme/project's activities at all levels. These include UNFPA staff (management and field staff), donors, and locally based public servants (health, gender, youth, education, community development) representatives of local non-governmental organizations (NGOs) involved in the CP components.

A combination of face-to-face and virtual KIIs will be conducted. The evaluation team plans to carry out KIIs with stakeholders at national and sub-national levels (primarily sampled from the stakeholders' map in Annex 5). The team will use semi-structured guides built on the key evaluation questions.

Focus Group Discussions (FGDs)

Focus Group Discussions (FGDs) will be conducted with beneficiaries and facilitators in separate groups (female or male) of between ten to twelve participants in the selected programme intervention area. The FGDs will be conducted with beneficiaries (10-49 years). Separate male and female FGDs will be conducted to ensure that the participants are comfortable to share their perspectives. In addition to this, the evaluation team will ensure that the FGDs are conducted with the youth and youth with disabilities, LGBTIQs and other vulnerable groups.

In each CP component, FGDs will be conducted and in each FGD session of 4-8 participants will attend w, site selection will be guided by the UNFPA CO.

Sexual and Reproductive Health	**Population Dynamics**	**Gender and Social Norms**	**Adolescents and Youth**
●Health Workers at Health facility (esp. Midwives) ●Pregnant girls ●Adolescents SRH ●Mothers ●Mothers with HIV ●Adolescents living with HIV ●More at Risk Group	N/A	●Women victims of Violence ●Women Groups	●Youth Leaders/Youth Clubs ●Adolescents (girls and boys) ●Marginalized youth and adolescents, including youth with disabilities

Gender and socio-economic status will be taken into consideration where applicable when organising these FGDs to enable them to be comfortable when speaking and interacting with one another in a language that they are comfortable with. These FGDs will be held in both urban and rural areas.

Observations

The team will conduct an observation method as part of the data collection process. The team shall visit Health facilities, when staff will be doing their normal routine activities. It is envisaged that the evaluation team will observe the use of youth friendly health services (YFHS), to what extent have the facilities formalized the adolescent and youth-friendly aspects of services as per international standards, including respect for human rights and the interests of young people, gender inequality, confidentiality, and youth participation. The respondents (e.g., implementing partners, civil society, programme participants, donors, representatives of vulnerable and marginalized groups, people living with disabilities etc.) will be given the opportunity to discuss freely about the programme, share their experiences and propose what works for them to make the programme better.

4.3 Sampling and site selection

The UNFPA Eswatini CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Eswatini CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation or affected by the implementation of the CP (see Annex 5).

Building on the initial stakeholder map and based on information gathered through continuous document review and interviews with CO staff, the evaluation team will continue to identify more stakeholder and added to the map during the data collection phase. The evaluation team shall aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection. The UNFPA Eswatini CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits shall reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

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

4.4 Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3).

Data validation will take place on a routine basis at the end of every data collection day through debriefing sessions among the evaluation team. Data collected from multiple sources will be triangulated to support and validate the evaluation findings. The gender aspect will be incorporated throughout the analytical process at multiple levels. Additionally, the validation of data will be sought through regular exchanges with the UNFPA CO programme staff, technical officers at various levels and the Evaluation Manager. The evaluation team will meet with the UNFPA CO team after submitting the draft report and this will streamline the preliminary findings. The second draft report will be validated by the Evaluation Reference Group (ERG) and the UNFPA Regional Monitoring and Evaluation Advisor for quality assurance before submission to UNFPA CO.

4.5 Data quality assurance

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

To ensure quality data collection, through the team leader, the evaluation team shall conduct a team orientation to make sure that all members of the evaluation team correctly understand which types of information must be collected, questioning, probing and how the information should be recorded and stored. The team will also conduct an exit debrief with the Evaluation Reference Group at the end of the data collection phase to validate the preliminary findings and recommendations, to ensure the quality of data collected is maintained. The secondary data will be obtained from various documents in the repository constructed and from other stakeholders, the evaluation team shall ensure that all evidence/data is referenced accordingly in the report.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid[38] before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

4.6 Description of Data Collection Methods & Tools

The data collection methods have been aligned to evaluation questions and sub-questions, as detailed in the full evaluation matrix *(see Annex 1).* The methods, their corresponding evidence sources/areas of focus are detailed in Table 2 below.

[38] The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: https://www.unfpa.org/evaluation/database. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

Table 2: Methods and Evidence Sources/ Focus Areas

Sources/Focus Area	Description
Document review	
● Key documents related to the Strategic Plan /Regional Programme 2022-2025 ● Regional, sub-regional and country-level annual reports ● Midterm review and data ● Evaluative evidence from corporate, regional and key thematic evaluations. ● Administrative data, including data on human and financial resources ● Relevant regional and country publications related to contexts, trends, specific topics	Document reviews started in the inception phase and will continue through the data collection phase.
Key Informant interviews and FGDs	
● UNFPA key informants at the regional level ● Key informants at country level (UNFPA, Partners, IPs, CSOs) ● Key informants in comparator UN entities FGDs by thematic area	These internal and external interviews will be conducted with key informants across the different stakeholder categories, and by each thematic area as per Evaluation Matrix and List of KIIs listed in the Annexes.
Deep dives	
● 2 critical subjects identified as challenges: 1) Transformation of social and gender norms. 2) Adolescents and Youth;	Based on the ToRs and the inception consultation, the evaluation team identified these two areas from accelerators /strategic shifts that represent priority challenges for UNFPA ESWATINI.

Data collection tools: The CPE will utilize these core data collection tools, including:

- o KII Interview Guide
- o Country visit plan
- o Evidence database
- o Triangulation tool

These tools have been developed via the adaptation of data collection tools developed for other CPEs already in progress. *See Annex 3 for data collection tools*.

4.7 Ethical Consideration

The evaluation team will ensure adherence to the following accepted codes of conduct for research such as: seeking consent from respondents, maintaining confidentiality, avoiding bias, avoidance of harm and dignity and diversity. The evaluation team will conduct the evaluation in accordance with the UNFPA

Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG, [39] and the United Nations Norms and Standards for evaluation in the United Nations System.[40]

Obtaining consent: The evaluation team shall obtain oral/written consent from all respondents before they are interviewed. For those who will be below the age of 18 years, the evaluation team will obtain both parental permission and child assent for them to participate in the evaluation data collection process.

Differentiation of participants: On the selection of different age groups, gender and vulnerable categories of people, the evaluation team will guide by the UN Sustainable Development Group programming principle of 'Leaving No One Behind'[41] and the different target beneficiaries of the CP intervention. During the mobilization of FGD participants, a conscious effort will be made to include people living with disabilities and people from vulnerable groups.

4.8 Description of Data Analysis & Synthesis Methods

The analysis plan for this CPE comprises both a deductive and inductive thematic approach to analyse primary qualitative data, in line with the evaluation approach. The analysis will review known factors and identify additional factors and underlying patterns that will increase understanding of the dynamics in operationalizing the strategic shifts, from the perspectives of internal and external stakeholders.

Data will be analysed by evaluation questions, with different sources triangulated to ensure the robustness and validity of evidence. Preliminary analysis findings will be reviewed via in-depth joint analysis and learning sessions with Country Office staff to further strengthen the evidence-base and validity of findings, elicit additional findings, co-create key recommendations and discuss forward-looking perspectives.

An evidence database will be used to collate evidence across the CPE during data collection. See evidence database template in Annex 2.4. The evidence database serves as a comprehensive source of all evidence that informed the CPE analysis and reporting, increasing transparency, accountability and confidence in the evaluation process and findings. The evidence database mirrors sections of the evaluation matrix, with data sources (key informant/ document) in rows and evaluation questions in columns. All relevant data collected across methods will be systematically recorded in the appropriate column.

Qualitative analysis

Qualitative analysis will also support the interpretation of quantitative data, and subsequently the synthesis of conclusions, lessons learned, and recommendations. All the qualitative form KIIs and FGDs , the evaluation team on a daily basis during the data collection phase will conduct data reviews to identify emerging themes, completeness of work and inconsistencies coming out of the data. Thematic analysis of

[39] United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for Evaluation in the United Nations system, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100.

[40] http://www.unevaluation.org/document/detail/102

[41] https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft

the data will be done using a comprehensive thematic matrix (coding framework), based on the evaluation questions, and the intervention area, to identify common patterns and trends arising from the data. Emerging themes will be continuously added to this matrix and the matrix will be used to code the transcripts. The team will use Atlas TI software to support the analysis of the data. Efforts will be made to disaggregated by gender, age, location.

`Quantitative data analysis

Quantitative data analysis will be largely descriptive statistical analysis of primary data from country surveys and data extracted from secondary sources such as Multiple Indicator Cluster Survey (MICS) reports, IP quarterly reports among others. Where feasible and relevant, inferential analysis may also be conducted. The data analyses will ensure disaggregation by gender, age and location.

4.9 Risks and Possible Limitations

The CPE team has identified important risks and potential limitations to this evaluation, and planned mitigation actions to prevent or address them. The table below lists the risks/limitations and the corresponding planned mitigation action.

Table 3: Evaluation risks and possible limitations

Risk	Likelihood	Impact	Mitigation
In-coherent Strategic Plan Terminology: The definitions and classifications of strategic shifts and accelerators seem to overlap with the Strategic Plan 2022-2025 reported to showcase a degree of incoherence in how some of the shifts are used in different parts of the Plan. This is likely to result in variations in how key informants understand and define terms and will impact the quality of KII responses	**Low**	**High**	To address this issue the Country Office developed a conceptual framework to clarify strategic shifts, accelerators and enablers. In addition to utilizing this clarification, KIIs will need to confirm the understanding of participants on these key terms prior to questioning.
Recent staff changes and limited institutional memory: Due to recent restructuring in the ESWATINI CO, majority of key personnel roles have been replaced, with some long-standing personnel departing. This will affect the quality of respondent interviews as many personnel are new and do not have the institutional memory spanning the review period.	**High**	**Moderate**	In consultations with the ESWATINI team, the CPE team plans to interview key informants who are now in different roles but still within ESWATINI. However there seems to be a consensus that personnel who have separated will not be open to being interviewed. The CPE team will

			rely on document review to fill this gap.
Different weight of different thematic areas: The ESWATINI Country Office is quite small, and donors are not available in country. Moreover, SRH and Adolescents & Youth areas are more developed by the country program than the remaining ones.	**Moderate**	**Low**	The team has already begun engaging early with the CPE and plans to consistently review bibliography and engage with IPs in country while with donor at regional level. There is also a shared-folder to enable cross-learning around the evaluation design, processes and tools, which have already benefited this inception report.

5. Evaluation Questions

This section details the evaluation questions and sub-questions as well as the analytical framework that will be used to answer them. These questions form the basis of the evaluation matrix (Annex 1) that links each sub-question to indicators, sources of data and data collection methods. The evaluation questions will also determine the structure of the evaluation report.

5.1 Evaluation Questions by Strategic Shift Category and DAC criteria

The evaluation questions have been culled and adapted from the CPE ToR, and other documents as relevant to the ESWATINI context, based on document reviews and consultations undertaken during the inception phase. The evaluation systematically will use the five OECD – Development Assistance Committee (DAC) criteria): - relevance, coherence, effectiveness, efficiency and sustainability. The Evaluation Team has adopted the set of 12 key evaluation questions from the original 13 questions suggested in the ToRs by combining original question 10 and 11 as shown in Table 4. The evaluation questions are unpacked and linked to corresponding assumptions, indicators, data sources and data collection methods and tools, which are indicated in the Evaluation Matrix (Annex 1).

Table 4: Evaluation criteria and evaluation Questions

RELEVANCE

1.	To what extent is the country programme adapted to: (i) national development strategies and policies; (ii) the needs of diverse populations, including the needs of vulnerable and marginalised groups (e.g. young people and women with disabilities, etc.) ; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action including the National Voluntary Commitments and the SDGs, (v) the New Way of Working[42] and the Grand Bargain[43]?
2.	To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?
3.	To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been considered in both the planning and implementation of all UNFPA-supported interventions under the country programme?
COHERENCE	
4.	To what extent has UNFPA leveraged strategic partnerships with national, local and grassroots organizations (e.g. women's rights activists, youth-led groups, advocacy groups of people with disabilities) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?
5.	To what extent has UNFPA's leadership of the GTG and RG3 violence sub-group including the MTTV contributed to effective and timely delivery of services?
EFFECTIVENESS	
6.	To what extent have the interventions supported by UNFPA delivered planned results (outputs and outcomes) in all programmatic areas ? In particular: (i) increased access to and use of integrated sexual and reproductive health services; (ii) To what extent has the programme mainstream of Gender and human rights based approach including for Persons with Disabilities ?; (iii) To what extent did UNFPA effective data generation and sustained increase in the use of disaggregated and evidence based demographic and social economic data in policies, planning and programming ? To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion[44] in the design, implementation and monitoring of the country programme?
EFFICIENCY	
7.	To what extent has UNFPA successfully integrated human rights , gender perspectives, environment sustainability and disability inclusion in the design, implementation and monitoring of the country programme?
SUSTAINABILITY	

[42] For more information, please see: https://www.agendaforhumanity.org/sites/default/files/20170228%20NWoW%2013%20high%20res.pdf.
[43] For more information, please see: https://interagencystandingcommittee.org/grand-bargain.
[44] See Guidance on disability inclusion in UNFPA evaluations

8.	To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?
COVERAGE	
9.	To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; religious and national minorities; LGBTQI populations, including geographic areas etc.
CONNECTEDENESS	
10.	To what extent has the UNFPA humanitarian response taken into account longer-term development goals articulated in the results framework of the country programme?
11.	To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises?

5.2 Evaluation Matrix

The evaluation matrix was developed on the premises of the evaluation questions, which are under the OECD-DAC criteria. For each question, the evaluation team has developed one or two assumptions. The matrix contains the indicators of evidence, sources of information and the methods of data collection for each question. An extract of the matrix is shown in Table 5. The detailed evaluation matrix for all the questions is in Annex 1.

Table 5: Evaluation Matrix (extract)

Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
RELEVANCE **EQ1: To what extent is the country programme adapted to: (i) national development strategies and policies (ii) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.);; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action including the National Voluntary Commitments and the SDGs, (v) the New Way of Working[1] and the Grand Bargain[2]?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**

Assumption 1: The Eswatini 7th CP is aligned to the country needs, priorities and policies, ICPD, SDGs and the UNFPA Global Strategy; and takes into account the needs of vulnerable populations, (e.g. young people and women with disabilities, etc.) Assumption 2 The country office was able to adapt the emergencies that occurred during the implementation of the programme	· CP and work plans reflect ICPD, SDG goals and core strategy of UNFPA. · Evidence of alignment of the 7th CP to the national regional and international policies and frameworks in relation to the key components of the 7th CP. · Evidence of systematic consultative selection of target groups for UNFPA-supported interventions in the thematic components of the programme is consistent with identified needs (detailed in the needs assessment) and targeting as participants and beneficiaries. · Evidence that the 7th CP interventions were flexible to respond to emergencies that occurred during the implementation of the programme and the changing needs, ofthe target population including the vulnerable and marginalised groups	· ICPD Plan of Action, SDG reports, UNFPA Strategic Plan 2022-2025, 7th Country Programme Document (CPD) (2021-2025), Country Office Annual Reports (COARs), the UN Sustainable Development Cooperation Framework (UNSDCF) and review; Annual work plans (AWPs) · Government of Eswatini/UNFPA 6th CPE Report . National policy/strategy documents · Needs assessments (Strategic Assessment on unintended pregnancies contraception and Post abortion care) · Surveys (including Household Economic Survey, multi-indicator cluster surveys (MICS) etc.), and other reports · Other relevant studies used to understand the human rights and gender equality context, that include · And evidence of needs assessments, alignment of CP with UNSDC, and national documents including documents for the period 2021-2025 for programmatic changes. · UNFPA CO staff. · UNCT · KIs	· Document review · Interviews with UNFPA CO staff · Interviews with implementing partners at national, and regional level · Interviews with key government officials in line ministries e.g. DPMO (Gender and Family Issue Department and Disability Unit).; Ministry of Health (SRH Unit); Ministry of Youth Sports and Culture. · Interviews/focus groups with CP intervention beneficiaries. · Interviews with NGOs/ development partners, including 7th CP stakeholders

Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])

RELEVANCE

EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption: The Eswatini UNFPA 7th CP was consistently responding to the changing needs and priorities, especially for the vulnerable and marginalized groups aligned and the implementations to the shifts in target population needs caused by crisis or major political changes during the implementation period.	· Evidence that the programmatic interventions had flexibility to respond to changing needs and priorities for young people, women with disabilities; women exposed to GBV; persons with different abilities; and people living in rural areas. · Extent to which the interventions planned within the AWPs (across the thematic components of the programme) targeted women and girls, young people, women with disabilities; women exposed to GBV; persons with different abilities; and people living in rural areas in a prioritized manner with evidence that they were participants and beneficiaries. · Evidence that the implementation of the 7th CP interventions adapted to shifts in	· National adaptation Strategy · COVID-19 Recovery National Adaption (CRNA) Strategy · Technical Guidance on MNH and COVID-19 · SADC PF Reports · · Annual Programme Reports · Joint programmes and work plans and reports · Government of Eswatini IPs and key partners · UNCT and programme specialists in UN agencies · · UNFPA CO staff	· Document review of relevant documents · Interviews with UNFPA CO staff · Interviews with implementing partners · Interviews with development partners · Interviews with UN agencies · UNRCO

	needs, caused by crises, and major political changes during the implementation period.		
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			

6. Evaluation Process

This section sets out the evaluation process, workplan, roles and responsibilities of the evaluation team members, and quality assurance of the evaluation outputs.

6.1 Evaluation Process

The evaluation includes five phases with the first two phases – preparation and inception now complete, but still described here for reference purposes. The processes for implementing the remaining three phases are also outlined below.

Table 6: Timing of phases, meetings and milestones for delivery of key outputs

Work Plan	
Preparatory phase: This phase was led by the ESWA Evaluation Advisor (Serves as Evaluation Manager of this activity), working closely with the Strategic Plan Evaluation Manager based in the UNFPA Evaluation Office. It included: (i) an initial documentation review; (ii) scoping of key preliminary evaluation questions; (iii) the drafting of evaluation terms of reference; (iv) the selection and hiring of the evaluation team; and (v) the constitution of an evaluation reference group (ERG).	Done
Inception-Design phase: The design phase sets the overall framework for the CPE. This phase includes: ● Induction meeting(s) between CPE manager and evaluation team ● Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team ● Desk review by the evaluation team and preliminary interviews, mainly with CO staff ● Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method	26 August to 15 September

● Stakeholder sampling and site selection ● Developing the field work agenda ● Developing the initial communications plan ● Drafting the design report version 1 ● Quality assurance of design report version 1 ● ERG meeting to present the design report ● Drafting the design report version 2 ● Quality assurance of design report version 2	
Inception-Design phase: The design phase sets the overall framework for the CPE. This phase includes: ● Induction meeting(s) between CPE manager and evaluation team ● Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team ● Desk review by the evaluation team and preliminary interviews, mainly with CO staff ● Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method ● Stakeholder sampling and site selection ● Developing the field work agenda ● Developing the initial communications plan ● Drafting the design report version 1 ● Quality assurance of design report version 1 ● ERG meeting to present the design report ● Drafting the design report version 2	16 to 27 September

Data collection-Field phase: During this phase, The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 3 weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase. The field phase includes: ● Preparing all logistical and practical arrangements for data collection ● Launching the field phase ● Collecting primary data at national and sub-national level ● Supplementing with secondary data ● Collecting photographic material ● Filling in the evaluation matrix ● Conducting a data analysis workshop ● Debriefing meeting and consolidating feedback for the debrief ● Quality assurance of design report version 2	1 October to 12 November
At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations. The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.	1 November
Reporting phase: One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes: ● Brainstorming on feedback received during the debriefing meeting ● Additional data collection (if required) ● Consolidating the evaluation matrix ● Drafting the findings and conclusions	13 to 30 November (It may be possible to give some time to ERG for review and deliver a very final report by ERG not later

● Identifying tentative recommendations using the recommendations worksheet ● Drafting CPE report version 1 (incl. quality assurance by team leader) ● Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser ● ERG meeting on CPE report version 1 ● Recommendations workshop with ERG to finalize recommendations ● Drafting CPE report version 2 (incl. quality assurance by team leader) ● Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser ● Final CPE report with compulsory set of annexes (incl completed evaluation matrix)	than 15 December)

6.2 Evaluation Team Composition and Tasks

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process. In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 7th UNFPA country programme in Eswatini.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.
The evaluation will be conducted by a four-persons evaluation team. The roles and responsibilities of each member are set out in Table 7 below.

Table 7: Evaluation team member responsibilities

Team Member and Role	Responsibilities and coverage

Natalia Conestà Evaluation Team Leader/ SRHR expert	Main activities: ● The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the country programme described below. ● The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, and family planning. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Eswatini CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.
Sibusiso Sibandze Adolescents and youth expert	Main activities: ● The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation as well as young resilience and empowerment programmes. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Eswatini CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

	Main activities:
Mehlo Mandla Gender equality and women's empowerment expert	● The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Eswatini CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.
Phetsile Ndabandaba Population Dynamics Expert	Main activities: ● The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, and national statistical systems. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Eswatini CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

6.4 Management and Governance

The responsibility for the management and supervision of the evaluation will rest with the Evaluation Office.

***The Evaluation Manager*.**

The **CPE manager** in the UNFPA Eswatini CO, in close consultation with Ministry of Economic Planning and Development, National Population Unit (NPU) that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Eswatini CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Eswatini CO, ESARO, representatives of the national Government of Eswatini, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

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

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA ESARO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the CPE quality assurance and assessment (EQAA). This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

7. Annexes

Annex 1. Evaluation Matrix

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
RELEVANCE **EQ1: To what extent is the country programme adapted to: (i) national development strategies and policies ; (ii) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action including the National Voluntary Commitments and the SDGs, (v) the New Way of Working[45] and the Grand Bargain[46]?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption 1: **The Eswatini 7th CP is aligned to the country needs, priorities and policies, ICPD, SDGs and the UNFPA Global Strategy; and takes into account the needs of vulnerable populations, (e.g. young people and women with disabilities, etc.)**	● CP and work plans reflect ICPD, SDG goals and core strategy of UNFPA. ● Evidence of alignment of the 7th CP to the national, regional and international policies and frameworks in relation to the key components of the 7th CP. ● Evidence of systematic selection of target groups for UNFPA-supported interventions in the thematic components of the programme is consistent with identified needs (detailed in the needs assessment)	● ICPD Plan of Action, SDG reports, UNFPA Strategic Plan 2022-2025, 7th Country Programme Document (CPD) (2021-2025), Country Office Annual Reports (COARs), the UN Sustainable Development Cooperation Framework (UNSDCF) and review; Annual work plans (AWPs) ● Government of Eswatini/UNFPA 6th CPE Report ● National policy/strategy documents ● Needs assessments (Strategic Assessment on unintended	● Document review ● Interviews with UNFPA CO staff ● Interviews with implementing partners at national, and regional level ● Interviews with key government officials in line ministries e.g. DPMO (Gender and Family Issue Department and Disability Unit).; Ministry of Health (SRH Unit); Ministry of Youth Sports and Culture.

[45] For more information, please see: https://www.agendaforhumanity.org/sites/default/files/20170228%20NWoW%2013%20high%20res.pdf.

[46] For more information, please see: https://interagencystandingcommittee.org/grand-bargain.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 2 ● The country office was able to adapt to the emergencies that occurred during the implementation of the programme	and targeting as participants and beneficiaries. ● Evidence that the 7th CP interventions were flexible to respond to emergencies that occurred during the implementation of the programme and the changing needs of the target population including the vulnerable and marginalized groups.	pregnancies contraception and Post abortion care) ● Surveys (including Household Economic Survey, multi-indicator cluster surveys (MICS) etc.), and other reports ● Other relevant studies used to understand the human rights and gender equality context include the State reports. ● And evidence of needs assessments, alignment of CP with UNSDC, and national documents including documents for the period 2021-2025 for programmatic changes. ● UNFPA CO staff. ● UNCT ● KIs	● Interviews/focus groups with CP intervention beneficiaries. ● Interviews with NGOs/ development partners, including 7th CP stakeholders
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
RELEVANCE **EQ2:** **To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption: **The Eswatini UNFPA 7th CP was consistently responding to the changing needs and priorities, especially for the vulnerable and marginalized groups and aligned the implementations to the shifts in target population needs caused by crisis or major political changes during the implementation period.**	● Evidence that the programmatic interventions had flexibility to respond to changing needs and priorities for young people, women with disabilities; women exposed to GBV; persons with different abilities; and people living in rural areas. ● Extent to which the interventions planned within the AWPs (across the thematic components of the programme) targeted women and girls, young people, women with disabilities; women exposed to GBV; persons with different abilities; and people living rural areas in a prioritized manner with evidence that they were participants and beneficiaries. ● Evidence that the implementation of the 7th CP interventions adapted to shifts in needs, caused by crises, major political changes during the implementation period.	● National Adaptation Strategy. ● COVID-19 Recovery National Adaptation (CRNA) Strategy ● Technical Guidance on MNH and COVID-19 ● SADC PF Reports ● ● Annual Programme Reports ● Joint programmes and work plans and reports ● Government of Eswatini IPs and key partners ● UNCT and programme specialists in UN agencies ● UNFPA CO staff	● Document review of relevant documents ● Interviews with UNFPA CO staff ● Interviews with implementing partners ● Interviews with development partners ● Interviews with UN agencies ● UNRCO
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
RELEVANCE **EQ3: To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?**			

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption: **The Eswatini 7th CP was consistently responding/responsive to the varied needs of vulnerable and marginalized groups, including adolescents and youth, those with disabilities and victims of GBV; and have been taken into consideration at varies staged of the 7th CP (planning and implementation) supported interventions.**	● Evidence that the 7th CP interventions planned within the AWPs (across thematic components) targeted adolescents and youth, those with disabilities, indigenous communities, in a prioritized manner with evidence that they were targeted as participants and beneficiaries. ● Evidence of the extent to which the interventions had been flexible to respond to changing needs and priorities for the program target population (e.g. adolescents and youth, those with disabilities; vulnerable and marginalized population).	● National policies/ strategic documents such as Eswatini National Devt. Plan, the United Nations Sustainable Development Cooperation Framework (UNSDCF), the ICPD Plan of Action, the 2030 Agenda for Sustainable Development, and Family Planning. SRH Strategy, National Youth Policy and population dynamics related strategies and policies. ● 7th CP (2021-2025) ● Alignment of 7th CP with UNSDCF, and national documents including documents for the period 2021-2025 for programmatic changes ● Programme Progress reports ● Joint programmes and work plans and reports ● Government of Eswatini and key partners ● UNCT and programme specialists in UN agencies ● AWPs, annual progress reports (APRs) ● UNFPA CO staff	● Document review of relevant documents ● Interviews with UNFPA CO staff ● Interviews with implementing partners ● Interviews with development partners ● Interviews with UN agencies

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
COHERENCE **EQ4:** **To what extent has UNFPA leveraged strategic partnerships with national, local and grassroots organizations (e.g. women's rights activists, youth-led groups, advocacy groups of people with disabilities) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption: **Eswatini UNFPA's support through the 7th CP was coherent with strategic partnerships at national, local level. As a result of the coherence, UNFPA Eswatini has been able address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations in the country.**	● Evidence that Eswatini UNFPA has appropriately taken into consideration the priorities of the government and its key stakeholders. ● The extent to which UNFPA's partnership/ consultation with national institutions on the 7th CP programme components. ● Evidence of the 7th CP contribution to programmatic interventions stated in national policies and programmes in line with the CP components. ● Evidence of joint programming initiatives (planning) & M&E in CP's thematic areas. ● Evidence of active participation of UNFPA CO and implementing	● National policies/ strategic documents such as Eswatini National Devt. Plan, the United Nations Sustainable Development Cooperation Framework (UNSDCF), the ICPD Plan of Action, the 2030 Agenda for Sustainable Development, and Family Planning. SRH Strategy, National Youth Policy and population dynamics related strategies and policies. ● 7th CP (2021-2025) ● Alignment of 7th CPC with UNSDCF, and national documents including documents for the period 2021-2025 for programmatic changes ● Monitoring and evaluation reports	● Document review of relevant documents ● Interviews with UNFPA CO staff ● Interviews with implementing partners ● Interviews with development partners ● Interviews with UN agencies that include UNDP, UNAIDS, UNESCO,UNICEF; UNHCR, UN Women, WHO; IOM, WFP among others. ● UNRCO

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	partners in the relevant government and UN technical working groups and results groups. ● Evidence of participation and leadership in the 7th CP components and SRHR, AY, GE/GBV and P&D working groups at national and regional level. ● Evidence of UNFPA and implementing partners participation in the working groups and/or joint initiatives corresponding to the 7th CP components. ● Evidence of sharing of information between UN agencies and other relevant stakeholders in the country.	● Joint programmes and work plans and reports ● Government of Eswatini and key partners ● UNCT and programme specialists in UN agencies ● AWPs, annual progress reports (APRs) ● UNFPA CO staff	
COHERENCE **EQ5: To what extent has UNFPA's leadership of the GTG and RG3 violence sub-group including the MTTV contributed to effective and timely delivery of services?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption **The leadership of UNFPA in the GTG and RG3 violence sub group , resulted in improvement in GBV prevention and response at various levels in the country.**	● Evidence of improved access to GBV services by relevant beneficiaries (quality, human right sensitive, cost and timeliness)	● Programme progress reports ● Joint programmes and work plans and reports ● Government of Eswatini and key partners	● Document review of relevant documents ● Interviews with UNFPA CO staff ● Interviews with implementing partners

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 2: UNFPA CO effectively coordinated gender and GBV interventions as the leading UN agency on GBV	• Extent to which UNFPA provided leadership roles on GBV in working groups and at UNCT level. • Extent to which UNFPA provided TA to implementing partners and government institutions to ensure effective and timely delivery of GBVi interventions.	• UNCT and programme specialists in UN agencies • AWPs, annual progress reports (APRs) • UNFPA CO staff	• Interviews with development partners • Interviews with UN agencies that include UNDP, UNAIDS, UNICEF; UNESCO, UN Women, UNHCR, WHO; IOM, WFP among others • UNRCO
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
EFFECTIVENESS **EQ6 a: To what extent have the interventions supported by UNFPA delivered planned results (outputs and outcomes) in all programmatic areas ? In particular: (i) increased access to and use of integrated sexual and reproductive health services? (ii) To what extent has the programme mainstream of Gender and human rights based approach including for Persons with Disabilities? (iii) To what extent did UNFPA effective data generation and sustained increase in the use of disaggregated and evidence based demographic and social economic data in policies, planning and programming ?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption: **The 7th CP improved provision of quality integrated Sexual and Reproductive Health including maternal health and Family Planning information and services.**	• Evidence change/s in policy environment at various levels of the health care system in Eswatini, that have evidently improved the integrated SRH and FP information and services. • Extent to which the improvements in integrated SRH, maternal health and FP information and services	• Key government policies, strategies, plans and technical guidelines at national and regional levels developed or revised. • IP progress reports, evaluations and reviews. • National and partner data sources for service and outcome indicators: - MICS	Analysis of relevant documents and reports - Policy and planning documents - Interview with Ministry of health Senior Management, CO staff, IPs and key stakeholders. - FGDs with beneficiaries Service delivery

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	is/are a contribution from UNFPA interventions. ● Evidence of gained political support and engagement in improving integrated SRH, maternal health and FP information and services, at all levels. Evidence of capacity strengthening for quality integrated SRH, **maternal health** and FP information and services provision at all levels. ● Extent to which M&E of CP projects and interventions indicate their achievement of outputs ● Extent to which outputs in the CP and Result and Resources are likely to have contributed to outcome results through a robust theory of change. ● Extent to Extent to which unintended effects of the programme (positive or negative) have been addressed that were not adequately considered in the intervention design.	- Client Management Information System (CMIS) - M & E documentation - Implementing partners work plans and reports - UNFPA Annual Reports - Relevant Governments ministries, IPs and beneficiaries - Site visits Strengthening the capacities - Reports of policy and planning level seminar / workshop - Minutes of relevant policy and planning level meetings; - Training modules, that were revised - Training modules that were produced; - Training reports - Developed operations tools (SOPS, guidelines etc) Consultations with stakeholders for planning:	- Analysis of health facilities' data - CMIS - Analysis of findings from client satisfaction surveys

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
		- Reports on planning consultations with stakeholders - Interviews with UNPFA CO Service delivery improvement - CMIS - MICS - Health facilities' reports - Client satisfaction survey reports	
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
EQ6 b: **To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption: **UNFPA contributed effectively to accessible, comprehensive, gender-sensitive and high-quality Adolescent Sexual and Reproductive Health (ASRH) information and services with a focus on the different needs of adolescents,**	● Evidence of expanded and comprehensive high-quality ASRH information and services at all levels established and sustainable. ● The extent to which outputs in 7th CP and RRF are likely to have contributed	● Programme reports Annual Reports ● AWPs and APRs ● UNFPA CO staff ● Government, IPs and beneficiaries National reports ● IP reports ●	● Document analysis ● Interviews with CO staff, IPs, UN agencies, government ministries, development partners, youth networks and academic institutions. ●

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
young people, vulnerable and marginalized groups.	to outcome results through robust theory of change. ● Evidence of adoption of strategies and increased government or stakeholder commitment to AY programmes? ● Extent to which unintended effects of the programme (positive or negative) have been addressed that were not adequately considered in the intervention design.	● ● UNCT ● AY beneficiaries at intervention communities ● National budget information ● RMNCH H&M strategy ● Regional flexible report ● National/international ASRH partners report.	● ● Interviews and focus group discussions with service users .
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
EQ6 c: **To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (iii) advancement of gender equality and the empowerment of all women and girls?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption 1: **UNFPA effectively contributed to gender equality, women's empowerment and Gender Based Violence prevention and response.**	● Evidence of integration of gender, gender transformative and human rights approaches within the planning, programme and project documents of UNFPA, IPs and UN (UNSDCF). ● Evidence of increased incorporation / mainstreaming of gender during 7th	● IPs ● CO staff ● UN and other stakeholders ● PWC (Parliamentarians/ Women's Caucus) ● Relevant government ministries departments (e.g. women, youth, and health) ●	● Document analysis - 7th CPD etc - National policies/ strategic documents and laws pertaining to GE and GBV ● Interviews with government ministries, IPs, NGOs, UN and development partners.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 2: **UNFPA programme beneficiaries have capacity for enhanced gender equality, women empowerment and GBV prevention and response.**	CP in national policies, strategies and plans at national and regional levels. ● Evidence of gender mainstreaming in IP programmes and projects. ● Evidence of UNFPA support in GEWE and GBV policy and strategy reviews. ● Evidence of UNFPA support for enhanced advocacy for GEWE and elimination of GBV. ● Evidence of successful establishment and functioning of GEWE and GBV coordination structures at all levels. Evidence of TA for states reporting on Conventions and Treaty Bodies. Evidence of UNFPA support for GBV information management system ● 7th CP contributes to building national capacities for GEWE and GBV prevention and response. ● Extent to which unintended effects of the programme (positive or negative) have been addressed that were not adequately considered in the intervention design.	● ● Documentanalysis: - M&E documentation - UNFPA Annual reports (2021-2023) and 7 CPD - AWPs and APRs - M& E reports - Relevant programme, project and institutional reports of stakeholders - IP reports - National policies, strategies and reports - MICS, National Plan of Action on Human Rights (GE/ minorities / disability / children), etc.	● Focus Group Discussions with diverse groups of organizations ● FGDs with beneficiaries
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
EQ6 d:			

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?			
Assumption: **UNFPA's support demonstrably contributed to improvement of population data generation and sustained use of disaggregated and evidence-based demographic and socioeconomic data in policies, planning and programming. ,**	• Evidence of UNFPA support for data generation. • Evidence of UNFPA support to dissemination and use of data in policies, planning and programming at all levels. • Extent to which the evidence generated by UNFPA or other stakeholders was used in policies, programming etc. • Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design	• M&E documentation • Copies of policies, other documents supported • AWPs and APRs • CO staff • IPs • IP reports • UNFPA Annual reports • UNFPA monitoring framework • Government departments • Central Statistical Office • M&E frameworks of departments/ organisations where data was improved.	• Document review of Planning and Monitoring frameworks of relevant departments and organisations where UNFPA extended support for improvement in data. • Interviews with Central Statistical Office; Ministry of Economic Planning; • Interviews with relevant staff from M&E and planning units of the line departments and organisations
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
EQ7: **To what extent has UNFPA successfully integrated human rights, gender perspectives, environment sustainability and disability inclusion in the design, implementation and monitoring of the country programme?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption: **UNFPA support contributed to the integration of human rights based and**	• Extent to which gender transformative and human rights	• WPs and APRs	• Document analysis

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
gender transformative approaches in the 7th CP. .	based approaches have been integrated in the 7th CP and its interventions. ● Evidence of integration of GTA and HRBA approaches in IPs planned interventions. ● Number of IPs with annual work plans reflecting GTA and HRBA.	● Relevant programme, project and institutional reports of stakeholders ● UNFPA CO staff ● IPs ● National policies, strategies, and reports	● Interview with government ministries, UN and other stakeholders ● KIIs with IPs ● FGDs with beneficiaries
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
EFFICIENCY **EQ8: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption 1: **Implementing partners received UNFPA financial and technical support as planned in a timely manner and sustainable manner.** **Assumption 2:** **The UNFPA CO office had adequate capacity for a robust implementation of the 7th CP.**	● Evidence that the planned resources were received timely and to the foreseen level in WPs ● ● Evidence of adequacy of resources (financial, personnel etc.) to deliver the programme's outputs /results ● CO organogram and changes overtime ● Evidence of coordination and complementarity among the programme components of UNFPA	● WPs ● Organograms, office reports ● Relevant programme, administrative and financial management documents including: ● Project standard progress reports ● Reports reflecting leverage / usage of national resources ● Financial Reports from Implementing Partners, and UNFPA (Atlas reports) ● Field Monitoring Visit Reports	● Documents review and analysis ● Financial reports at the UNFPA Interviews with UNFPA staff ● ● Annual report ● ● Audit reports and monitoring reports ● Interviews with government ministries, IPs, development partners and key stakeholders

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 3 : The Financial resources that where available to the UNFPA CO where adequate in relation to the CP needs **Assumption 4:** **Robust M&E system in place and efficiently utilised**	and coherence among government ministries ● Quality technical assistance capacity was available to the level planned ● Evidence of appropriateness of the criteria used for IPs selection to deliver the results ● Evidence of successful capacity building initiatives with partners ● ● Evidence of effective mechanisms to control waste and fraud ● Evidence of M&E systems and documentations ● Evidence that inefficiencies were identified and corrected in a timely manner ● Evidence that technology was introduced and that it improved efficiency pertaining to office activities and programme implementation.	● Government ministries, IPs, development partners and key stakeholders ● Beneficiaries -	
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
SUSTAINABILITY **EQ9: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?**			

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption 1: **The UNFPA 7th CP successfully contributed to national capacities and ownership for sustainability of the population programme and continuation of effects.** **Assumption 2;** **UNFPA partners have technical capacities and resources to contribute to the population programme.**	Evidence of the following: ● Established sustainability mechanism for the population programme ● ● Community and country ownership including financial resource commitments ● Existence of scale-up plans/strategies ● Commitment to continue allocation of resources to targeted groups like women, adolescents and youth and vulnerable groups such as differently abled persons, minorities and other vulnerable segments.	*Sectoral strategic plans* WPs for IPs ● Country Programme Reports ● UNFPA WPs; Reports; *Mid-term review and evaluation reports for sectoral strategies,* ● UNFPA CO staff, Government, IPs staff, and Heads of Government departments ● Relevant field level IPs.	● Documents review and analysis ● Key informant interviews ● Interviews with implementing partners with government ministries, IPs, development partners and key stakeholders ● Focus group discussions with community beneficiaries
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
COVERAGE **EQ 10: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; religious and national minorities; LGBTQI populations, etc.?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption: **UNFPA and implementing partners support during the 7th CP for humanitarian assistance demonstrated segmentation of beneficiary groups that especially included vulnerable and marginalised groups, (women, adolescents and youth with disabilities; religious and national minorities; LGBTQI populations) based on geographical areas.**	● Evidence of systematic target segmentation of beneficiary groups across geographical dimensions, to reach vulnerable and marginalised groups. ● Evidence that affected communities are mapped and disaggregated by sex and age and other variables such as disability, aged etc ● Evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions. ●	● Progress reports on beneficiary and stakeholder mapping ● RCO and UNFPA reports on humanitarian assistance interventions ● Budgets allocated to SRH and GBV for humanitarian assistance programme of UNFPA and received/ utilised	● Document review and analysis ● ● UNFPA country office staff ● Interviews with NDMA protection cluster ● Interviews with other UN agencies ● FGDs with beneficiaries of funding
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
CONNECTEDNESS **EQ 11: To what extent has the UNFPA humanitarian response taken into account longer-term development goals articulated in the results framework of the country programme?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption 1: **UNFPA 7th CP humanitarian interventions ensured that long-term development goals are included.** **Assumption 2** **Humanitarian interventions undertaken showed coherence and**	● Evidence of active participation in UN technical working groups during humanitarian action in relation to the CP components; ● Evidence of participation and leadership in humanitarian coordination structures,	● UNFPA WPs ● Correspondence with other agencies on the subject ● UNSDCF progress reports on coordination mechanisms ● Joint programming initiatives ● Joint programme progress reports	● Documentary analysis ● Interviews with UNFPA staff ● Interviews with other UN agencies ● Interviews with DPMO and NDMA (government ministries / departments responsible for emergency preparedness and

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
connectedness with a focus on longer-term development needs.	• Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas • Evidence of joint programming initiatives (planning) & M&E.		involved in humanitarian response).
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
CONNECTEDNESS **EQ 12: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises?**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption: **UNFPA CO made a contribution to the capacity of various actors at national and local levels to be able to respond to and recover from humanitarian crises**	Evidence of the following things: *National/ Societal Resilience:* • Evidence of National policies that support GE, SRH • Disaggregated data & data systems *Capacity building in resilience:* • Prioritized rights and health of women and young people in humanitarian-development-peace through collective action	• UNFPA AWPs • Minutes of meetings on the subjects • Correspondence with other agencies on subject • UNSDCF progress reports on coordination mechanisms • Minutes and Reports of relevant Coordination Structures for thematic areas/issues, and long-term development needs planning	• Documentary analysis • Interviews with UNFPA country office staff • Interviews with members of the donor / INGO clusters • Interviews with other United Nations agencies • Interviews with DPMO and NDMA (government ministries / departments responsible for emergency preparedness and involved in humanitarian response).

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
Add the EQ on coordination			

Annex 2. Eswatini/UNFPA 7th Country Programme (2021-2025) Results Framework

CPD Goal/vision: 50% reduction of preventable institutional maternal deaths by 2025	
National Priority (s): to have a country which is rated among the top 10 per cent of the medium human development group of countries that manages its resources prudently, anchored in the principles of good governance, such that citizens enjoy good health, are well educated, access well-paying jobs and employment opportunities, provide excellence services to the public, live in a peaceful country which is politically stable with respect for human rights and rule of law.	**National Priority (s): to have a country which is rated among the top 10 per cent of the medium human development group of countries that manages its resources prudently, anchored in the principles of good governance, such that citizens enjoy good health, are well educated, access well-paying jobs and employment opportunities, provide excellence services to the public, live in a peaceful country which is politically stable with respect for human rights and rule of law.**
UNSDCF Outcome (s): By 2025, all children, adolescents, young people, men and women including marginalized persons' access to equitable, effective and efficient quality social services increased.	**UNSDCF Outcome (s): By 2025, all children, adolescents, young people, men and women including marginalized persons' access to equitable, effective and efficient quality social services increased.**
Related UNFPA Strategic Plan Outcomes (2021): **1:** Sexual and reproductive health: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. **2:** Adolescent and youth: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.	**Related UNFPA Strategic Plan Outcomes (2022-2025):** **1:** By 2025, the reduction in the unmet need for family planning has accelerated **2**: By 2025, the reduction of preventable maternal deaths has accelerated **3**: By 2025, the reduction in gender-based violence and harmful practices has accelerated

3: Gender equality and women's empowerment: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings **4.** Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.	
UNFPA Eswatini 7th Country Programme Output: Strengthened capacity of the health system to provide high-quality, integrated, information and services for family planning, comprehensive maternal health, sexually transmitted infections, HIV and gender-based violence, for women and young people, particularly the most vulnerable across the development and humanitarian continuum	**UNFPA Eswatini 7th Country Programme Output:** By 2025, the health system is strengthened to provide evidence-based, comprehensive and integrated quality of care at all levels covering all population groups, particularly young people and the furthest left behind across the health continuum of care.
UNFPA Eswatini 7th Country Programme Intervention Areas: To achieve the output, the programme will focus broadly on: (a) strengthening institutional capacity to deliver equitable and high-quality integrated sexual and reproductive health and rights information and services, including HIV prevention and a health sector response to gender-based violence; (b) intensifying policy advocacy on increased sustainable financing for sexual and reproductive health and rights services, including commodity security for life-saving medicines and commodities; (c) promoting inclusive legislative actions to promote financial risk protection, address barriers to demand and use of rightbased services; (d) improving governance and accountability with effective participation of women and young people; and (e) enhancing data availability on integrated bundle of services disaggregated by sex, age, disability, place of care and demonstrating proven delivery models through robust measurements.	**UNFPA Eswatini 7th Country Programme Intervention Areas Output level Indicators:** • **Percentage of health facilities providing emergency obstetric and newborn care, as per the internationally recommended minimum standards** **Baseline: 60%; Target: 80%** • **Percentage of public health facilities providing quality-assured, adolescent-friendly integrated sexual and reproductive health services** **Baseline: 74%; Target: 90%** • **Percentage of public health facilities at secondary and tertiary level providing essential health services package for survivors of sexual violence** **Baseline: 60%; Target: 80%**

Key interventions focused on health systems strengthening include: (a) targeted institutional capacity for the design and implementation of quality-of-care delivery models along the sexual, reproductive, maternal, newborn, child and adolescent health continuum of care, including respectful maternity care, emergency obstetric and newborn care; (b) scaling up successful models for maternal and perinatal death surveillance and response at community, regional and national levels; (c) use of innovation and modern technology to scale up effective coverage of the climate-smart interventions that facilitate equitable access for women and girls, including gender-based violence information and services; (d) national and regional statistical capacity strengthening on generation, analysis and use of disaggregated data, complemented by thematic knowledge products on sexual and reproductive health, to inform policy actions, programme scale-up and targeted sustainable financing options; (e) multisectoral coordination of policy actors, technocrats, regulatory and professional councils, development partners and civil society, guided by accountability mechanisms; (f) South-South and triangular cooperation to advance knowledge transfer on quality of care for adolescent and gender-responsive sexual and reproductive health and rights, including HIV prevention and gender-based violence services; and (g) social accountability to promote increased health-seeking behaviour among women and young people for sexual and reproductive health and rights, including gender-based violence prevention services.	• **Number of girls, women and young people accessing integrated comprehensive sexual reproductive health, HIV prevention and GBV services (disaggregated by sex and age) Baseline: 15,000; Target: 120,000** • **Number of fully-functioning Basic emergency obstetric and newborn care health (BmONC) and Comprehensive CEmONC facilities** **Baseline: 6: Target: 7** • **Number of maternal deaths (annually)** **Baseline: 32; Target: 16**
Output 3. Increased multi-sectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination	Output 2. By 2025, multi-sectoral mechanisms to promote gender equality; prevention and response to gender-based violence are strengthened, furthermore promoting decision making with a focus on advocacy, data, health and coordination including in humanitarian settings.
To improve bodily autonomy and reproductive rights, the following will be addressed through this output: (a) strengthening multisectoral coordination of essential services on prevention and response of gender-based violence across health, education, gender, social protection, social development, police and	• **Existence and implementation of a national mechanism to coordinate and engage multiple stakeholders on gender-based violence prevention and response, including civil society, faith-based organizations, and men and boys, to prevent and address gender-**

justice sectors as well as the development, humanitarian and peace nexus, including during the protracted response and recovery phases of national emergencies such as the coronavirus pandemic; (b) scaling up high-impact and cost-effective interventions that address entrenched negative social norms, cultural beliefs and practices that limit achievement of gender equality; (c) promoting inclusive and rights-based legislative and policy environment required to end gender-based violence and harmful practices; (d) deepening community mobilization and engagement of community structures and systems to address cultural drivers of gender inequality and gender-based violence, including traditional leaders, opinion leaders and influencers; and (e) strengthening capacity and functionality of the national gender-based violence surveillance and reporting system. Lessons from the coronavirus pandemic will be applied to strengthen response and recovery systems for gender-based violence and target efforts to address disproportionate socioeconomic impact on women and girls. UNFPA will collaborate with other United Nations agencies and the UN-Women South Africa Multi-country Office towards a holistic response to gender equality. Interventions relevant for development and humanitarian situations in the country include: (a) evidence based advocacy to strengthen provisions and enforcement of inclusive legislation and policies on gender-based violence and all forms of harmful practices that limit gender equality and women's empowerment, including the National Strategy to End Violence in Swaziland 2017-2022 and the Sexual Offences and Domestic Violence Act (2018); (b) scale up engagement of men and boys in prevention, response and management of gender-based violence; (c) strengthen national statistical system capacities for data generation, analysis and use, including establishment of a gender-based violence management information system; (d) institutionalization of multisectoral gender-based violence prevention and response referral network and pathways; (e) strengthened capacity of the national coordination mechanism to promote women's empowerment, address gender-based violence and eliminate harmful practices; and (f) promote South-South cooperation to advance learning on successful models	**based violence** **Baseline: No; Target: Yes** • **Existence and implementation of a national system to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence** **Baseline: No; Target: Yes** • **Existence and implementation of minimum standards for the prevention of and response to gender-based violence in emergencies** **Baseline: No; Target: Yes** • **National or subnational mechanism to address discriminatory gender and social norms, stereotypes, practices and power relations at the individual, social and institutional levels related to three transformative results exists** **Baseline: No; Target: Yes** • **Country rolled out the social norm empowerment package that supports women and girls to become agents of change promoting egalitarian gender beliefs, social and gender norms** **Baseline: No; Target: Yes** • **Country has a functional national mechanism to engage men's and boys' organizations/networks/ coalitions promoting positive masculinities that actively advocate for achieving the transformative results** **Baseline: No; Target: Yes** • **Country has a mechanism to collect and report nationally representative evidence on perceptions and attitudes related to gender norms and stereotypes** **Baseline: No; Target: Yes**

on gender equality and women's empowerment that contribute to improved maternal health outcomes.	
Output 4. Demographic intelligence mainstreamed at national and subnational levels to improve the responsiveness, targeting and impact of development policies, programmes and advocacy	Output 3. By 2025, data systems strengthened and take into account demographic intelligence mainstreaming and climate change issues at national and subnational levels especially in development policies, programmes and advocacy, related to Sexual Reproductive Health and Rights including in humanitarian settings.
To guide targeted programming across the country programme, the following actions will be undertaken: (a) strengthened capacity of national stakeholders in subnational data analysis to improve targeting of development interventions; (b) increased availability of reliable population data and analysis to inform policies and programming processes; and (c) improved monitoring of the implementation of population policies within the context of the Sustainable Development Goals framework. Key interventions include: (a) accelerated dissemination and use of the 2017 population and housing census data and thematic reports to guide national development processes, with a focus on advancing sexual reproductive health and rights; (b) integration of demographic intelligence from the national demographic dividend study into national development plans, policy instruments and expenditure frameworks; (c) strengthened national institutional capacity in further data analysis, including small-area estimations to improve targeting of maternal health, adolescent sexual and reproductive health, gender equality and women's empowerment programmes; (d) strengthen functionality of the civil registration and vital statistics system to collect and generate annual reports with data disaggregation to guide decision-making; and (f) promote South- South and triangular cooperation, and multisectoral partnerships to advance data generation, analysis and use, to	• **Population projections at national and regional levels, disaggregated by age, sex, location produced and published** **Baseline: No; Target: Yes** • **Number of national development plans and policies that explicitly integrate demographic dynamics, including changing age structure, population distribution and urbanization** **Baseline: 0; Target: 5** • **Number of statisticians and planners with acquired skills in further analysis techniques for sexual reproductive health and rights indicators, including Small Area Estimation.** **Baseline: 0; Target: 100** • **Number and type of knowledge products developed to synthesize evidence and provide guidance for SRHR and population and development programming.** **Baseline: 0; Target: 24** • **Country collects, maps and reports disaggregated data (including by age, sex, race, ethnicity, wealth, disability and other leaving no one**

improve monitoring and measurement of integrated sexual reproductive health and rights programmes, including HIV prevention and gender-based violence prevention and response programmes.	**behind factors) on the incidence of gender-based violence and harmful practices** **Baseline: No; Target: Yes** • **Country combines population and health sector data to map geographic access to services related to sexual reproductive health and reproductive rights** **Baseline: No; Target: Yes** • **Country has a national Civil Registration and Vital Statistics (CRVS) strategic plan that has adopted a life-course approach to strengthened civil registration and vital statistics systems including birth, marriage, divorce and death, following the United Nations Principles and Recommendations on Vital Statistics Systems and as part of an integrated approach to strengthened population data systems** **Baseline: No; Target: Yes**
Output 2. Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being.	Output 4. By 2025, young people, in particular adolescent girls and young women's skills are strengthened to make informed decisions to access SRHR services in particular FP services including leadership and participation in national development processes and in humanitarian settings.
To address high teenage pregnancy and maternal mortality levels among adolescent girls and young women in the country, the following will be addressed: (a) increased demand among adolescents and young people to access sexual and reproductive health services and life skills; (b) strengthened capacity of formal, vocational and youth-serving networks to deliver comprehensive sexual and reproductive health education and life skills; (c) increased political and multisectoral support for youth engagement and participation in national development processes; (d) increased availability of	• **Number of marginalized girls that are reached by life skills education programmes that build their health, social and economic assets** **Baseline: 130,000; Target: 400,000** • **Proportion of schools providing Life Skills Education curricula in accordance with international standards** **Baseline: 32%; Target: 80%**

disaggregated data on youth sexual and reproductive health and rights, youth engagement and participation to guide decision making, including targeted financing for adolescent and youth development; and (e) applying promising practices emerging from continuity of essential youth-friendly information and services during the coronavirus pandemic. Key interventions include: (a) scaling up innovative solutions on condom and contraceptive programming, targeting adolescents and young people, to reduce unintended pregnancies, unsafe abortions and sexually transmitted infections, including HIV across the development, humanitarian and peace nexus; (b) intensifying evidence-based design and delivery models to facilitate integration of gender equality, bodily autonomy, agency, non-violent masculinities and resilience building into life skills curricula for in-school and out of school adolescents and youth and young key populations; (c) strengthening institutional capacity of youth serving organizations and networks to accelerate men and boys engagement, effective youth participation, youth-led accountability and monitoring of adolescent and youth friendly sexual and reproductive health and rights information and services; (d) rights-based advocacy for increased sustainable financing, including domestic resource allocation and innovative financing earmarked for implementation of inclusive policies and legislation on provision of high-quality and integrated adolescent and youth health services; and (e) generation and analysis of disaggregated data to improve the quality of care for adolescent and youth sexual and reproductive health services.	• **Number of beneficiaries trained using the national out-of-school Life Skills Education manual in accordance with international standards (disaggregated by age and sex)** **Baseline: 700; Target: 2,500** • **Country has involved adolescents and youth, including youth with disabilities and those affected by other core factors that leave them furthest behind, in the formulation and implementation of policies and programmes related to three transformative results** **Baseline: No; Target: Yes** • **Country has rolled out Human Papilloma Virus vaccine initiative to 9–13-year-old adolescents nationally** **Baseline: No; Target: Yes** • **Country has collected evidence on youth aspirations for their sexual and reproductive health and rights, as well as policy and programmatic approaches that support their realization** **Baseline: No; Target: Yes**

Annex 3: Theory of change

By investing in the protection and promotion of human rights , ensuring gender responsiveness , reducing risk and vulnerabilities and building resilience ,strengthening cooperation and complementarity among development partners, improving accountability, transparency and efficiency, **the UNFPA Country Office shall** ensure that everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development **leading to** the achievement of the three transformative results of (1)Ending unmet need for family planning (and SRHR), (2) Ending preventable maternal deaths and (3) Ending gender based violence (and harmful practices) **thereby** achieving universal access to equitable, effective and efficient quality social services increased for all children, adolescents, young people, men and women including marginalized persons'

Theory of Change Diagram for the Government of the Kingdom of Eswatini/UNFPA 7th Country Programme 2021-2025

Goal

National development priority or goal: The nation through the Vision 2022 aspires to have a country which is rated amongst the top 10 percent of the medium human development group of countries that manages its resources prudently anchored on the principles of good governance, such that citizens enjoy good health, are well educated, access well-paying jobs and employment opportunities, provide excellence services to the public, live in a peaceful country which is politically stable with respect for human rights and rule of law.

UNSDCF focus area: a prosperous, just and resilient Eswatini where no one is left behind organized under three priority areas: prosperity, people and planet and 4 outcome areas namely: Promoting Sustainable and Inclusive Economic Growth, Investing in Human Resources and Social Development; Accountable Governance, Justice and Human Rights and Strengthening Natural Resource Management, Climate Resilience and Environmental

TG

i) Ending preventable maternal deaths; **ii)** Ending GBV; **iii)** Ending unmet need for family planning; and **iv)** Ending HIV transmission

Outcomes

ual and Reproductive Health and Rights: By 2025, the reduction of institutional preventable maternal deaths has accelerated by at least 50%.

lescent and Youth: By 2025, adolescent girls and young women are empowered to access SRHR services, in particular family planning.

Gender Equality and Women Empowerment: By 2025, Gender equality has accelerated across at all levels of development and humanitarian settings.

ulation Dynamics: By 2025, the reduction of institutional preventable maternal deaths has accelerated by at least 50%.

Outputs

y 2025, the health system is strengthened to provide evidence-based, comprehensive and integrated quality of care at all levels covering all population groups, particularly young people and th furthest left behind across the health continuum of care.

y 2025, young people, in particular adolescent girls and young women's skills are strengthened to make informed decisions to access SRHR services in particular FP services including leadership and participation in national development processes and in humanitarian settings.

/ 2025, multi-sectoral mechanisms to promote gender equality; prevention and response to gender based violence are strengthened, furthermore promoting decision making with a focus on advocacy, data, health and coordination including in humanitarian settings.

y 2025, data systems strengthened and take into account demographic intelligence mainstreaming and climate change issues at national and subnational levels especially in development policies, programmes and advocacy, related to Sexual Reproductive Health and Rights including in humanitarian settings.

Modes of engagement & Strategies (interventions)

'ocacy and policy dialogue
dence-based Advocacy and policy advice on scaling up quality of care with health policy actors, technocrats, regulatory and professional councils, academia, CSOs.
sion of SRH/HIV/GBV policy guidance and corresponding accountability mechanisms to ensure inclusion of rights and choices for all with complementary implementation standards to accelerate equitable access and responsive delivery modalities.
wledge generation and sharing
erate analytic reports and knowledge products on SRH/HIV/GBV integration to inform scaling up.
acity-building
ngthen institutional capacity for maternal and perinatal death surveillance and response at community, regional and national levels
eted capacity development on quality of care along the RMNCAH (SRHR/HIV/GBV) continuum of care
nership and coordination
note south-south cooperation and multi-sectoral partnerships with development partners, academia, civil society and private to advance quality and integrated SRH/HIV/GBV programming

ocacy and policy dialogue
ocacy for the implementation of the national youth policy which emphasizes the provision of quality and integrated Reproductive maternal and adolescent health
ocacy and engagement with civil society, development partners for improved access to quality and integrated SRHR, HIV & GBV services
wledge generation and sharing
g the census and other data, generate analyses to identify and target adolescents, young people and women left furthest left behind with SRHR services.
erate analytical reports on the functioning of referral systems for ASRH services to improve quality of care.
acity-building
tutionalization of Life Skills Education for both in and out of school youth for young people to make informed choices about their SRHR for reduced unintended pregnancies
ngthen the capacity of adolescents and young people's serving institutions and networks on essential SRHR services, in particular maternal health
e up innovative condom and FP programming targeting young people to reduce teenage pregnancies and or unintended pregnancies including HIV infection
nership and coordination
ngthen multi-sectoral prioritization of young people at all levels to advance youth participation, resilience building and improved SRHR, HIV, GBV resource allocations and programming

ocacy and policy dialogue
ence-based policy advocacy at all levels for the implementation of policies, guidelines and laws on GBV
ocate for the scale up of the engagement of men and boys in prevention, response and management of gender-based violence
ocate for integration of gender and power dynamics into the LSE school curriculum to promote gender equality and healthy non-violent masculinities
wledge generation and sharing
ngthen national GBV data collection, analysis and reporting through the GBV management information system (GBV MIS)
erate periodic analytic reports from the GBV MIS to inform GBV programming at all levels.
acity-building
ngthen institutionalization and coordination of the national GBV response to promote women's empowerment and eliminate harmful practices for improved maternal health outcomes
e up multi-sectoral capacity to prevent, respond and manage GBV
nership and coordination
note south-south and multi-sectoral partnerships with development partners, civil society, academia and private sector to advance gender equality and women empowerment for improved maternal health outcomes

ocacy and policy dialogue
ocate for the dissemination and use of the 2017 Census and other thematic analysis reports and data in national development planning and policy implementation, with a focus on young people.
note the integration of demographic intelligence primarily related to the demographic dividend into national development plans and other policy instruments.
wledge generation and sharing
ort the generation of annual reports with full data disaggregation from the Civil Registration and Vital Statistics (CRVS) system to inform national population and development programs.
acity-building
ide strategic information technical assistance to government and civil society in support of maternal health, youth, gender equality and women empowerment
nerships and coordination
note South- South and triangular cooperation, collaboration and multisector partnerships to advance data generation, implementation and monitoring of integrated maternal health, youth, HIV and GBV programming

Risks:

Ch anging political landscape with growing opposition towards sexual and reproductive health and reproductive rights, including from emerging new religious movements

Fin ancial and social instability

Hu manitarian crises (natural disaster)

umptions:

Sig ficant support and dvocacy from ational governments, vil society, ogramme eneficiaries

Pe ce and security will e maintained

Problem root causes

- Poor quality of care across the RMNCAH continuum of care resulting from limited policy, guidelines and standards/protocols on the provision of quality RMNCAH services, including respectful maternity care, poor care standards for adolescents and young people.
- Limited skills among frontline health care workers on the management of maternal health complications
- Limited integration of SRH/HIV/GBV services in critical service delivery points, including designated facilities within EmONC network
- Weak monitoring and accountability on the functionality of designated health facilities for EmONC, integrated service delivery)
- Limited access to SRH/HIV/GBV services, especially for persons living with disabilities, key populations, underserved locations, etc
- Limited availability of targeted resources for SRH/HIV/GBV

- High unmet need for FP for adolescents and youth
- Limited knowledge on SRH, prevention and care for HIV & GBV, empowerment through economic and social assets
- Poor parental engagement in youth development programming especially empowerment and asset building components
- Limited policy, strategic implementation and accountability frameworks for improved adolescent and youth development
- Limited resources/capacities for data exploration and use for targeted adolescent & youth programs
- Poor uptake of SRH/HIV/GBV services by young people
- Inequitable access to coherent and integrated interventions required by adolescents and youth

- Weak gender mainstreaming policy guidance, coordination and programme implementation across sectors
- Weak gender-sensitive data capturing systems at national and sub-national levels
- Limited GBV component within design, provision and uptake of comprehensive SRH/HIV/GBV service models
- Entrenched cultural beliefs and practices confounded by social norms affecting access and utilization of SRH/HIV/GBV services
- Weak monitoring, reporting and accountability systems for GBV cases and other manifestations of gender inequality

- Limited availability of resources and prioritization of national statistical agenda affecting generation and analysis of data to inform national development plans, policies and programme implementation on the unfinished business of the ICPD Agenda (SRHR, youth, gender equality and women empowerment, widening inequality, etc)
- Limited institutional capacities at national and sub-national levels to accelerate data and evidence generation, analysis and use across all sectors on SRHR, youth, gender equality and women empowerment
- Limited partnerships with public, private and academia focused on data generation, analysis and use.

Problems

- High Maternal Mortality Ratio (MMR) and Neonatal Mortality Rate (NMR);
- High Unmet Need for family planning, especially among young people and women living with HIV contributing to high unintended pregnancies and consequent high rates of unsafe abortion

- High Unintended Pregnancies especially Teenage Pregnancy
- High HIV incidence in young people
- Limited ASRH service provision for young people

- High incidence and prevalence of Gender Based Violence contributing to unintended pregnancies,
- Persistent Gender Inequalities contributing to poor reproductive, maternal and adolescent health and broader development outcomes for women, adolescents and young people.

- Outdated population policy and lack of a National Statistical Strategy limits the existence of an overarching strategic guidance to inform people-centered programming on reproductive, maternal and adolescent health, youth development, HIV prevention, GBV prevention and response, and related gender equality and women empowerment.
- Limited institutional capacity in government and CSO's to generate and analyze data, evidence and new knowledge through strengthened routine and survey systems,
- Limited capacity to undertake further data analysis to generate and use disaggregated data to inform policy and programming on SRHR, youth development,

Core Problem

High Maternal mortality with underlying drivers of inadequate quality of care along the continuum of care, and contributory dimensions of high unintended pregnancies, HIV and GBV incidence and prevalence among adolescents, women and youth, as well as persistent inequalities especially for those left furthest behind.

Partner

Partners (UNFPA SP outcome1)
istry of Economic Planning and Development, Ministry of Health, Family Life Association of Eswatini, Southern Africa Nazarene University, University of Eswatini, Ministry of Sports, Culture and Youth Affairs, Elizabeth Glaser Pediatric AIDS Foundation, National Emergency Response Council on HIV/AIDS, Good Shepherd Nursing College UNICEF, WHO, UNAIDS, World Bank, Eswatini Christian Medical University, Nursing Council, Medical & Dental Council, Eswatini Nurses Association, Private Sector, Parliament, Media, Ministry of Finance

tners (UNFPA SP Outcome 2)
istry of Economic Planning and Development, Family Life Association of Eswatini, Ministry of Sports, Culture and Youth Affairs, Ministry of Education and Training, Ministry of Health, Eswatini National Youth Council, Lusweti, Bantwana, Khulisa Umntfwana, Compassionate Eswatini, Peace Corps, National Emergency Response on HIV and AIDS, Church Forum, Private Sector, UNICEF, WHO, UNAIDS, World Bank, UNDP, UNESCO, WFP, Parliament, Media, Ministry of Finance

tners (UNFPA SP Outcome 3)
istry of Economic Planning and Development, Deputy Prime Minister's Office, Ministry of Health, Family Life Association of Eswatini, Ministry of Sports, Culture and Youth Affairs, Ministry of Education and Training, Eswatini National Youth Council, Lusweti, Bantwana, Khulisa Umntfwana, Compassionate Eswatini, Peace Corps, National Emergency Response on HIV and AIDS, UNICEF, WHO, UNAIDS, World Bank, UNDP, WFP, UNESCO, Parliament, Media, Ministry of Finance

Partners (UNFPA SP Outcome 4)
Ministry of Economic Planning and Development, Deputy Prime Minister's Office, Ministry of Health, Family Life Association of Eswatini, Ministry of Sports, Culture and Youth Affairs, Ministry of Education and Training, Eswatini National Youth Council, Lusweti, Bantwana, Khulisa Umntfwana, Compassionate Eswatini, Peace Corps, National Emergency Response on HIV and AIDS, UNICEF, WHO, UNAIDS, World Bank, UNDP, WFP, UNESCO, Parliament, Media, Ministry of Finance

Linkages

come 1
ed to Outcome 2 on strengthening the availability of accurate information on SRHR, HIV & GBV for making informed choices among young people for their well-being and prevention of early and unintended pregnancies
ed to Outcome 3 on improved response and coordination of GBV cases and provision of quality and integrated SRHR services to GBV survivors.
ed to Outcome 4 on provision of disaggregated data on maternal health/SRHR services and information for better identification of programme gaps and those furthest left behind

come 2
ed to Outcome 1 on provision of quality and integrated materna health/SRHR services and information to young people, especial adolescent girls.
ed to Outcome 3 on the mobilizing partners including civil society youth networks and development partners to respond to GB barriers for quality SRHR, HIV & GBV service utilization amon the youth, especially adolescent girls.
ed to Outcome 4 on production of evidence to inform yout programming including Social Behaviour Change Communicatio Adolescent Sexual Reproductive Health, HIV and gender-base violence for prevention of early and unintended pregnancies f

Outcome 3
Linked to Outcome 1 on provision of quality and integrated maternal health/SRHR services and information to all GBV survivors.
Linked to Outcome 2 on empowering young people to know the quality of SRHR, HIV and GBV services to demand whenever, they need it.
Linked to Outcome 4 on strengthening data availability for GBV programming to effectively advocate and engage government, civil society and development partners to advance gender equality and women empowerment for improved maternal health outcomes.

come 4
ed to Outcome 1 on provision of disaggregated data on maternal health/SRHR services and information for better identification of rogramme gaps and those furthest left behind.
ed to Outcome 2 on production of evidence to inform youth programming including Social Behaviour Change Communication, Adolescent Sexual Reproductive Health, HIV and gender-based violence for prevention of early and unintended pregnancies for improved maternal health outcomes.
ed to Outcome 3 on strengthening data availability for GBV programming to effectively advocate and engage government, civil society and development partners to advance gender equality and

Annex 4. Data Collection Tools

MASTER KEY INFORMANT INTERVIEW GUIDE

The following is a master key informant interview guide. It includes an exhaustive list of interview questions which can be directed to UNFPA management and staff, to UNFPA Implementing Partners (IPs), Non-governmental Organizations (NGOs), Government stakeholders, relevant UN Agencies and other stakeholders as pertinent to the UNFPA Eswatini program evaluation.

For each interview, the Evaluation Team/Interviewee will select the questions appropriate to the specific stakeholder group being interviewed. The phrasing of some of the below questions will be adapted during the data collection phase to agree with the type of involvement and experience of the interviewed stakeholder with the UNFPA program.

Introduction of the Meeting: The evaluation team should first introduce themselves and state the objectives of the evaluation which are to

iii. *To provide the UNFPA Eswatini CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Eswatini 7th country programme 2021-25*

iv. *To broaden the evidence base to inform the design of the next programme cycle.*

Further the evaluator should indicate that the evaluation would be used to support accountability and inform strategic decisions that would improve implementation of the next country program. Interviewees should be assured that their personal details and information they would share would be treated with the highest level of confidentiality.

A. Key Informant Interview Guide for UNFPA Country Office Staff

Introduction: Describe the UNFPA 7th Country Programme how you were involved in it? i.e Your area of work and responsibilities.

Relevance

- Did the 7th Country Programme (CP) address the needs of the nation in line with the priorities defined in the national development agenda?
- Were the objectives and strategies of the Country Programme Action Plan (CPAP) discussed and agreed with national partners?
- How did you identify the needs prior to the programming the thematic areas?
- Who was consulted regarding the design? Which other actors have been involved, how does this activity contribute to that of others?
- How did UNFPA leverage on its partnerships to ensure that its program remained relevant? In your view, does UNFPA have the right strategic partnerships?
- Was UNFPA able to respond and adapt its interventions to changing national priorities/ development needs e.g COVID-19 situation.
- In your opinion, did UNFPA respond in a timely manner to IP requests for support to address the needs of the 'target populations'? Were any delays encountered? If yes, what were the reasons? How can UNFPA enhance timely support in the future?

Effectiveness

- Were program outputs achieved as planned in AWPs? If not, what were challenges encountered and how did you address these challenges?
- Was support provided in a timely manner (in-kind, financial & technical)? Were delays encountered? Why? Did that affect project effectiveness?
- What types of mechanisms did you put in place to monitor the implementation of activities under your program? Which results did you measure and how did your measure them? Were you able to achieve your results? Explain.
- Which interventions and/or activities were found to be effective and pertinent? Why? Which ones were less effective or pertinent? Why?
- What components of the CP have been most/least effective and what can be done to improve performance in program implementation?

- What are the factors that substantially influence the outcomes and outputs, both positively and negatively? How?
- Overall, what were the key achievements of the 7th CP?
- What challenges were encountered during implementation of the 7th CP as far as your programme area is concerned?
- What do you consider to be the lessons learned and best practices from the 7th CP?

Efficiency

- Resource mobilization: Has the country office mobilized enough financial resources vis-à-vis what was needed to implement planned program outputs? What was the rate of planned resources versus what was raised? If not, what can be done to improve CO resource mobilization strategies?
- Did the country office devote the required human and technical resources for an efficient program implementation? For a timely disbursement of allocated funds? To support implementing partners in the technical areas of their programs? What were challenges or impediments and how can they be addressed in future programs?
- Were the institutional arrangements and operational mechanisms conducive to efficient operations in the local context? In what ways? If not, what can be changed to enhance efficiency?
- Did the program manage to secure the partnerships (NGOs and government) needed to respond to the emergent needs of the target population in a timely manner? To reach the geographical areas most in need of UNFPA assistance
- Did the program manage a timely disbursement of funds to implementing partners to support provision of services to the target populations? What were challenges or impediments to a timely disbursement of funds and how can they be addressed in future programs?

  Were there any delays? If yes, why? And how did you solve the problem?
- What are UNFPA' comparative strengths in the areas of reproductive health, gender-based violence, youth and population dynamics? How did UNFPA use its comparative strengths to respond to the emergent needs?
- Did UNFPA select IPs with the proper management, technical expertise and geographic reach to enable an efficient implementation of the country program? What were challenges encountered and how were they addressed?
- Did UNFPA financial support to IPs enable an efficient and timely service delivery to target populations? What hindrances and challenges were encountered? How can they be addressed?

- Were partners able to disburse allocated funds in a timely manner? What were challenges encountered in IPs disbursement of funds and provision of planned services?
- What measures did you put in place to improve the efficiency of your operations?

Sustainability

- To what extent did the programme help to establish building blocks/factors for future sustainability of SRH / youth / gender / GBV and population services in Eswatini, and for the interventions implemented by partners which were supported by the programme?
- Can the Government of Eswatini and other stakeholders continue implementing current interventions without UNFPA support? Please elaborate.
- Which are the main lessons learned of the programme for UNFPA and for government authorities?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- What are the plans for sustainability of the programmes?
- Do you believe that there is political will and national ownership behind GE/GBV/HR interventions, and is this changing? Have programmes been integrated in institutional government plans?

UNCT Coordination

- Is there any Inter-Agency Technical Working Group on this 7th CP, involving other UN Country Team?
- What is the role of UNFPA CO in the United Nations Country Team coordination in Eswatini? What partnerships exist? Any specific contributions to the achievement of results? Any Challenges?
- Can you say how well the activities are coordinated, overlapping and how is this handled?
- How could these challenges be overcome?
- What role has UNFPA played in the UNCT joint programs? Any specific contributions? Any lessons learned? Any challenges?
- Is UNFPA playing an active coordination or leadership role around GE/GBV/HR/HPs in the UN system?
- What are the special strengths of UNFPA when compared to other UN agencies and development partners?
- How is UNFPA perceived by implementing and national partners?

B. Key Informant Interview Guide for Implementing Partners

National Stakeholders: Government Departments, CSO and NGOs

Introduction: Describe the UNFPA Country Programme and your involvement in it?

Relevance

- What are the services that you provide to your program beneficiaries? - Or what type of support (financial, technical, in-kind, or capacity building) do you provide?
- Did the 7th Country Programme (CP) address the needs of the nation in line with the priorities defined in the national development agenda?
- Did you approach UNFPA or did UNFPA approach your organization to support funding of your program(s)?
- Were the objectives and strategies of the Country Programme Action Plan (CPAP) discussed and agreed with national partners?
- Do you see the work of UNFPA and its implementing partners as supporting priority issues in as far as SRH, Adolescents and Youth and Gender Equity is concerned?
- Are these the most relevant issues for UNFPA to focus on given national priorities and what other agencies are doing?
- Did you / UNFPA respond in a timely manner to IP requests for support to address the needs of the 'target populations'? Were delays encountered? If yes, what were the reasons? How can UNFPA enhance timely support in the future?
- What are suggestions / recommendations to improve the relevance and adaptability of UNFPA program to the needs of the target population?

Effectiveness

- What issues did your program address and is still addressing in the area of RH/FP/Youth and Adolescents? What did UNFPA support?
- Were program outputs achieved as planned in AWPs? If not, what were challenges encountered and how did you address these challenges?
- Was UNFPA support provided in a timely manner (in kind, financial & technical)? Were delays encountered? Why? Did that affect project effectiveness?
- What types of mechanisms did you put in place to monitor the implementation of activities under your program? Which results did you measure and how did your measure them? Were you able to achieve your results? Explain.
- Did UNFPA monitor the implementation of your activities? How and how often? What did the monitoring activities cover?
- To what extent did the 7th CP reach the intended beneficiaries?

- Which interventions and/or activities were found to be effective and pertinent? Why? Which ones were less effective or pertinent? Why?
- What components of the CP have been most/least effective and what can be done to improve performance in program implementation?
- What were the factors that substantially influenced the outcomes and outputs, both positively and negatively? How?
- Overall, what were the key achievements of the 7th CP?
- What challenges were encountered during implementation of the 7th CP as far as your programme area is concerned?

Efficiency

- Did the country office devote the required human and technical resources for an efficient program implementation? For a timely disbursement of allocated funds? To support implementing partners in the technical areas of their programs? What were challenges or impediments and how can they be addressed in future programs?
- Were the institutional arrangements and operational mechanisms conducive to efficient operations in the local context? In what ways? If not, what can be changed to enhance efficiency?
- Did the program manage to secure the partnerships needed to respond to the emergent needs of the target population in a timely manner? To reach the geographical areas most in need of UNFPA assistance
- Did the program manage a timely disbursement of funds to implementing partners to support provision of services to the target populations? What were challenges or impediments to a timely disbursement of funds and how can they be addressed in future programs?
- Were there any delays? If yes, why? And how did you solve the problem?
- What are UNFPA' comparative strengths in the areas of reproductive health, gender-based violence, youth and population dynamics? How did UNFPA use its comparative strengths to respond to the emergent needs?
- Did UNFPA financial support enable an efficient and timely service delivery to target populations? What hindrances and challenges were encountered? How can they be addressed?
- Were you able to disburse allocated funds in a timely manner? What were challenges encountered in disbursement of funds and provision of planned services?
- What measures did you put in place to improve the efficiency of your operations?
- What were the mechanisms of coordination between different stakeholders to achieve tangible results of the CP? Were TWGs established in each or some of the components of the program. If

yes, what mechanism were adopted to build the bridge between the key players collaborating with UNFPA. What were the main challenges of coordination especially in those sub clusters UNFPA leads?

- Were there any programmes that were cancelled or postponed? Why?
- Do you think that the UNFPA adopted approaches that were efficient/cost effective in delivering the 7th CP? Explain

Sustainability

- To what extent did the programme help to establish building blocks/factors for future sustainability of SRH / youth / gender / GBV/ and population services in Eswatini, and for the interventions implemented by partners which were supported by the programme?
- Which are the main lessons learned of the programme for UNFPA and for government authorities?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- What are the plans for sustainability of the programmes?
- Does your institution have the capacity to continue the programme interventions without any donor support?

UNCT Coordination

- What are the special strengths of UNFPA when compared to other UN agencies and development partners?
- How is UNFPA perceived by implementing and national partners?

C. Key Informant Interview Guide for UN Agencies

- Please could you explain a little bit about your role in relation to implementation of the 7th CP
- What is your view of UNFPA's strategic positioning regarding GE/GBV/HR and how should it position itself in the future?
- What are the comparative strengths of UNFPA in the UN system and does it add value to the work of other entities?
- In your view, does UNFPA have the right strategic partnerships at the national and community levels – who else should UNFPA be working with?

- Have you seen evidence of UNFPA's influence, including using data, on national decision-making or allocation of resources to address key areas of the 7th CP?
- In your view, do UNFPA's systems and structures support effective working?
- To what extent do you see UNFPA's approach being catalytic to build wider support and action to address SRH and FP issues?

D. Key Informant/ Focus group Interview Guide for Beneficiaries

Introduction: You have been invited to participate in discussion because of your involvement with (Name of UNFPA implementing partner) work in this community.

- I would like type of support did you receive from (UNFPA implementing partner)

Relevance

- What are the national needs and priorities in Eswatini/in your community in terms of the development agenda? How important is the work supported by (UNFPA implementing partner) to these needs and priorities at district, provincial and national levels?
- Does the (UNFPA implementing partner)'s work address the needs in: Sexual and Reproductive Health (SRH), Population and Development (P&D), and Gender Equality (GE) including GBV?

Effectiveness

- To what extent has UNFPA support reached the intended beneficiaries?
- Are different beneficiaries appreciating the benefits of the UNFPA interventions? For example?
- What are the specific indicators of success in your programme?
- What factors contributed to the effectiveness or otherwise?

Sustainability

- What are the benefits of the programme interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- Have programmes been integrated in institutional/government plans?
- How does the UNFPA CO/ ensure ownership and durability of its programmes?

Annex 5 : List of Key Informants

1. UNITED NATIONS

NO	PROPOSED KEY INFORMANTS	NAME OF INSTITUTION/ ORGANIZATION	CONTACT DETAILS
1	Resident Coordinator	Resident Coordinators Office	Mr George Wachira
2	Team Leader		Mr Benjamin Ofosu Koranteng
3	M&E Advisor		Ms Zandile Simelane
4	Focal Points for RGs		Dr Bongani Dlamini
5	Communication specialist		Mr Sibusiso Mngadi
6	Resident Representative, UNDP (Previous)	United Nations Development Program (UNDP)	
7	Deputy Resident Representative/ PPSG		Ms Nessie Golakai
8	Program Leads		Ms Zanele Thabede Mr Mpendulo Masuku Mr Mavi Thwala
9	M&E Focal point/ RG focal point		Temndeni Khumalo
10	Country Representative	World Food Program (WFP)	Mr Deepak Sha
11	Policy Programme Officer		Mr Melusi Kunene
12	Country Director (Based in ESARO)	United Nations Population Fund (UNFPA)	Mr Yu Yu
13	Head of Office		Ms. Margaret Thwala – Tembe – 7802 6952
14	M&E Officer		Lucas Jele – 7802 6949
15	Representative	United Nations Children's Fund (UNICEF)	Ms Amina Mohammed 7808 6578
16	Deputy Representative		Mr Afshin Parsi
17	PM&E Specialist		Ms Nelisiwe Dlamini
18	Resident Representative	World Health Organization (WHO)	Dr Susan Tembo
19	M&E Officer		Ms Jessica Chokani
20	Country Director	International Organization for Migration (IOM)	Mr Jeremias Mendes
21	M&E Advisor		Ms Thembi Matsenjwa Ms Fezile Shongwe
22	Resident Representative	United Nations Educational, Scientific and Cultural Organization (UNESCO)	
23	M&E Officer		Dr Bethusile Mahlalela
24	Country Representative	Joint United Nations Programme on HIV/AIDS (UNAIDS)	
25	M & E/SI Advisor		Mr Nsindiso Dlamini

2. Government Ministries

26	Principal Secretary or representative	Deputy Prime Ministers . Office	
27	Director - Gender Coordination Unit		Ms Nomzamo Dlamini
28	Principal Secretary or representative	Ministry of Economic Planning and Development	
29	Chief Economist		
30	Director - National Population Unit		Ms Nombulelo Dlamini
31	Director - Central Statistics Office		Mr Thembinkosi Tshabalala
32	Principal Secretary or representative	Ministry of Education and Training (MoET)	
33	Director – Education Guidance Testing Psychosocial Services (EGTPS)		Ms Lindiwe Dlamini
34	Principal Secretary or representative	Ministry of Sports, Culture and Youth Affairs	Prince Mlayeto
35	Principal Secretary or representative	Ministry of Health	Mr Khanya mabuza
36	Deputy Director Public Health		Ms Rejoice Nkambule
37	Sexual Reproductive Health Manager		Mr Mgcineni Ndlangamandla
38	Gender Focal person	World Bank	
39	Gender Focal Person	African Development Bank	Mr. Nyajena, Bothwell

3. <u>Civil Society</u>

38	Executive Director	The Family Life Association of Eswatini (FLAS)	Mr Mduduzi Dlamini
39	Executive Director	Swaziland Action Group Against Abuse (SWAGAA)	Ms Nonhlanhla Dlamini
40	Executive Director	Church Forum	Mr Colani Magongo
41	Chief Executive Officer	Eswatini National Youth Council (ENYC)	
42	Executive Director	Junior Achievement (JA)	Ms Phetsile Masilela
43	Executive Director	Sivusa Tive Negcebo	Ms Futhi Khumalo
44	Executive Director	Kwakha Indvodza	Mr Sonic Dlamini

45	Executive Director	Nhlangano AIDS Training and Testing Counselling Centre (NATICC)	Mr Nzima
46	President	FODSWA	Mr Bongani Makama
47	Executive Director	Umhluma Women and Youth Foundation	Mr. Lungelo Zulu

4. <u>Development Partners (Evaluation Manager to assist)</u>

At Regional Level

Annex 6 : List of UNFPA interventions

Nr	IP	IP Code	Location	Key Interventions	Implementation location sites
1	FLAS	PN5485	Manzini and Mbabane	Integrated SRHR services and information	Manzini and Mbabane
2	Kwakha Indvodza	PN7602	Mbabane	Integrated SRHR services and information targeting men	Kwaluseni, Lobamba
3	Central Statistical Office (CSO)	PGSZ01	Mbabane	Data and evidence generation	Mbabane
4	National Population Unit (NPU)	PGSZ02	Mbabane	Population data and advocacy	Mbabane
5	Ministry of Health	PGSZ03	Mbabane	Integrated SRHR services and information	All 4 regions
6	SWAGAA	PN5489	Manzini	GBV prevention and response	All 4 regions
7	DPMO- DGFI	PGSZ04	Mbabane	Gender equality and GBV prevention and response	Mbabane
8	Junior Achievement Eswatini (JAE)	PN8129	Manzini	Integrating SRHR services into entrepreneurship	All 4 regions
9	Church Forum	PN6952	Manzini	Integrated SRHR information targeting the religious sector	Manzini
10	UNFPA	PU0074	Mbabane		All 4 Regions
11	Medical Mission Eswatini (MME)	PN8319	Siteki	Disability rehabilitation and inclusion initiatives	
12	Zuzani@Gosheni	PN8295	Mbabane	Residency for persons at risk,	

				survivors of GBV and PWDs	
13	Nhloso Likusasa Lelichakazile	PN8296	Matsapha	Capacity building targeting young people	
14	NATICC	PN8294	Nhlangano	GBV prevention and response	

Annex 7 : Stakeholder Map

Government/UNFPA 7th Country Programme Stakeholder Map

GROUP	ORGANIZATION	NAME & SURNAME	TITLE	CONTACT NUMBER	EMAIL ADDRESS
OUTCOME 1					
	SRHU	1. Ntombikayise Madlopha 2. Wiseman Mngometulu 3. Nozipho Motsa 4. Lindiwe Malaza 5. Zandile Masangane 6. Mgcineni Ndlangamandla	Program Manager MNH Officer Com. Officer GBV Officer FP Officer ASRH Officer Infertility/Male Involvement Officer	7608 6890 7618 7748 7975 6366 7677 6577 7607 5531 7605 2509	kayisedee@gmail.com wisdomwisey2@gmail.com mnoziphnoziphomotsa@gmail.com lindzmalaza@gmail.com masanganezand07@gmail.com mgcinenind@gmail.com

	MoH	Dr. Velephi Okello Ms. Rejoice Nkambule Ms. Fortunate Bhembe	Deputy Director Health Services Deputy Director – Public Health Deputy Director – Pharmaceutical	7606 3249 7606 3219 7606 3248	vjokello@gmail.com rejoicenkambule100@gmail.com fortunatebhembe@gmail.com
	EGPAF	Christopher Makwindi	Technical Director	7625 4650	cmakwindi@pedaids.org
	FODSWA	Sipho Dlamini	President	7627 6485	
	FLAS	Patrick Mduduzi Dlamini	Executive Director	7604 2544	pmdlamini@flas.org.sz
	SANU	Faith Mngomezulu Hlengiwe Mohale	Acting Vice Chancellor Head of Midwifery	7806 2197 7604 4561	faithmng@sanu.ac.sz mohalehlengiwe@yahoo.com
	WHO	Dudu Dlamini	Family Health Population Officer	7603 2101	dlaminid@who.int
	UNICEF	Makhosini Mamba	Health Specialist	7870 4334	mmamba@unicef.org
	CANGO	Thembinkosi Dlamini	Executive Director		director@cango.org.sz

	SADC PF on SRHR/HIV Governance Program	Jabulisile Malaza Busisiwe Mavimbela	Director Research & SADC PF Desk Officer MP	7845 9240	jabulilembazomalaza@gmail.com
	World Bank	Nonhlanhla Zindela	The Director		nzindela@worldbank.org
	SNAP	Muhle Dlamini Mpumelelo Mavimbela	Programme Manager STI s Officer	7605 2293 7628 1014	muhledlamini@gmail.com mpumzaseni@gmail.com
	RHM	John Myeni	Program Manager	7644 6156	myeni.john@yahoo.com
	PSI	Dr Endale Tilahun Teclar Maphosa	Country Representative Marketing Director	2404-9117 7628 7833	etilahun@psi.org mteclar@psi.sz
	SAfAIDS	Mandisa Machakata	Country Director	7847 5402	mandisa@safaids.net
	CMS	Themba Motsa Nomsa Shongwe Bongiwe Mngoma	Associate Director Principal Pharmacist CMS FP – RH Focal	7606 3247 7605 6625 7668 9973	tmotsa1061@gmail.com nnshongwe@gmail.com bongiwemngoma@gmail.com
	PEFPAR	Cheryl Amoroso	PEPFAR Country Director		amorosoCL@state.gov
	USAID	Christopher Detwiler	USAID Country Director		cdetwiler@usaid.gov

	Cancer Control	Xolisile Dlamini	Programme Manager	7604 0177	maxolixoli1963@gmail.com
	NDMA	Russel Dlamini Victor Mahlalela	CEO Programs Director	7606 1801 7806 4702	russell@ndma.co.sz victor@ndma.org.sz
	EGPAF	Caspian Chouraya	Director	xxxxxx	cchouraya@pedaids.org
	AMICAAL	Sibongile Ndlela-Simelane	Director	xxxxxx	xxxxxx
OUTCOME 2					
	FLAS	Patrick Mduduzi Dlamini	Executive Director	7604 2544	pmdlamini@flas.org.sz
	CANGO	Nkosingiphile Myeni	Youth officer	7817 9868	
	ESWATINI YOUTH COUNCIL	Petros Dlamini Dumsani Simelane	CEO Head of Programs	7802 9667 7606 7115	makhosamip@snyc.org.sz dumsanis@snyc.org.sz
	SRHU	1. Zandile Masangane 2. Mpumelelo Mavimbela 3. Lindiwe Malaza	ASRH Officer STIs Officer FP Officer	7607 5531 7628 1014 7677 6577	masanganezand07@gmail.com mpumzaseni@gmail.com lindzmalaza@gmail.com
	Nhlangano AIDS Training and Information Counselling Centre (HIV)		TBO		
	UNIFORMED SERVICES	xxxxxx	The Director		

	LUSWETI	Calisile Masilela	Acting Director	7638 8829	calsile@lusweti.org.sz
	KHULISA UMNTFWANA	Precious Dlamini Bheki Shabangu	Director Programme Officer	7624 2400 7624 9427	dlaminipreciousn@yahoo.co sbhekithemba@yahoo.com
	MIN OF EDUCATION	Lindiwe Dlamini	Director	7606 4357	directoretgps@gmail.com
	MIN OF YOUTH	Bheki Thwala	Director	7606 2212	btthwala@swazi.net btthwala@hotmail.com
	CHURCH FORUM	Colani Magongo	Executive Director	7638 0614	colanimagongo@gmail.com
	ICPD YOUTH REPS	Celumusa Dlamini Zethu Matsebula	Young People Young People	xxxxx xxxxx	
	Health Promotion Programme	Bongiwe Dlamini Mildred Xaba	Program Manager Program Officer	7605 5832 7604 6799	bonglive@yahoo.com wisilex@yahoo.com
	UNESCO	Edwin Simelane	HIV&Health Education National Programme Officer	7602 2665	e.simelane@unesco.org
	ILO	Nomaswazi Dlamini	Officer		dlamini@ilo.org

	UNAIDS	Thembisile Dlamini	Community Support Adviser	7686 6844	DlaminiT@unaids.org
	UNICEF	Ruben Pages Chiara	Chief Chief		rpages@unicef.org
	PORTFOLIO COMMIT. YOUTH	Hon. Mduduzi Simelane Hon. Mduduzi Dlamini	MP MP	7603 0198	
OUTCOME 3					
	DPMO	Hlobsile Dlamini	Under Secretary	7904 7870	lobovuhlo@gmail.com
	GENDER UNIT	Nomzamo Dlamini Mpendulo Masuku	Gender Analyst M&E Analyst	7850 1577 7627 2500	mzamodlamini84@gmail.com mpendulomasuku@gmail.com
	SWAGAA	Nonhlanhla Dlamini Xolile Mazibuko	Director Programme Manager	7640 0378 7630 9155	director@swagaa.org.sz programmesmanager@swagaa.org.sz
	NATICC	Mthobisi			mthobisi@naticc.org.sz
	KI	Tom Churchyard	Director	7676 0607	tom@kwakhaindvodza.com
	WILSA	Sizakele Hlatshwayo	Research Associate	786 31675	masizakk@gmail.com
	Gender Links	Ncane Maziya	Coordinator	7624 0486	swdlocalgvt@genderlinks.org.za
	Women Parliamentary Caucus	Jabulile Malaza	Director research &	7845 9240	jabulilembazomalaza@gmail.com

			SADC SRH PF Desk Officer		
	Lutsango LwaKangwane	Bella Katamzi	Secretariat	7618 9135	bellakatamzi@gmail.com
	Khulisa Umntfwana	Bheki Shabangu			
	Lusweti		Executive Director		
	EU	Allen Dlamini	The Program / Technical Manager		
	UN RCO	Benjamin Ofosu Koranteng	RCO Team Lead	7808 5336	benjamin.ofosu-koranteng@one.un.org
	UNDP	Shaima Hussein Linda Nxumalo (on leave) Gugulethu Dlamini (out of country)	Dep. Rep. Govern advisor Prog Analyst	2409 6600 7606 3567 7602 6243	shaima.hussein@undp.org lnxumalo7@gmail.com gugulethu.dlamini@undp.org
	WFP	Pamela Dlamini	Field Monitor Assistant	7659 9839	Pamela.dlamini@wfp.org
	UNICEF	Phumzile Dlamini	Child Protection Specialist	7624 9755	phdlamini@unicef.org
	UNESCO	Bethusile Mahlalela			
	UNAIDS	Thembsile Dlamini			

		Nsindiso Dlamini			
	Attorney General's Office (Ministry of Justice)	Lomvula Hlophe	Principal Counsel		hlomvula@yahoo.com
	Social Welfare Department (DPM's Office)	Simanga Maseko Sandile Ndzimandze Sindi Dube	Acting Director S/Social Worker Disability Officer	7613 5500 7621 5045 7686 0337	Masekosa1970@gmail.com sndzimande@hotmail.com dubesindi@yahoo.com
	Women Unlimited	Vimbai Kapurura	Director	7628 6709	vimbai@womenunlimited.africa kapururav@gmail.com
	Sivusative Negcebo	Futhi Khumalo Gciniwe Dlamini	Director Prog. Officer	76857925 78450365	Futhikhumalo47@gmail.com gciniwed1@gmail.com
OUTCOME 4					
	MOH-SID	Lungile Shongwe Sebentile Myeni Mpumie Dlamini-Mthunzie	Head of Unit M & E M & E	7606 2925 7644 3128 7621 0119	shongwelu@gov.sz sebentile.myeni@gmail.com mpumiemthunzi@gmail.com
	CSO	Thembinkosi Shabalala Phumlile Dlamini	Director UNFPA/CSO Programme Manager	7605 5715	mavusophumlile@yahoo.com

	NPU	Nombulelo Dlamini	Director	7613 7351	
	MEPD-POVERTY UNIT	Sifiso Mamba Lungile Mndzebele	Chief Economist Principal Planning Officer	7606 3202	mndzebelelu@gmail.com
	UNISWA-DEMOGRAPHY	Dr Maswati Simelane	Head of Department	7691 3958	ssimelane@uniswa.sz
	FLAS Research Unit	Gcina Mgadule	Research Officer	7632 8414	gcina@flas.org.sz
	NERCHA M and E unit	Bheka Mziyako	Head of Strategic Information		bheka.mziyako@nercha.org.sz
	UNCT	RC UNDP Rep UNICEF Rep WHO Rep UNAIDS Coordinator WFP Country Director FAO Assistant Representative IOM Country Director UNESCO Secretary General			
	UNISWA	Priscilla Dlamini	Dean	2517 0708	psdlamini@uniswa.sz

		Hlengiwe Mohale	Head of Midwifery	2517 0708	mohaleh@uniswa.sz
	Business Women Eswatini	Nathi E. Dlamini Tokky Hoeu	CEO		
	Standard Bank	Mvuselelo Fakudze	Chief Executive Officer		
	Nedbank	Fikile Nkosi	Managing Director		
	UNFPA	Mr Yu Yu Mellisa Willis	Country Director		yu@unfpa.org

Annex 8 : Agenda for field Phase

Fieldwork Mission Agenda – Eswatini Country Office

Program

Tuesday 29th October – Monday 18th November 2024

Time	Activity	Responsible	Comment /Confirmation
Day 1 Tuesday 29 October 2024			
28 – 29 October 2024	Travel from Guinea Bissau to Eswatini	CPE Team Leader- Natalia Conesta	confirmed
3:00pm	Arrival at KMII Airport	SMT/driver	confirmed
5:00pm	Checking in at the Mountain View	Programme Assistant	confirmed
Day 2 Wednesday 30 October 2024			
Working Remotely at the hotel			
10:00am – 10:30am	Security briefing	UNDSS	
Day 3 Thursday 31 October 2024			
O9:00am - 09:15am	Transfer from the Hotel to the office	Driver	
09:15am - 09:45am	Meeting with CD and the Head of Office	HOO	
11:30am -1:00pm	Meeting with Programme staff	PA-HRA	
1:00-2:00	***Lunch***		
2:15pm- 3:30pm	Meeting with Chika and Thamary and planning for the various KIIs and FGDs	SRH PS	
4:00pm	Transfer back to Hotel	Driver	
Day 4 Friday 1 November 2024			
08:00am -08:45am	Transfer from the Hotel to conduct Key Informant Interviews (KIIs)	Driver	
O9:00am - 10:00am	SRH Programme Manager and SRH officers	SIS/ SRH PS	
11:30am- 12:30pm		SIS/ SRH PS	
1:00pm - 2:00 pm	**Lunch**		
Day 5 Monday 4 November 2024			
08:30am- 10:00am	Transfer from the Hotel to conduct Key Informant Interviews (KIIs)	Driver	
10:30am- 10:30am	CMS, DMU	SIS/ SRH PS	
10:30am- 11:30pm	CMS-FP Focal point		
11:30am- 12:30pm	SANU Head of Midwifery Department	SIS/ SRH PS	

1:00pm - 2:00 pm	**Lunch**		
2:30pm - 3:30pm	FLAS Executive Director	SIS/ SRH PS	
3:40pm- 4:00pm	FLAS Programmes Manager	SIS/ SRH PS	
4:15pm	Transfer back to the Hotel	Driver	
Day 6 Tuesday 5 November 2024			
08:45am -09:00am	Transfer from the Hotel to conduct Key Informant Interviews (KIIs)	Driver	
O9:00am - 10:00am	Dr Angel Dlamini - dlaminia@who.int	SIS/ SRH PS	
10:30am- 11:30am	UNICEF – Ms Chiara Pierotti - cpierotti@unicef.org	SIS/ SRH PS	
12:00pm- 13:00pm	IOM - Ms Lindiwe Simelane - lsimelane@iom.int	PA-HRA	
1:00pm - 2:00 pm	**Lunch**		
2:30pm - 3:30pm	UNAIDS Mr Nsindiso Dlamini - DlaminiN@unaids.org	SIS/ SRH PS	
3:40pm- 4:30pm		PA-HRA	
4:30pm	Transfer back to the Hotel	Driver	
Day 7 Wednesday 6 November 2024			
08:45am -09:00am	Transfer from the Hotel to conduct Key Informant Interviews (KIIs)	SIS/ SRH PS	
O9:00am - 10:00am	Eswatini National AIDS Program - Mr Mpumelelo Mavimbela - mpumzaseni@gmail.com	SIS/ SRH PS	
10:30am- 11:30am	NERCHA - Mr Mphikekeli Dlamini - mphikeleli.dlamini@nercha.org.sz	SIS/ SRH PS	
1:00pm - 2:00 pm	**Lunch**		
2:30pm - 4:30pm	Meeting with the Evaluation Team to prepare for FGDs	SIS/ SRH PS	
4:30pm	Transfer back to the Hotel	Driver	
Day 8 Thursday 7 November 2024			
08:30am- 10:00am	Transfer from the Hotel to conduct Focus Group Discussions (FGDs)	Driver	
10:00am- 11:30am	FGD with Health Workers at Health facility (esp. Midwives)	SIS/ SRH PS	
11:30am- 1:00pm	FGD with Pregnant girls	SIS/ SRH PS	
1:00pm - 2:00 pm	**Lunch**	SIS/ SRH PS	
2:30pm - 4:30pm	FGD with Adolescents (girls/ boys)	SIS/ SRH PS	
4:30pm	Transfer back to the Hotel	Driver	
Day 9 Friday 8 November 2024			

08:30am- 10:00am	Transfer from the Hotel to conduct Focus Group Discussions (FGDs)	Driver	
10:00am- 11:30am	FGD with Mothers	SIS/ SRH PS	
11:30am- 1:00pm	FGD with Men and Women	SIS/ SRH PS	
1:00pm - 2:00 pm	**Lunch**		
2:00pm	Transfer back to the Hotel	Driver	
Day 10 Monday 11 November 2024			
08:30am- 10:00am	Transfer from the Hotel to conduct Focus Group Discussions (FGDs)	Driver	
10:00am- 11:30am	FGD with PWD group	SIS/ SRH PS	
11:30pm - 1:00 pm	FGD with Adolescents living with HIV	CPE Consultants	
12:00pm - 1:00 pm	**Lunch**		
2:00pm- 4:30pm	Meeting with evaluation team	CPE Consultants	
4:30pm	Transfer back to the Hotel	Driver	
Day 12 Tuesday 12 November 2024			
08:30am- 9:00am	Transfer from the Hotel to office	Driver	
9:00am- 4:30pm	Filling Evaluation Matrix for Triangulation	CPE Consultants	
4:30pm	Transfer back to the Hotel	Driver	
Day 13 Wednesday 13 November 2024			
08:30am- 9:00am	Transfer from the Hotel to office	Driver	
	Meeting with the Evaluation Team	CPE Consultants	
	Analysis of Key Findings	CPE Consultants	
4:30pm	Transfer back to the Hotel	Driver	
Day 14 Thursday 14 November 2024			
08:30am- 9:00am	Transfer from the Hotel to office	Driver	
	Analysis of Key Findings	CPE Consultants	
	Preparation of PPP	CPE Consultants	
4:30pm	Transfer back to the Hotel	Driver	
Day 15 Friday 15 November 2024			
08:30am- 9:00am	Transfer from the Hotel to office	Driver	
	Presentation of preliminary findings to CO and ERG	SIS/ SRH PS	
4:30pm	Transfer back to the Hotel	Driver	
Day 16 Monday 18 November 2024			

08:30am- 9:00am	Check out from Hotel and transfer to office	Driver	
	Debriefing at CO	SIS/ SRH PS	
	Transfer to airport	Driver	
Departing from Eswatini and end of mission			

Annex 9 : 7th CPE TORs

Terms of Reference

United Nations Population Fund (UNFPA)
Eswatini 7th Country Programme
(2021-2025)

Country Programme Evaluation

18 April 2024

Contents

Acronym

AIDS	Acquired Immunodeficiency Syndrome
CCA	Common country assessment/analysis Acquired Immunodeficiency Syndrome
CO	Country office
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and communication technologies
M&E	Monitoring and evaluation
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and reproductive rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
YEE	Young and emerging evaluator
ESARO	East and Southern Africa Regional Office

Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals".[47]

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on "leaving no one behind", and emphasizing "reaching those furthest behind first".

UNFPA has been operating in Eswatini since 1974. The support that the UNFPA Eswatini Country Office (CO) provides to the Government of Eswatini under the framework of the 7th Country Programme (CP) (2021-2025) builds on national development needs and priorities articulated in: National Development Plan (2023/24 -2027/28); Eswatini NSF 2023-2027; the Kingdom of Eswatini Strategic Road Map: 2019-2022; National Development Plan 2019/20 – 2021/22 Towards Economic Recovery; the United Nations Sustainable Development Cooperation Framework (2021-2025); the United Nations Common Country Analysis/Assessment (2020).

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.[48] The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 7th country programme (2021-2025) in Eswatini, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

[47] UNFPA Strategic Plan 2022-2025
[48] UNFPA Evaluation Policy 2024, p. 22 UNFPA Evaluation Policy 2024.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook **Evaluation Handbook.** The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.[49] It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

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

The evaluation will be managed by the CPE manager within the UNFPA Eswatini CO in close consultation with the Government of Eswatini National Population Unit of the Ministry of Economic Planning and Development that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the ESARO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

Country Context

The Kingdom of Eswatini is located in the Southern African region bordering the Republic of South Africa to the South, West and North and the Republic of Mozambique to the east. Eswatini has a total land area of 17,364 square kilometres and is divided into four administrative regions, namely Hhohho, Manzini, Shiselweni and Lubombo. Eswatini's population is 1,093,238, with an annual growth of 0.7% according to the 2017 Population and Housing Census and consists of 48.6% males and 51.4% females. Eswatini has a very youthful population with the median age being 21.4 years.

The age structure of the population is changing due to declining fertility from a high of 7.8 children per woman in 1966 to 3.7, 3.3 and 3.2 in 2010, 2014 and 2022 respectively (MICS,

[49] UNEG, Norms and Standards for Evaluation (2016). The document is available at https://www.unevaluation.org/document/detail/1914

2022). The adolescent birth rate for the population aged 15-19 years is on a reducing trend from 89/1,000 population to 78/1,000 in 2022 (MICS, 2022). The working age population has increased from 46 percent in 1976 to 59 percent in 2017 as a result of the changes in the population demographic variables highlighted above.

The vision of the Kingdom of Eswatini is “to be in the top 10% of the medium human development group of countries founded on sustainable economic development, social justice and political stability” (NDS, 1999). Eswatini is a lower-middle-income country with a GDP per capita averaging more than US$3800 a year between 2018 and 2022. The country’s human development index is 0.597 and it is ranked at 144 out of a total of 191 countries. Poverty is prevalent with nearly two thirds (58.8%) of the population living below the poverty line. Income inequality is high as reflected in the Gini coefficient of 49.30. (CSO, EHIES 2016/2017).

The maternal mortality ratio increased from 589 in 2007 to 593 in 2012 and before decreasing slightly to 452 in 2017. Life expectancy has also bounced up to 59 for males and 64 years for females by 2017 following a recovery from the lows that were observed at the pick of the HIV/AIDS outbreak in the early 2000’s period.

The country continues to experience a high number of new HIV infections. New infections as measured by the HIV incidence rate among adults aged 15 to 49 years have reduced from 2.9% in 2010 to 0.77% in 2022, which corresponds to approximately 4,000 new cases of HIV per year. New infections are disproportionately borne by young women in the ages 20-24, as the HIV incidence rate is nearly seven times higher among women (1.45%) than among men (0.2%). (SHIMS3, 2022). Heterosexual contact between infected and uninfected persons remains the main mode of HIV transmission, responsible for over 90% of new infections (MOT, 2009). This is aggravated by a myriad of issues including early sexual debut, sexual abuse and social vulnerability including gender power relations (MICS, 2023). On the other hand, early sexual debut, which has stabilized at 3% for young women, is on an increase among young men, from 2.2% in 2010 to 3.2% in 2022.

Comprehensive knowledge on HIV and AIDS have remained low among young people in Eswatini. The percentage of young women 15-24 years who have comprehensive and correct knowledge of HIV prevention and transmission is 50.9 % whilst for young men of the same age is 46.5 %. These figures show a declining level of knowledge when compared to data collected in the previous MICS reports of 2010 and 2014.

The contraceptive prevalence rate has declined from 66.1 % in 2014 to 57.7% in 2023. The proportion of women in need for family planning satisfied with modern contraception is 73%.

Violence and exploitation is rife in Eswatini. The most prevalent forms of violence include violent discipline of children, sexual harassment and exploitation which involves rape and intimate partner violence. Almost 77% of children are reported to have received violent discipline at home or at school at some moments in their lives. One in three women rising up to one in two report to have been sexually violated in their life time. The attitudes of both women and men on the justification of wife beating remains high indicating a tolerant attitude towards gender based violence. The percentage of women and men age 15-49 years who state that a husband is

justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food is 8.1 % and 5.7 % respectively. The percentage goes up to 12.1 % and 8.1 % respectively if other additional variables are considered including the following: (6) she rejects or ends the relationship with him, (7) she sleeps with another man, (8) she initiates sex, (9) she refuses to give food.

A number of laws/policies/strategic frameworks relevant to the UNFPA mandate including the National Youth Policy, National Gender Policy and the National Population Policy were supported to be reviewed during the implementation of the 7th country programme. The National Youth Policy, National Gender Policy were finalized and are being implemented whilst the National Population Policy review is still being finalized. Strategic framework documents such as the National Health Sector Strategic Plan (NHSSP) and the Sexual Reproductive Health Strategy and Condom Strategy were reviewed and updated for improved programming and programme implementation. The Education Sector Strategy and the Strategy on Ending Gender based Violence were additional strategies also supported for the education and gender sectors facilitating a holistic and integrated approach to addressing the policy and legal framework for the work pertinent to UNFPA's mandate.

The 7th country programme has continued to support the national statistical system to generate, analyse and disseminate and use the housing census and population data collected in 2017 through supporting the development of thematic reports and their dissemination to stakeholders. Additionally, the country office supported the national statistical system's capacity through capacity building, and procurement of some essential equipment and applications that enhances the Central Statistical Office's ability to generate, analyse and disseminate robust population data for development.

Eswatini has experienced natural and man made disasters during the implementation of the 7th country programme as there was a civil unrest in 2021 and there has been persistent climate change related disasters as well. Additionally, like the rest of the world the country was affected by the COVID-19 pandemic reversing a lot of gains in a number of sectors and increasing the vulnerabilities of the population.

UNFPA Country Programme

UNFPA has been working with the Government of Eswatini since 1974 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 7th country programme in Eswatini.

The 7th country programme 2021-2025 is aligned with the National Development Plan (2023/24 -2026/27), the UNSDCF (2021-2025), and UNFPA strategic plan(s) (2018-2021 and 2022-2025). UNFPA Eswatini CO undertook the process of aligning the 7th country programme to the UNFPA Strategic Plan 2022-2025. It was developed in consultation with the Government, civil

society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Eswatini CO delivers its country programme through the following modes of engagement: [select all modes of engagement that apply: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery]. The **overall goal/vision** of the UNFPA Eswatini 7th country programme (2021-2025) is **to reduce preventable institutional maternal ratio amongst women of child bearing age by 50% by 2025**. The country programme contributes to the following national priorities, UNSDCF outcomes and UNFPA Strategic Plan 2022-2025 outcomes;
The UNFPA Eswatini 7th country programme (2021-2025) has 4 thematic areas of programming with 4 interconnected **outputs**: (i) quality of care and services; (ii) gender and social norms; (iii) population change and data and (iv) adolescents and youth. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with these outcomes.

Output 1: Quality of care and services: **By 2025, the health system is strengthened to provide evidence-based, comprehensive and integrated quality of care at all levels covering all population groups, particularly young people and the furthest left behind across the health continuum of care.** This output focuses on strengthening the capacity of the health system to provide high-quality, integrated information and services for comprehensive maternal health, family planning, sexually transmitted infections, HIV and gender-based violence for women, young people and key populations, particularly the most vulnerable, across the development and humanitarian continuum. This output directly contributes to Outcome 2 of the United Nations Sustainable Development Cooperation Framework, which focuses on ensuring increased access to equitable, effective and efficient high-quality social services for adolescents, young people, men and women, including marginalized persons.
To achieve the output, the programme planned interventions and activities to focus broadly on: (a) strengthening institutional capacity to deliver equitable and high-quality integrated sexual and reproductive health and rights information and services, including HIV prevention and a health sector response to gender-based violence; (b) intensifying policy advocacy on increased sustainable financing for sexual and reproductive health and rights services, including commodity security for life-saving medicines and commodities; (c) promoting inclusive legislative actions to promote financial risk protection, address barriers to demand and use of right-based services; (d) improving governance and accountability with effective participation of women and young people; and (e) enhancing data availability on integrated bundle of services disaggregated by sex, age, disability, place of care and demonstrating proven delivery models through robust measurements.
This has been delivered through the following: (a) targeted institutional capacity for the design and implementation of quality-of-care delivery models along the sexual, reproductive, maternal, newborn, child and adolescent health continuum of care, including respectful maternity care, emergency obstetric and newborn care; (b) scaling up successful models for maternal and perinatal death surveillance and response at community, regional and national levels; (c) use of innovation and modern technology to scale up effective coverage of the climate-smart interventions that facilitate equitable access for women and girls, including gender-based

violence information and services; (d) national and regional statistical capacity strengthening on generation, analysis and use of disaggregated data, complemented by thematic knowledge products on sexual and reproductive health, to inform policy actions, programme scale-up and targeted sustainable financing options; (e) multisectoral coordination of policy actors, technocrats, regulatory and professional councils, development partners and civil society, guided by accountability mechanisms; (f) South-South and triangular cooperation to advance knowledge transfer on quality of care for adolescent and gender-responsive sexual and reproductive health and rights, including HIV prevention and gender-based violence services; and (g) social accountability to promote increased health-seeking behaviour among women and young people for sexual and reproductive health and rights, including gender-based violence prevention services.

Output 2: Gender and social norms : **By 2025, multi-sectoral mechanisms to promote gender equality; prevention and response to gender based violence are strengthened, furthermore promoting decision making with a focus on advocacy, data, health and coordination including in humanitarian settings.** This output aims at increasing the multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination. This output contributes directly to outcome 3 of the United Nations Sustainable Development Cooperation Framework, which seeks to ensure that oversight bodies and government institutions at national and regional levels have strengthened accountability, with an emphasis on access to justice and services, strengthened reporting on human rights obligations and the SDGs, with a focus on leaving no one behind. It also contributes indirectly to outcomes 1, 2 and 4.

To improve bodily autonomy and reproductive rights, the programme planned interventions and activities to focus broadly on: (a) strengthening multisectoral coordination of essential services on prevention and response of gender-based violence across health, education, gender, social protection, social development, police and justice sectors as well as the development, humanitarian and peace nexus, including during the protracted response and recovery phases of national emergencies such as the coronavirus pandemic; (b) scaling up high-impact and cost-effective interventions that address entrenched negative social norms, cultural beliefs and practices that limit achievement of gender equality; (c) promoting inclusive and rights-based legislative and policy environment required to end gender-based violence and harmful practices; (d) deepening community mobilization and engagement of community structures and systems to address cultural drivers of gender inequality and gender-based violence, including traditional leaders, opinion leaders and influencers; and (e) strengthening capacity and functionality of the national gender-based violence surveillance and reporting system. Lessons from the coronavirus pandemic will be applied to strengthen response and recovery systems for gender-based violence and target efforts to address disproportionate socio-economic impact on women and girls.

This has been delivered through the following: (a) evidencebased advocacy to strengthen provisions and enforcement of inclusive legislation and policies on gender-based violence and all forms of harmful practices that limit gender equality and women’s empowerment, including

the National Strategy to End Violence in Swaziland 2017-2022 and the Sexual Offences and Domestic Violence Act (2018); (b) scale up engagement of men and boys in prevention, response and management of gender-based violence; (c) strengthen national statistical system capacities for data generation, analysis and use, including establishment of a gender-based violence management information system; (d) institutionalization of multisectoral gender-based violence prevention and response referral network and pathways; (e) strengthened capacity of the national coordination mechanism to promote women's empowerment, address gender-based violence and eliminate harmful practices; and (f) promote South-South cooperation to advance learning on successful models on gender equality and women's empowerment that contribute to improved maternal health outcomes.

Output 3: Population change and data: **By 2025, data systems strengthened and take into account demographic intelligence mainstreaming and climate change issues at national and subnational levels especially in development policies, programmes and advocacy, related to Sexual Reproductive Health and Rights including in humanitarian settings.** This output contributes directly to the four outcomes of the United Nations Sustainable Development Cooperation Framework, by ensuring that national programmes and policies incorporate and use demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy in achieving the 2030 Agenda for Sustainable Development.

To guide targeted programming across the country programme, the following actions were undertaken: (a) strengthened capacity of national stakeholders in subnational data analysis to improve targeting of development interventions; (b) increased availability of reliable population data and analysis to inform policies and programming processes; and (c) improved monitoring of the implementation of population policies within the context of the Sustainable Development Goals framework.

This has been delivered through the following: (a) accelerated dissemination and use of the 2017 population and housing census data and thematic reports to guide national development processes, with a focus on advancing sexual reproductive health and rights; (b) integration of demographic intelligence from the national demographic dividend study into national development plans, policy instruments and expenditure frameworks; (c) strengthened national institutional capacity in further data analysis, including small-area estimations to improve targeting of maternal health, adolescent sexual and reproductive health, gender equality and women's empowerment programmes; (d) strengthen functionality of the civil registration and vital statistics system to collect and generate annual reports with data disaggregation to guide decision-making; and (f) promote South- South and triangular cooperation, and multisectoral partnerships to advance data generation, analysis and use, to improve monitoring and measurement of integrated sexual reproductive health and rights programmes, including HIV prevention and gender-based violence prevention and response programmes.

Output 4: Adolescents and youth: **By 2025, young people, in particular adolescent girls and young women's skills are strengthened to make informed decisions to access SRHR**

services in particular FP services including leadership and participation in national development processes and in humanitarian settings. This output aims at ensuring that adolescents and young people are empowered with skills and capabilities to make informed choices about their sexual and reproductive health and rights and well-being and participate in programming and national decision-making processes. This output contributes to outcome 2 of the United Nations Sustainable Development Cooperation Framework, focused on ensuring that access to equitable, effective and efficient high-quality social services is increased for all adolescents, young people, men and women, including marginalized persons.
To address high teenage pregnancy and maternal mortality levels among adolescent girls and young women in the country, the programme planned and implemented the following broad activities: (a) increased demand among adolescents and young people to access sexual and reproductive health services and life skills; (b) strengthened capacity of formal, vocational and youth-serving networks to deliver comprehensive sexual and reproductive health education and life skills; (c) increased political and multisectoral support for youth engagement and participation in national development processes; (d) increased availability of disaggregated data on youth sexual and reproductive health and rights, youth engagement and participation to guide decision-making, including targeted financing for adolescent and youth development; and (e) applying promising practices emerging from continuity of essential youth-friendly information and services during the coronavirus pandemic.

This has been delivered through the following: (a) scaling up innovative solutions on condom and contraceptive programming, targeting adolescents and young people, to reduce unintended pregnancies, unsafe abortions and sexually transmitted infections, including HIV across the development, humanitarian and peace nexus; (b) intensifying evidence-based design and delivery models to facilitate integration of gender equality, bodily autonomy, agency, non-violent masculinities and resilience building into life skills curricula for in-school and out-of-school adolescents and youth and young key populations; (c) strengthening institutional capacity of youth serving organizations and networks to accelerate men and boys engagement, effective youth participation, youth-led accountability and monitoring of adolescent and youth friendly sexual and reproductive health and rights information and services; (d) rights-based advocacy for increased sustainable financing, including domestic resource allocation and innovative financing earmarked for implementation of inclusive policies and legislation on provision of high-quality and integrated adolescent and youth health services; and (e) generation and analysis of disaggregated data to improve the quality of care for adolescent and youth sexual and reproductive health services.

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

The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities

planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Eswatini 7th country programme 2021-2025 is based on the following results framework presented below:

Eswatini/UNFPA 7th Country Programme (2021-2025) Results Framework

CPD Goal/vision: 50% reduction of preventable institutional maternal deaths by 2025	
National Priority (s): to have a country which is rated among the top 10 per cent of the medium human development group of countries that manages its resources prudently, anchored in the principles of good governance, such that citizens enjoy good health, are well educated, access well-paying jobs and employment opportunities, provide excellence services to the public, live in a peaceful country which is politically stable with respect for human rights and rule of law.	**National Priority (s): to have a country which is rated among the top 10 per cent of the medium human development group of countries that manages its resources prudently, anchored in the principles of good governance, such that citizens enjoy good health, are well educated, access well-paying jobs and employment opportunities, provide excellence services to the public, live in a peaceful country which is politically stable with respect for human rights and rule of law.**
UNSDCF Outcome (s): By 2025, all children, adolescents, young people, men and women including marginalized persons' access to equitable, effective and efficient quality social services increased.	**UNSDCF Outcome (s): By 2025, all children, adolescents, young people, men and women including marginalized persons' access to equitable, effective and efficient quality social services increased.**
Related UNFPA Strategic Plan Outcomes (2021): **1:** Sexual and reproductive health: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. **2:** Adolescent and youth: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts. **3:** Gender equality and women's empowerment: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings **4.** Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.	**Related UNFPA Strategic Plan Outcomes (2022-2025):** **1:** By 2025, the reduction in the unmet need for family planning has accelerated **2**: By 2025, the reduction of preventable maternal deaths has accelerated **3**: By 2025, the reduction in gender-based violence and harmful practices has accelerated
UNFPA Eswatini 7th Country Programme Output: Strengthened capacity of the health system to provide high-quality, integrated, information and services for family planning, comprehensive maternal health, sexually transmitted infections, HIV and gender-based violence, for women and young people, particularly the most vulnerable across the development and humanitarian continuum	**UNFPA Eswatini 7th Country Programme Output:** By 2025, the health system is strengthened to provide evidence-based, comprehensive and integrated quality of care at all levels covering all population groups, particularly young people and the furthest left behind across the health continuum of care.

UNFPA Eswatini 7th Country Programme Intervention Areas:	**UNFPA Eswatini 7th Country Programme Intervention Areas Output level Indicators:**
To achieve the output, the programme will focus broadly on: (a) strengthening institutional capacity to deliver equitable and high-quality integrated sexual and reproductive health and rights information and services, including HIV prevention and a health sector response to gender-based violence; (b) intensifying policy advocacy on increased sustainable financing for sexual and reproductive health and rights services, including commodity security for life-saving medicines and commodities; (c) promoting inclusive legislative actions to promote financial risk protection, address barriers to demand and use of rightbased services; (d) improving governance and accountability with effective participation of women and young people; and (e) enhancing data availability on integrated bundle of services disaggregated by sex, age, disability, place of care and demonstrating proven delivery models through robust measurements. Key interventions focused on health systems strengthening include: (a) targeted institutional capacity for the design and implementation of quality-of-care delivery models along the sexual, reproductive, maternal, newborn, child and adolescent health continuum of care, including respectful maternity care, emergency obstetric and newborn care; (b) scaling up successful models for maternal and perinatal death surveillance and response at community, regional and national levels; (c) use of innovation and modern technology to scale up effective coverage of the climate-smart interventions that facilitate equitable access for women and girls, including gender-based violence information and services; (d) national and regional statistical capacity strengthening on generation, analysis and use of disaggregated data, complemented by thematic knowledge products on sexual and reproductive health, to inform policy actions, programme scale-up and targeted sustainable financing options; (e) multisectoral coordination of policy actors, technocrats, regulatory and professional councils, development partners and civil society, guided by accountability mechanisms; (f) South-South and triangular cooperation to advance knowledge transfer on quality of care for adolescent and gender-responsive sexual and reproductive health and rights, including HIV prevention and gender-based violence services; and (g) social accountability to promote increased health-seeking behaviour among women and young people for sexual and reproductive health and rights, including gender-based violence prevention services.	• **Percentage of health facilities providing emergency obstetric and newborn care, as per the internationally recommended minimum standards** **Baseline: 60%; Target: 80%** • **Percentage of public health facilities providing quality-assured, adolescent-friendly integrated sexual and reproductive health services** **Baseline: 74%; Target: 90%** • **Percentage of public health facilities at secondary and tertiary level providing essential health services package for survivors of sexual violence** **Baseline: 60%; Target: 80%** • **Number of girls, women and young people accessing integrated comprehensive sexual reproductive health, HIV prevention and GBV services (disaggregated by sex and age)** **Baseline: 15,000; Target: 120,000** • **Number of fully-functioning Basic emergency obstetric and newborn care health (BmONC) and Comprehensive CEmONC facilities** **Baseline: 6: Target: 7** • **Number of maternal deaths (annually)** **Baseline: 32; Target: 16**

Output 3. Increased multi-sectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination	Output 2. By 2025, multi-sectoral mechanisms to promote gender equality; prevention and response to gender based violence are strengthened, furthermore promoting decision making with a focus on advocacy, data, health and coordination including in humanitarian settings.
To improve bodily autonomy and reproductive rights, the following will be addressed through this output: (a) strengthening multisectoral coordination of essential services on prevention and response of gender-based violence across health, education, gender, social protection, social development, police and justice sectors as well as the development, humanitarian and peace nexus, including during the protracted response and recovery phases of national emergencies such as the coronavirus pandemic; (b) scaling up high-impact and cost-effective interventions that address entrenched negative social norms, cultural beliefs and practices that limit achievement of gender equality; (c) promoting inclusive and rights-based legislative and policy environment required to end gender-based violence and harmful practices; (d) deepening community mobilization and engagement of community structures and systems to address cultural drivers of gender inequality and gender-based violence, including traditional leaders, opinion leaders and influencers; and (e) strengthening capacity and functionality of the national gender-based violence surveillance and reporting system. Lessons from the coronavirus pandemic will be applied to strengthen response and recovery systems for gender-based violence and target efforts to address disproportionate socioeconomic impact on women and girls. UNFPA will collaborate with other United Nations agencies and the UN-Women South Africa Multi-country Office towards a holistic response to gender equality. Interventions relevant for development and humanitarian situations in the country include: (a) evidencebased advocacy to strengthen provisions and enforcement of inclusive legislation and policies on gender-based violence and all forms of harmful practices that limit gender equality and women's empowerment, including the National Strategy to End Violence in Swaziland 2017-2022 and the Sexual Offences and Domestic Violence Act (2018); (b) scale up engagement of men and boys in prevention, response and management of gender-based violence; (c) strengthen national statistical system capacities for data generation, analysis and use, including establishment of a gender-based violence management information system; (d) institutionalization of multisectoral gender-based violence prevention and response referral network and pathways; (e) strengthened capacity of the national coordination mechanism to promote women's empowerment, address	• **Existence and implementation of a national mechanism to coordinate and engage multiple stakeholders on gender based violence prevention and response, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence** **Baseline: No; Target: Yes** • **Existence and implementation of a national system to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence** **Baseline: No; Target: Yes** • **Existence and implementation of minimum standards for the prevention of and response to gender-based violence in emergencies** **Baseline: No; Target: Yes** • **National or subnational mechanism to address discriminatory gender and social norms, stereotypes, practices and power relations at the individual, social and institutional levels related to three transformative results exists** **Baseline: No; Target: Yes** • **Country rolled out the social norm empowerment package that supports women and girls to become agents of change promoting egalitarian gender beliefs, social and gender norms** **Baseline: No; Target: Yes** • **Country has a functional national mechanism to engage men's and boys' organizations/networks/ coalitions promoting positive masculinities that actively advocate for achieving the transformative results** **Baseline: No; Target: Yes**

gender-based violence and eliminate harmful practices; and (f) promote South-South cooperation to advance learning on successful models on gender equality and women's empowerment that contribute to improved maternal health outcomes.	• **Country has a mechanism to collect and report nationally representative evidence on perceptions and attitudes related to gender norms and stereotypes** **Baseline: No; Target: Yes**
Output 4. Demographic intelligence mainstreamed at national and subnational levels to improve the responsiveness, targeting and impact of development policies, programmes and advocacy	Output 3. By 2025, data systems strengthened and take into account demographic intelligence mainstreaming and climate change issues at national and subnational levels especially in development policies, programmes and advocacy, related to Sexual Reproductive Health and Rights including in humanitarian settings.
To guide targeted programming across the country programme, the following actions will be undertaken: (a) strengthened capacity of national stakeholders in subnational data analysis to improve targeting of development interventions; (b) increased availability of reliable population data and analysis to inform policies and programming processes; and (c) improved monitoring of the implementation of population policies within the context of the Sustainable Development Goals framework. Key interventions include: (a) accelerated dissemination and use of the 2017 population and housing census data and thematic reports to guide national development processes, with a focus on advancing sexual reproductive health and rights; (b) integration of demographic intelligence from the national demographic dividend study into national development plans, policy instruments and expenditure frameworks; (c) strengthened national institutional capacity in further data analysis, including small-area estimations to improve targeting of maternal health, adolescent sexual and reproductive health, gender equality and women's empowerment programmes; (d) strengthen functionality of the civil registration and vital statistics system to collect and generate annual reports with data disaggregation to guide decision-making; and (f) promote South-South and triangular cooperation, and multisectoral partnerships to advance data generation, analysis and use, to improve monitoring and measurement of integrated sexual reproductive health and rights programmes, including HIV prevention and gender-based violence prevention and response programmes.	• **Population projections at national and regional levels, disaggregated by age, sex, location produced and published** **Baseline: No; Target: Yes** • **Number of national development plans and policies that explicitly integrate demographic dynamics, including changing age structure, population distribution and urbanization** **Baseline: 0; Target: 5** • **Number of statisticians and planners with acquired skills in further analysis techniques for sexual reproductive health and rights indicators, including Small Area Estimation.** **Baseline: 0; Target: 100** • **Number and type of knowledge products developed to synthesize evidence and provide guidance for SRHR and population and development programming.** **Baseline: 0; Target: 24** • **Country collects, maps and reports disaggregated data (including by age, sex, race, ethnicity, wealth, disability and other leaving no one behind factors) on the incidence of gender-based violence and harmful practices** **Baseline: No; Target: Yes**

	• **Country combines population and health sector data to map geographic access to services related to sexual reproductive health and reproductive rights** **Baseline: No; Target: Yes** • **Country has a national Civil Registration and Vital Statistics (CRVS) strategic plan that has adopted a life-course approach to strengthened civil registration and vital statistics systems including birth, marriage, divorce and death, following the United Nations Principles and Recommendations on Vital Statistics Systems and as part of an integrated approach to strengthened population data systems** **Baseline: No; Target: Yes**
Output 2. Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being.	Output 4. By 2025, young people, in particular adolescent girls and young women's skills are strengthened to make informed decisions to access SRHR services in particular FP services including leadership and participation in national development processes and in humanitarian settings.
To address high teenage pregnancy and maternal mortality levels among adolescent girls and young women in the country, the following will be addressed: (a) increased demand among adolescents and young people to access sexual and reproductive health services and life skills; (b) strengthened capacity of formal, vocational and youth-serving networks to deliver comprehensive sexual and reproductive health education and life skills; (c) increased political and multisectoral support for youth engagement and participation in national development processes; (d) increased availability of disaggregated data on youth sexual and reproductive health and rights, youth engagement and participation to guide decisionmaking, including targeted financing for adolescent and youth development; and (e) applying promising practices emerging from continuity of essential youth-friendly information and services during the coronavirus pandemic. Key interventions include: (a) scaling up innovative solutions on condom and contraceptive programming, targeting adolescents and young people, to reduce unintended pregnancies, unsafe abortions and sexually transmitted infections, including HIV across the development, humanitarian and peace nexus; (b) intensifying evidence-based design and delivery models to facilitate integration of gender equality, bodily autonomy, agency, non-violent masculinities and resilience building into life skills curricula for in-school and outof-school	• **Number of marginalized girls that are reached by life skills education programmes that build their health, social and economic assets** **Baseline: 130,000; Target: 400,000** • **Proportion of schools providing Life Skills Education curricula in accordance with international standards** **Baseline: 32%; Target: 80%** • **Number of beneficiaries trained using the national out-of-school Life Skills Education manual in accordance with international standards (disaggregated by age and sex)** **Baseline: 700; Target: 2,500** • **Country has involved adolescents and youth, including youth with disabilities and those affected by other core factors that leave them furthest behind, in the formulation and implementation of policies and programmes related to three transformative results** **Baseline: No; Target: Yes** • **Country has rolled out Human Papilloma Virus vaccine initiative to 9-13 year-old adolescents nationally**

adolescents and youth and young key populations; (c) strengthening institutional capacity of youth serving organizations and networks to accelerate men and boys engagement, effective youth participation, youth-led accountability and monitoring of adolescent and youth friendly sexual and reproductive health and rights information and services; (d) rights-based advocacy for increased sustainable financing, including domestic resource allocation and innovative financing earmarked for implementation of inclusive policies and legislation on provision of high-quality and integrated adolescent and youth health services; and (e) generation and analysis of disaggregated data to improve the quality of care for adolescent and youth sexual and reproductive health services.	**Baseline: No; Target: Yes** • **Country has collected evidence on youth aspirations for their sexual and reproductive health and rights, as well as policy and programmatic approaches that support their realization** **Baseline: No; Target: Yes**

Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The **objectives** of this CPE are:

To provide the UNFPA Eswatini CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Eswatini 7th country programme 2021-25

To broaden the evidence base to inform the design of the next programme cycle.

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

To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.

To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.

To provide an assessment of the role played by the UNFPA Eswatini CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Eswatini CO in the coordination mechanisms of the HCT, with a view to improving humanitarian response and ensuring contribution to longer-term recovery.

To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover the following all the four regions where UNFPA implemented interventions: Hhohho, Manzini, Lubombo and Shiselweni regiogions.

Thematic Scope

The evaluation will cover the following thematic areas of the 7th CP: (i) quality of care and services; (ii) gender and social norms; (iii) population change and data; and (iv) adolescents and youth]. In addition, the evaluation will cover cross-cutting issues, such as human rights; gender equality; disability inclusion, etc., and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; and strategic partnerships.

Temporal Scope
The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2021-2025.

Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria
In accordance with the methodology for CPEs outlined in section 6 (below) and in the UNFPA Evaluation Handbook **Evaluation Handbook**, the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.[50] Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across humanitarian- development-peace nexus and contribute to building resilience.

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

Humanitarian-specific criterion	Definition
Coverage	The extent to which major population groups facing life-threatening conditions were reached by humanitarian action. Evaluators need to assess the extent of inclusion bias – that is, the inclusion of those in the

[50] The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

	groups receiving support who should not have been (disaggregated by sex, socio-economic grouping and ethnicity); as well as the extent of exclusion bias, that is, exclusion of groups who should have been covered but were not (disaggregated by sex, socio-economic grouping and ethnicity).
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account, that is a nexus approach, and that also indicates the complementarity of UNFPA with other partner interventions.

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see Handbook **Evaluation Handbook**, Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Eswatini CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of "assumptions for verification". Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory's internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

Relevance

To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs, (v) the New Way of Working[51] and the Grand Bargain[52]?

To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by crisis or major political changes?

To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the country programme?

[51] For more information, please see: https://www.agendaforhumanity.org/sites/default/files/20170228%20NWoW%2013%20high%20res.pdf.
[52] For more information, please see: https://interagencystandingcommittee.org/grand-bargain.

Coherence

To what extent has UNFPA leveraged strategic partnerships with national, local and grassroots organizations (e.g. women's rights activists, youth-led groups, advocacy groups of people with disabilities) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?

To what extent has UNFPA's leadership of the GBV sub-cluster contributed to effective and timely delivery of services?

Effectiveness

To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access to and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion[53] in the design, implementation and monitoring of the country programme?

Efficiency

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

Sustainability

To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

Coverage

To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside?

To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; religious and national minorities; LGBTQI populations, etc.?

Connectedness

To what extent has the UNFPA humanitarian response taken into account longer-term development goals articulated in the results framework of the country programme?

[53] See Guidance on disability inclusion in UNFPA evaluations

To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises?

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

Approach and Methodology

Note to the CPE manager: *Please fill in the text below.*

6.1. Evaluation Approach

Theory-based approach

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

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Eswatini 7th country programme (2021-2025) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Eswatini CO been during the period of the 7th country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Eswatini 7th country programme (2021-2025) made.

Participatory approach

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

the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Eswatini CO has established an ERG comprised of key stakeholders of the country programme, including: governmental and non-governmental counterparts at national level, including organizations representing persons with disabilities, the regional M&E adviser in UNFPA ESARO – See Handbook: section 1.5]. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

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

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

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA **Evaluation Handbook**. This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Eswatini CO, the evaluators acquire a solid knowledge of the UNFPA methodological framework, which includes the **Evaluation Handbook.** and the evaluation quality assurance and assessment principles and their application.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation,*[54] *Ethical Guidelines for Evaluation,*[55] *Code of Conduct for Evaluation in the UN System*[56]*, and Guidance on Integrating Human Rights and Gender Equality in Evaluations.*[57] When contracted by the UNFPA Eswatini CO, the evaluators will be requested to sign the UNEG *Code of Conduct*[58] prior to starting their work.

[54] Document available at: http://www.unevaluation.org/document/detail/1914.
[55] Document available at: http://www.unevaluation.org/document/detail/102.
[56] Document available at: http://www.unevaluation.org/document/detail/100.
[57] Document available at: http://www.unevaluation.org/document/detail/980.
[58] UNEG Code of conduct: http://www.unevaluation.org/document/detail/100.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Eswatini. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated:* evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.

During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.

In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

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

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

Sampling strategy

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

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Eswatini CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

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

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites.

Secondary data will be collected through extensive document review**,** notably, but not limited to the resources highlighted in section 14 of these terms of reference. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 3 weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g, interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, Chapter 4).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

Prior approval for utilization of AI tools: The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager

Declaration of the utilization of AI tools: If the use of AI tools in evaluation is agreed upon with the CPE manager, the consultant must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO

Verification of accuracy: The consultant commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity

Ethical and responsible use: The consultant is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United

Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of 'leaving no one behind', ensuring that AI tool usage avoids exclusion or disadvantage to any group.

Evaluation Process

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

7.1. Preparation Phase *(Handbook, Chapter 1)*

The CPE manager at the UNFPA Eswatini CO leads the preparation phase of the CPE. This includes:
CPE launch and orientation meeting for CO staff
Recruitment of a young and emerging evaluator (YEE) [optional]
Evaluation questions workshop
Establishing the evaluation reference group
Drafting the terms of reference
Assembling and maintaining background information
Mapping the CPE stakeholders
Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase *(Handbook, Chapter 2)*

The design phase sets the overall framework for the CPE. This phase includes:
Induction meeting(s) between CPE manager and evaluation team
Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
Desk review by the evaluation team and preliminary interviews, mainly with CO staff
Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
Stakeholder sampling and site selection
Developing the field work agenda
Developing the initial communications plan
Drafting the design report version 1
Quality assurance of design report version 1
ERG meeting to present the design report
Drafting the design report version 2
Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA ESARO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase *(Handbook, Chapter 3)*

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 3 weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:
Preparing all logistical and practical arrangements for data collection
Launching the field phase
Collecting primary data at national and sub-national level
Supplementing with secondary data
Collecting photographic material
Filling in the evaluation matrix
Conducting a data analysis workshop
Debriefing meeting and consolidating feedback for the debrief

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase *(Handbook, Chapter 4)*

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

Brainstorming on feedback received during the debriefing meeting
Additional data collection (if required)
Consolidating the evaluation matrix

Drafting the findings and conclusions
Identifying tentative recommendations using the recommendations worksheet
Drafting CPE report version 1 (incl. quality assurance by team leader)
Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
ERG meeting on CPE report version 1
Recommendations workshop with ERG to finalize recommendations
Drafting CPE report version 2 (incl. quality assurance by team leader)
Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for an acceptable report. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

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

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

7.5. Dissemination and Facilitation of Use Phase *(Handbook, Chapter 5)*

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

Taking photographs during primary data collection and during the evaluation process
Adhering to the editorial guidelines of the United Nations and the UNFPA Evaluation Office to ensure high editorial standards
Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the Handbook, Chapter 5.

Expected Deliverables

The evaluation team is expected to produce the following deliverables:
Design report. The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
PowerPoint presentation of the design report. The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
PowerPoint presentation for debriefing meeting with the CO and the ERG. The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Eswatini CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
Draft evaluation report. The draft evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
Recommendations worksheet. The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).
Final evaluation report. The final evaluation report *(maximum 80 pages, excluding opening pages and annexes)* will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
PowerPoint presentation of the evaluation results. The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Eswatini CO will develop an:
Evaluation brief. The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in the English.

Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO guidance and tools. An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid[59] before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

Executive summary: Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and intervention; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
Background: The evaluand (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
Purpose, Objectives and Scope: The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
Design and Methodology: The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
Findings: They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.

[59] The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: https://www.unfpa.org/evaluation/database. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

Conclusions: They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
Recommendations: They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
Structure and presentation: The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.
Evaluation Principles/cross-cutting issues: Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

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

Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE[60]

Main tasks	Responsible entity	Deliverables	Estimated Duration
Preparatory Phase			
Preparation of **letter for Government and other key stakeholders** to inform them about the upcoming CPE	HOO & CPE Manager	*Letter from UNFPA*	**March 2024**
Establishment of the **evaluation reference group (ERG)**	CPE Manager, HOO, NPU & CO staff	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277	**April 2024**
Compilation of **background information and documentation** on the country context and the CP for desk review by the evaluation team	CPE Manager & CO staff	*Creation of a Google Drive folder containing all relevant documents on country context and CP* Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 CPE Management Kit: Document Repository Checklist	**April 2024**
Drafting the **terms of reference (ToR)** based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG)	CPE Manager, ERG, HOO, NPU & CO staff	*Draft ToR* CPE Management Kit: Evaluation Office Ready-to-Use ToR (R2U ToR) Template	**April 2024**
Review and approval of the ToR by the UNFPA Evaluation Office	UNFPA Evaluation Office	*Final ToR*	**April /May 2024**
Publication of the **call for the evaluation consultancy**	CO HRA	CPE Management Kit: Call for Evaluation Consultancy Template	**May 2024**

[60] For full information on all tasks and responsible entities, see the relevant chapters of the Handbook UNFPA Hand Book 2024

Completion of the **annexes** to the ToR (in consultation with the regional M&E adviser and with input from CO staff)	CPE Manager, HOO, NPU & CO staff	*Draft ToR annexes* Template 4: The Stakeholders Map, p. 255 Tool 4: The Stakeholders Mapping Table, p. 166-167 Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254 Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165 Template 15: Work Plan, p. 278 CPE Management Kit: Establishing the list of UNFPA interventions (Atlas projects)	**May 2024**
Pre-selection of **consultants** by the CO	*Consultant pre-selections scorecard*	Pre-selected list of consultants CPE Management Kit: Consultant Pre-selection Scorecard	**June 2024**
Review and approval of the annexes to the ToR by the UNFPA Evaluation Office		*Final ToR annexes*	**June 2024**
Pre-qualification of **consultants** by the UNFPA Evaluation Office		Long list of UNFPA Evaluation Office endorsed Pre-qualified consultants	**June 2024**
Recruitment of the **evaluation team** by the CO		CPE recruited consultants	**July 2024**
Design Phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		**August 2024**
Orientation meeting with CO staff	HOO, CPE Manager, CO staff and RO M&E Adviser		**August 2024**
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		**August 2024**

Developing the evaluation approach	Evaluation team		**August 2024**
Stakeholder sampling and site selection	Evaluation team, CPE Manager	**Stakeholder map**	**August 2024**
Developing the field work agenda	Evaluation team, CPE Manager	**Field work agenda**	**August 2024**
Developing the initial communications plan	CPE Manager and CO communications officer	*Communication plan (see Evaluation Handbook, Chapter 5)* Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE	**March 2024**
Drafting the design report version 1	Evaluation team	**Design report- version 1** Template 8: The Design Report for CPE, pp. 259-261 Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169 Tool 1: The Evaluation Matrix, pp. 138-160 Template 5: The Evaluation Matrix, pp. 256 Template 15: Work Plan, p. 278 Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187 Tool 11: Checklist for Sequencing Interviews, p. 188 Template 7: Interview Logbook, p. 258 Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187	**August 2024**

		Template 6: The CPE Agenda, p. 257 Tool 6: The CPE Agenda, pp. 170-176 CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		**August 2024**
ERG meeting to present the design report	Evaluation team, CPE manager	**PowerPoint presentation on design report version 1**	**August 2024**
Drafting the design report version 2	Evaluation team	**Design report - version 2**	**August 2024**
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		**August 2024**
Final design report	Evaluation Team	**Final design report** (see Evaluation Handbook, section 2.4.4)	**August 2024**
Update of the communication plan by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report)	CPE Manager and CO Communications Officer	Updated communication plan Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE	**August 2024**
Field Phase			

Preparing all logistical and practical arrangements for data collection	CPE Manager	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183	**September 2024**
Collecting primary data at national and sub-national level	Evaluation team	Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202 Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262	**September 2024**
Supplementing with secondary data	Evaluation team	CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)	**September 2024**
Collecting photographic material	Evaluation team	**Photos** *(see Evaluation Handbook, Section 3.2.5)*	**September 2024**
Filling in the evaluation matrix	Evaluation team	**Evaluation matrix**	**September 2024**
Conducting a data analysis workshop	Evaluation team		**September 2024**
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	**PowerPoint presentation**	**September 2024**
Update of the communication plan (as required)	CPE Manager and CO Communications Officer	Updated communication plan Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE	**September 2024**
Reporting Phase			
Consolidating the evaluation matrix	Evaluation team	**Evaluation matrix**	**October 2024**
Drafting CPE report version 1	Evaluation team	**Evaluation report - version 1** Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288	**October 2024**
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		**October 2024**
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	**PowerPoint presentation**	**October 2024**
Recommendations workshop	Evaluation team, CPE manager, ERG members	**Recommendations worksheet**	**October 2024**

Drafting CPE version 2	Evaluation team	**Evaluation report - version 2**	**October 2024**
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser	*Consolidated feedback provided by evaluation manager to evaluation team leader*	**October 2024**
Final CPE report	Evaluation team	**Final CPE report** *(see Evaluation Handbook, section 4.5)* **with PowerPoint presentation** and **audit trail**	**October 2024**
Joint development of the **EQA** of the final evaluation report by the evaluation manager and the regional M&E adviser	CPE Manager and RO M&E Adviser	*EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)* Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for Human Rights and Gender Equality in the Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209	**November 2024**
Circulation of the final evaluation report to the UNFPA Evaluation Office	UNFPA Evaluation Office		**December 2024**
Preparation of the independent **EQA of the final evaluation report** by the UNFPA Evaluation Office	UNFPA Evaluation Office	*Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)*	**December 2024**
Update of the communication plan (as required)	CPE Manager and CO Communications Officer	*Updated communication plan* Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE	**February 2025**
Dissemination and Facilitation of Use Phase			
Preparation of the **management response** by the CO and submission to the Policy and Strategy Division	HOO, CPE Manager, CO staff and RO M&E Adviser	*Management response* Template 12: Management Response, pp. 266-267	**March 2025**
Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from the communication officer in the CO	CPE Manager and CO Communications Officer	*Final communication plan* Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE	**April 2025**

Development of the **presentation** on the evaluation results	CPE Manager	**PowerPoint presentation of the evaluation results** Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf	**May 2025**
Development of the **evaluation brief** by the evaluation manager, with support from the communication officer in the CO	CPE Manager	Evaluation brief Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf	**June 2025**
Announcement of CPE completion in **M&E Net Community**	CPE Manager and CO Communications Officer	*Blog post on the M&E Net Community* CPE Management Kit: Guidance on How to Blog on The CPE Process	**July 2025**
Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office	UNFPA Evaluation Office		**August 2025**
Publication of the final evaluation report, the evaluation brief and the management response on the CO website	CO Communications Officer & CO website		**September 2025**
Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager	CPE Manager and CO Communications Officer	*Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.* CPE Management Kit: Guidance on Strategic Communication for a CPE	**October 2025**

11. Management of the Evaluation

The **CPE manager** in the UNFPA Eswatini CO, in close consultation with Ministry of Economic Planning and Development, National Population Unit (NPU) that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Eswatini CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Eswatini CO, ESARO, representatives of the national Government of Eswatini, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team’s access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

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

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA ESARO will provide guidance and backstopping support to the CPE manager at all stages of the

evaluation process. In particular, the regional M&E plays a crucial role in the CPE quality assurance and assessment (EQAA). This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process. In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 7th UNFPA country programme in Eswatini.

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

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the country programme described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, and family planning. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA

Eswatini CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Adolescents and youth expert

The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation as well as young resilience and empowerment programmes. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Eswatini CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Eswatini CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert

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

Evaluation team member: Humanitarian expert/ Subject-matter specialist on humanitarian issues

The Humanitarian expert/ Subject-matter specialist on humanitarian issues will contribute to the CPEs that include a humanitarian component. S/he will participate and contribute to all the phases of the CPE and support the evaluation team leader and members in developing the

evaluation methodology, matrix and questions, data collection and any other required effort. The role of this profile is primarily to provide expertise on evaluating humanitarian actions, integrating global guidance and standards for evaluating humanitarian action in the CPE process, and highlighting possible challenges (and solutions) to evaluating complex humanitarian responses. S/he should be knowledgeable about evaluations as well as humanitarian sector reform and architecture.

Evaluation team member: Young and emerging evaluator. The young and emerging evaluator (YEE) will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will participate in data collection (site visits, interviews, group discussions and document review) and support data analysis, as agreed with the evaluation team leader and the CPE manager. The YEE will also support the dissemination and facilitation of use of the evaluation results. Finally, S/he will provide administrative support throughout the evaluation process and participate in meetings with the CPE manager, UNFPA Eswatini CO staff and the ERG.

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

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:
Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
10 years of experience in conducting or managing evaluations in the field of international development and/or humanitarian assistance.
Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation (see expert profiles below).
In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
Experience working with a multidisciplinary team of experts.
Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
Excellent interpersonal and communication skills (written and spoken).
Work experience in/good knowledge of the region and the national development context of Eswatini.
Fluent in written and spoken English and SiSwati.

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

Adolescents and youth expert
The competencies, skills and experience of the adolescents and youth expert should include:
Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.

Substantive knowledge of adolescent and youth issues, in particular SRHR of adolescents and youth.
Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
Excellent analytical and problem-solving skills.
Experience working with a multidisciplinary team of experts.
Excellent interpersonal and communication skills (written and spoken).
Work experience in/good knowledge of the national development context of Eswatini.
Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
Fluent in written and spoken English and SiSwati.

Gender equality and women's empowerment expert
The competencies, skills and experience of the gender equality and women's empowerment expert should include:
Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
Excellent analytical and problem-solving skills.
Experience working with a multidisciplinary team of experts.
Excellent interpersonal and communication skills (written and spoken).
Work experience in/good knowledge of the national development context of Eswatini.
Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
Fluent in written and spoken English and SiSwati.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:
Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
Excellent analytical and problem-solving skills.
Experience working with a multidisciplinary team of experts.
Excellent interpersonal and communication skills (written and spoken).
Work experience in/good knowledge of the national development context of Eswatini.
Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
Fluent in written and spoken English and SiSwati.

Young and emerging evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:
Bachelor's degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline;
Certificate in evaluation or equivalent qualification;
Not less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development;
Excellent analytical and problem-solving skills;
Demonstrated ability to work in a team;
Strong organizational skills, communication skills and writing skills;
Good command of information and communication technology and data visualization tools;
Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;
Keen interest to improve as a professionally competent evaluator within the framework of the national evaluation capacity of the country.
Fluent in written and spoken English and SiSwati.

13. Budget and Payment Modalities

Note to the CPE manager: *Please note that the daily fee for nationally recruited consultants (evaluation team members and young and emerging evaluator) should be calculated based on a local consultancy salary scale that considers qualifications and work experience. The total remuneration of the young and emerging evaluator must be lower than the total remuneration of the other national consultants, based on his/her lower daily fee and a lower number of workdays. For the calculation of the daily fee for the international team leader, it is recommended to use the salary scale for professional and higher categories of the United Nations. Seek advice from the CO HR services.*

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

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

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

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

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

	Team leader	**Thematic experts**	**Young and emerging evaluator**
Design phase	*10*	*7*	*5*
Field phase	*23*	*21*	*15*
Reporting phase	*21*	*14*	*7*
Dissemination and facilitation of use phase	*1*	*1*	*1*
TOTAL (days)	*55*	*43*	*28*

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

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

UNFPA documents
UNFPA Strategic Plan (2018-2021) (incl. annexes)
https://www.unfpa.org/strategic-plan-2018-2021
UNFPA Strategic Plan (2022-2025) (incl. annexes)
https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218
UNFPA Evaluation Policy (2024) UNFPA Evaluation Policy 2024
UNFPA Evaluation Handbook UNFPA Hand Book 2024
Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office: [list all evaluations individually and provide the direct hyperlink to each report], examples:
Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022
Formative evaluation of UNFPA support to adolescents and youth
The evaluation reports are available at: https://www.unfpa.org/evaluation

Eswatini national strategies, policies and action plans
The Kingdom of Eswatini Strategic Road Map (2019-2022)
National Development Plan
United Nations Sustainable Development Cooperation Framework (UNSDCF)
The Kingdom of Eswatini COVID 19 Emergency Response Plan
Post COVID-19 Kingdom of Eswatini Economic Recovery Plan
UNITED NATIONS IN ESWATINI COVID-19 SOCIO-ECONOMIC RESPONSE PLAN 2020 - 2022

UNFPA Eswatini CO programming documents
Government of Eswatini/UNFPA 7th Country Programme Document (2021-2025)
United Nations Common Country Analysis/Assessment (CCA)
Situation analysis for the Government of Eswatini/UNFPA 7th Country Programme (2021-2025)
CO annual work plans
Joint programme documents
Mid-term reviews of interventions/programmes in different thematic areas of the CP
Reports on core and non-core resources
CO resource mobilization strategy

UNFPA Eswatini CO M&E documents
Government of Eswatini/UNFPA 7th Country Programme M&E Plan (2021-2025)
CO annual results plans and reports (SIS/MyResults)
CO quarterly monitoring reports (SIS/MyResults)
Previous evaluation of the Government of Eswatini/UNFPA 6th Country Programme (2015-2020) available at: https://web2.unfpa.org/public/about/oversight/evaluations/

Other documents
Implementing partner annual work plans and quarterly progress reports
Implementing partner assessments
Audit reports and spot check reports
Meeting agendas and minutes of joint United Nations working groups
Donor reports of projects of the UNFPA Eswatini CO

HRP- Humanitarian Response Plan and related reports https://response.reliefweb.int/ [optional: for CPE with a humanitarian component]
RRP- Refugee Response Plan and related reports https://www.unhcr.org/refugee-response-plans [optional: for CPE with a humanitarian component]
Evaluations conducted by other UN agencies
IAHE- Inter-Agency Humanitarian evaluations https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations
15. Annexes

A	Theory of change
B	Stakeholder map **(will be provided to the contracted consultants)**
C	Excel sheet on analysis of UNFPA interventions **(will be provided to the contracted consultants)**
D	Tentative evaluation work plan

Annex A : Theory of change

Figure 1.1: Theory of Change Diagram for the Government of the Kingdom of Eswatini/UNFPA 7th Country Programme 2021-2025

T G

G o

National development priority or goal: The nation through the Vision 2022 aspires to have a country which is rated amongst the top 10 percent of the medium human development group of countries that manages its resources prudently anchored on the principles of good governance, such that citizens enjoy good health, are well educated, access well-paying jobs and employment opportunities, provide excellence services to the public, live in a peaceful country which is politically stable with respect for human rights and rule of law.

UNSDCF focus area: a prosperous, just and resilient Eswatini where no one is left behind organized under three priority areas: prosperity, people and planet and 4 outcome areas namely: Promoting Sustainable and Inclusive Economic Growth, Investing in Human Resources and Social Development; Accountable Governance, Justice and Human Rights and Strengthening Natural Resource Management, Climate Resilience and Environmental

i) Ending preventable maternal deaths**; ii)** Ending GBV; **iii)** Ending unmet need for family planning; and **iv)** Ending HIV transmission

O u t c

Sexual and Reproductive Health and Rights: By 2025, the reduction of institutional preventable maternal deaths has accelerated by at least 50%.

Adolescent and Youth: By 2025, adolescent girls and young women are empowered to access SRHR services, in particular family planning.

Gender Equality and Women Empowerment: By 2025, Gender equality has accelerated across at all levels of development and humanitarian settings.

Population Dynamics: By 2025, the reduction of institutional preventable maternal deaths has accelerated by at least 50%.

Outputs

1: By 2025, the health system is strengthened to provide evidence-based, comprehensive and integrated quality of care at all levels covering all population groups, particularly young people and the furthest left behind across the health continuum of care.

4: By 2025, young people, in particular adolescent girls and young women's skills are strengthened to make informed decisions to access SRHR services in particular FP services including leadership and participation in national development processes and in humanitarian settings.

2: By 2025, multi-sectoral mechanisms to promote gender equality; prevention and response to gender based violence are strengthened, furthermore promoting decision making with a focus on advocacy, data, health and coordination including in humanitarian settings.

3: By 2025, data systems strengthened and take into account demographic intelligence mainstreaming and climate change issues at national and subnational levels especially in development policies, programmes and advocacy, related to

& Str ate gie s (int erv enti ons)

Advocacy and policy dialogue

Evidence-based Advocacy and policy advice on scaling up quality of care with health policy actors, technocrats, regulatory and professional councils, academia, CSOs.

Revision of SRH/HIV/GBV policy guidance and corresponding accountability mechanisms to ensure inclusion of rights and choices for all with complementary implementation standards to accelerate equitable access and responsive delivery modalities.

Knowledge generation and sharing

and knowledge ation to inform

Strengthen institutional capacity for maternal and perinatal death surveillance and response at community, regional and national levels

Targeted capacity development on quality of care along the RMNCAH (SRHR/HIV/GBV) continuum of care

Partnership and coordination

Promote south-south cooperation and multi-sectoral partnerships with development partners, academia, civil society and private to advance quality and integrated SRH/HIV/GBV programming

Advocacy and policy dialogue

Advocacy for the implementation of the national youth policy which emphasizes the provision of quality and integrated Reproductive maternal and adolescent health

Advocacy and engagement with civil society, development partners for improved access to quality and integrated SRHR, HIV & GBV services

Knowledge generation and sharing

Using the census and other data, generate analyses to identify and target adolescents, young people and women left furthest left behind with SRHR services.

Generate analytical reports on the functioning of referral systems for ASRH services to improve quality of care.

Capacity-building

Institutionalization of Life Skills Education for both in and out of school youth for young people to make informed choices about their SRHR for reduced unintended pregnancies

Strengthen the capacity of adolescents and young people's serving institutions and networks on essential SRHR services, in particular maternal health

Scale up innovative condom and FP programming targeting young people to reduce teenage pregnancies and or unintended pregnancies including HIV infection

Partnership and coordination

Strengthen multi-sectoral prioritization of young people at all levels to advance youth participation, resilience building and improved

Advocacy and policy dialogue

Evidence-based policy advocacy at all levels for the implementation of policies, guidelines and laws on GBV

Advocate for the scale up of the engagement of men and boys in prevention, response and management of gender-based violence

Advocate for integration of gender and power dynamics into the LSE school curriculum to promote gender equality and healthy non-violent masculinities

Knowledge generation and sharing

Strengthen national GBV data collection, analysis and reporting through the GBV management information system (GBV MIS)

Generate periodic analytic reports from the GBV MIS to inform GBV programming at all levels.

Capacity-building

Strengthen institutionalization and coordination of the national GBV response to promote women's empowerment and eliminate harmful practices for improved maternal health outcomes

Scale up multi-sectoral capacity to prevent, respond and manage GBV

Partnership and coordination

Promote south-south and multi-sectoral partnerships with development

Advocacy and policy dialogue

Advocate for the dissemination and use of the 2017 Census and other thematic analysis reports and data in national development planning and policy implementation, with a focus on young people.

Promote the integration of demographic intelligence primarily related to the demographic dividend into national development plans and other policy instruments.

Knowledge generation and sharing

Support the generation of annual reports with full data disaggregation from the Civil Registration and Vital Statistics (CRVS) system to inform national population and development programs.

apacity-building

Provide strategic information technical assistance to government and civil society in support of maternal health, youth, gender equality and women empowerment

Partnerships and coordination

Promote South- South and triangular cooperation, collaboration and multisector partnerships to advance data generation, implementation and monitoring of integrated maternal health, youth, HIV and GBV programming

Risks:

Changing political landscape with growing opposition towards sexual and reproductive health and reproductive rights, including from emerging new religious movements

Financial and social instability

Humanitarian crises (natural disaster)

sumptions:

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

Problem root c

Poor quality of care across the RMNCAH continuum of care resulting from limited policy, guidelines and standards/protocols on the provision of quality RMNCAH services, including respectful maternity care, poor care standards for adolescents and young people.
Limited skills among frontline health care workers on the management of maternal health complications
Limited integration of SRH/HIV/GBV services in critical service nts, including designated facilities within EmONC
ring and accountability on the functionality of designated health facilities for EmONC, integrated service delivery)
Limited access to SRH/HIV/GBV services, especially for persons living with disabilities, key populations, underserved locations,

High unmet need for FP for adolescents and youth
Limited knowledge on SRH, prevention and care for HIV & GBV, empowerment through economic and social assets
Poor parental engagement in youth development programming especially empowerment and asset building components
Limited policy, strategic implementation and accountability frameworks for improved adolescent and youth development
Limited resources/capacities for data exploration and use for targeted adolescent & youth programs
Poor uptake of SRH/HIV/GBV services by young people
Inequitable access to coherent and integrated

Weak gender mainstreaming policy guidance, coordination and programme implementation across sectors
Weak gender-sensitive data capturing systems at national and sub-national levels
Limited GBV component within design, provision and uptake of comprehensive SRH/HIV/GBV service models
Entrenched cultural beliefs and practices confounded by social norms affecting access and utilization of SRH/HIV/GBV services
Weak monitoring, reporting and accountability systems for GBV cases and other manifestations of gender inequality

Limited availability of resources and prioritization of national statistical agenda affecting generation and analysis of data to inform national development plans, policies and programme implementation on the unfinished business of the ICPD Agenda (SRHR, youth, gender equality and women empowerment, widening inequality, etc)
Limited institutional capacities at national and sub-national levels to accelerate data and evidence generation, analysis and use across all sectors on SRHR, youth, gender equality and women empowerment
Limited partnerships with public, private and academia focused on data generation, analysis

High Maternal Mortality Ratio (MMR) and Neonatal Mortality Rate (NMR);
High Unmet Need for family planning, especially among young people and women living with HIV contributing to high unintended pregnancies and consequent high rates of unsafe abortion

High Unintended Pregnancies especially Teenage Pregnancy
High HIV incidence in young people
Limited ASRH service provision for young people

High incidence and prevalence of Gender Based Violence contributing to unintended pregnancies,
Persistent Gender Inequalities contributing to poor reproductive, maternal and adolescent health and broader development outcomes for women, adolescents and young

Outdated population policy and lack of a National Statistical Strategy limits the existence of an overarching strategic guidance to inform people-centered programming on reproductive, maternal and adolescent health, youth development, HIV prevention, GBV prevention and response, and related gender equality and women empowerment.
Limited institutional capacity in government and CSO's to generate and analyze data, evidence and new knowledge through strengthened routine and survey systems,
Limited capacity to undertake further data analysis to generate and use

Core Problem

High Maternal mortality with underlying drivers of inadequate quality of care along the continuum of care, and contributory dimensions of high unintended pregnancies, HIV and GBV incidence and prevalence among adolescents, women and youth, as well as, persistent inequalities especially for those left furthest behind.

Partners (UNFPA SP outcome1)
Ministry of Economic Planning and Development, Ministry of Health, Family Life Association of Eswatini, Southern Africa Nazarene University, University of Eswatini, Ministry of Sports, Culture and Youth Affairs, Elizabeth Glaser Pediatric AIDS Foundation, National Emergency Response Council on HIV/AIDS, Good Shepherd Nursing College UNICEF, WHO, UNAIDS, World Bank, Eswatini Christian Medical University, Nursing Council, Medical & Dental Council, Eswatini Nurses Association, Private Sector, Parliament, Media,

Partners (UNFPA SP Outcome 2)
Ministry of Economic Planning and Development, Family Life Association of Eswatini, Ministry of Sports, Culture and Youth Affairs, Ministry of Education and Training, Ministry of Health, Eswatini National Youth Council, Lusweti, Bantwana, Khulisa Umntfwana, Compassionate Eswatini, Peace Corps, National Emergency Response on HIV and AIDS, Church Forum, Private Sector, UNICEF, WHO, UNAIDS, World Bank, UNDP, UNESCO, WFP, Parliament, Media, Ministry of Finance

Partners (UNFPA SP Outcome 3)
Ministry of Economic Planning and Development, Deputy Prime Minister's Office, Ministry of Health, Family Life Association of Eswatini, Ministry of Sports, Culture and Youth Affairs, Ministry of Education and Training, Eswatini National Youth Council, Lusweti, Bantwana, Khulisa Umntfwana, Compassionate Eswatini, Peace Corps, National Emergency Response on HIV and AIDS, UNICEF, WHO, UNAIDS, World Bank, UNDP, WFP, UNESCO, Parliament, Media, Ministry of Finance

Partners (UNFPA SP Outcome 4)
Ministry of Economic Planning and Development, Deputy Prime Minister's Office, Ministry of Health, Family Life Association of Eswatini, Ministry of Sports, Culture and Youth Affairs, Ministry of Education and Training, Eswatini National Youth Council, Lusweti, Bantwana, Khulisa Umntfwana, Compassionate Eswatini, Peace Corps, National Emergency Response on HIV and AIDS, UNICEF, WHO, UNAIDS, World Bank, UNDP, WFP, UNESCO, Parliament, Media, Ministry of Finance

Outcome 1
Linked to Outcome 2 on strengthening the availability of accurate information on SRHR, HIV & GBV for making informed choices among young people for their well-being and prevention of early and unintended pregnancies
Linked to Outcome 3 on improved response and coordination of GBV cases and provision of quality and integrated SRHR services to GBV survivors

Outcome 2
Linked to Outcome 1 on provision of quality and integrated maternal health/SRHR services and information to young people, especially adolescent girls.
Linked to Outcome 3 on the mobilizing partners including civil society, youth networks and development partners to respond to GBV barriers for quality SRHR, HIV & GBV service utilization among the youth, especially adolescent girls.
Linked to Outcome 4 on production of evidence to

Outcome 3
Linked to Outcome 1 on provision of quality and integrated maternal health/SRHR services and information to all GBV survivors.
Linked to Outcome 2 on empowering young people to know the quality of SRHR, HIV and GBV services to demand whenever, they need it.
Linked to Outcome 4 on strengthening data availability for GBV programming to effectively advocate and engage

Outcome 4
Linked to Outcome 1 on provision of disaggregated data on maternal health/SRHR services and information for better identification of programme gaps and those furthest left behind.
Linked to Outcome 2 on production of evidence to inform youth programming including Social Behaviour Change Communication, Adolescent Sexual Reproductive Health, HIV and gender-based violence for prevention of early and

* *
*

Annex 10 : Bibliography/ List of documents consulted

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes) https://www.unfpa.org/strategic-plan-2018-2021
2. UNFPA Strategic Plan (2022-2025) (incl. annexes) https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218
3. UNFPA Evaluation Policy (2024) UNFPA Evaluation Policy 2024
4. UNFPA Evaluation Handbook UNFPA Hand Book 2024
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office:
   - *Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022*
   - *Formative evaluation of UNFPA support to adolescents and youth*

   The evaluation reports are available at: https://www.unfpa.org/evaluation

Eswatini national strategies, policies and action plans

6. The Kingdom of Eswatini Strategic Road Map (2019-2022)
7. National Development Plan
8. United Nations Sustainable Development Cooperation Framework (UNSDCF)
9. The Kingdom of Eswatini COVID 19 Emergency Response Plan
10. Post COVID-19 Kingdom of Eswatini Economic Recovery Plan
11. UNITED NATIONS IN ESWATINI COVID-19 SOCIO-ECONOMIC RESPONSE PLAN 2020 - 2022

UNFPA Eswatini CO programming documents

12. Government of Eswatini/UNFPA 7th Country Programme Document (2021-2025)
13. United Nations Common Country Analysis/Assessment (CCA)
14. Situation analysis for the Government of Eswatini/UNFPA 7th Country Programme (2021-2025)
15. CO annual work plans
16. Joint programme documents
17. Mid-term reviews of interventions/programmes in different thematic areas of the CP
18. Reports on core and non-core resources
19. CO resource mobilization strategy

UNFPA Eswatini CO M&E documents

20. Government of Eswatini/UNFPA 7th Country Programme M&E Plan (2021-2025)
21. CO annual results plans and reports (SIS/MyResults)
22. CO quarterly monitoring reports (SIS/MyResults)
23. Previous evaluation of the Government of Eswatini/UNFPA 6th Country Programme (2015-2020) available at: https://web2.unfpa.org/public/about/oversight/evaluations/

Other documents

24. Implementing partner annual work plans and quarterly progress reports
25. Implementing partner assessments
26. Audit reports and spot check reports
27. Meeting agendas and minutes of joint United Nations working groups
28. Donor reports of projects of the UNFPA Eswatini CO
29. HRP- Humanitarian Response Plan and related reports https://response.reliefweb.int/
30. RRP- Refugee Response Plan and related reports https://www.unhcr.org/refugee-response-plans
31. Evaluations conducted by other UN agencies
32. IAHE- Inter-Agency Humanitarian evaluations https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations