Country programme evaluation of the United Nations Population Fund (UNFPA) Eswatini 2021-2025:7th Country programme

EVALUATION REPORT

July, 2025

Country Programme Evaluation Team

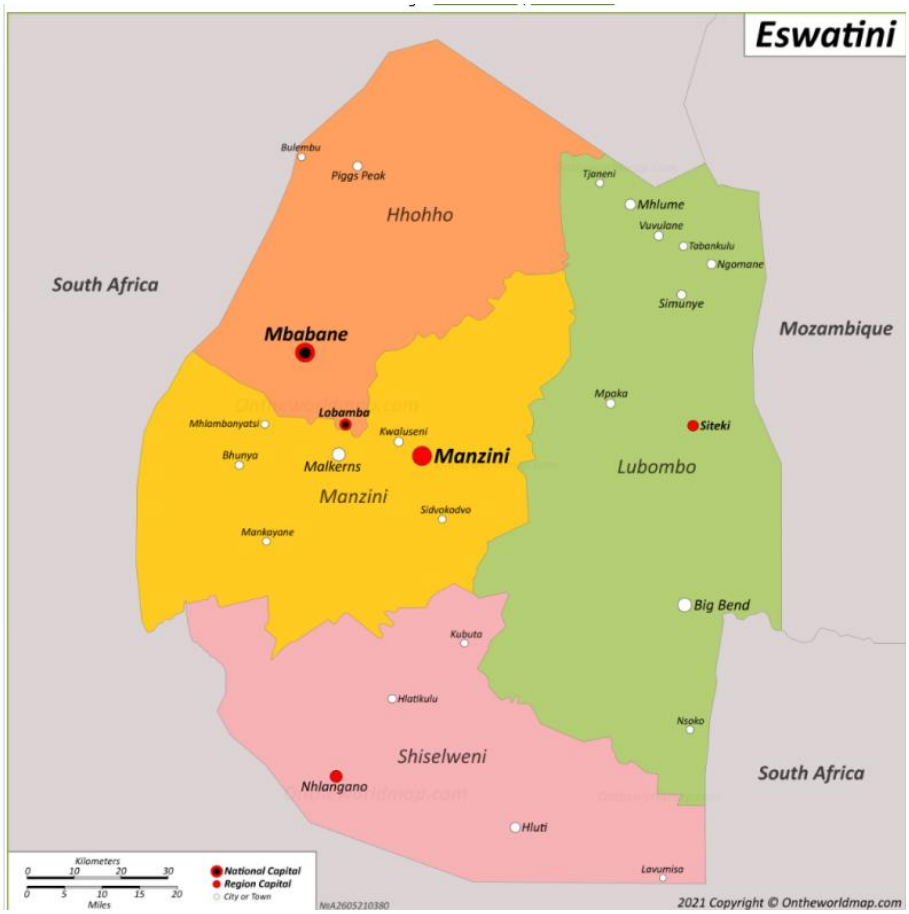

Figure 1: Map of Eswatini and UNFPA Programme areas

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Acronyms and abbreviations

ACMS	Aid Coordination and Management Section
AI	Artificial Intelligence
ART	Antiretroviral therapy
AYFHS	Adolescent and Youth Friendly Health Services
CPD	Country Programme Document
CO	Country office
CEDAW	Convention on Elimination of Discrimination Against Women

CRVS	Civil Registration and Vital Statistics
CSO	Central Statistical office
DEMT	Disaster and Emergency Management Team
EmONC	Emergency Obstetric and Newborn Care
EQAA	Evaluation Quality Assurance and Assessment
ERG	Evaluation Reference Group
ESA	East and Southern Africa
ESARO	East and Southern Africa Regional Office
FP	Family Planning
GBV	Gender-Based Violence
GBV-MIS	Gender-Based Violence Information Management System
GTG	Gender Theme Group
GEWE	Gender Equality and Women Empowerment
HIV	Human Immunodeficiency Virus
HQ	Headquarters
ICPD	International Conference on Population and Development
IMMR	Institutional Maternal Mortality Ratio
IP	Implementing Partner
JA	Junior Achievement
KII	Key Informant Interview
LMIC	Lower Middle-Income Country
LMIS	Logistic Management Information System
MEPD	Ministry of Economic Planning and Development
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MobiSAM	Mobile Social Accountability Monitoring
MoH	Ministry of Health
MTTV	Multisectorial Technical Team on Violence
NDP	National Development Plan
NPP	National Population Policy
NPU	National Population Unit
NSSV	National Surveillance System on Violence
OECD	Organisation for Economic Cooperation and Development
ODA	Official Development Assistance
PNC	Post Natal Care
PLHIV	People Living with HIV
PWD	Persons With Disabilities
SBCC	Social Behaviour Change Communication
SDG	Sustainable Development Goals
SP	Strategic Plan 2022-2025
SPE	Strategic Plan Evaluation
SRH	Sexual and Reproductive health

SRHR	Sexual Reproductive Health and Rights
SRMNCAH&N	Sexual, Reproductive, Maternal, Newborn Child, Adolescent Health and Nutrition
SOP	Standard Operating Procedure
SWAGAA	Swaziland Action Group Against Abuse
ToR	Terms of Reference
TWG	Technical Working Group
UNEG	United Nations Evaluation Group
UNESWA	University of Eswatini
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's 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

Key Facts Table - Eswatini

Table 1: Country Key Facts

Indicator	Facts	Source
Geographical location	Southern Africa	United Nations (UN) Eswatini Country results report 2020[1]
Land area	17,364 sq km	UN 2020
Demographics		
Total population size	1 093, 238	2017 Census Preliminary Results[2]
Population composition by sex	531,111- Males / 562,127- Females	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)	54- Males /61- Females years	2017 Census Preliminary Results
Under 5 mortality rate	41 deaths per 1000 live births	Multiple Indicator Cluster Survey (MICS) 2022[3]
Human Development Index (HDI) index/rank (2018)	0.611 (ranked 144/191 countries)	Eswatini National Development Plan (NDP) 2023/24- 2027/28 [4]
Gender Inequality Index (GII) index/rank	0.569 (141 out of 159 countries)	UNDP Human Development Reports 2018 [5]
Young people		
Proportion of population aged 10-19	250 708	2017 Census Preliminary Results
School attendance rate	Primary school age- 94.6 (94.5 M/ 94.8 F)	MICS 2022
School completion rate	Upper secondary school age- 36.5 (33.5 M/39.9 F)	MICS 2022
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

[1] United Nations Eswatini Country results report (2020)

[2] Eswatini Census Preliminary Results (2017)

[3]+ Multiple Indicator Cluster Survey (MICS) 2022

[4] Eswatini National Development Plan (NDP) 2023/24- 2027/28

[5] UNDP Human Development Reports (2018)

Inflation rate 2021	3.7	Eswatini NDP 2023/24- 2027/28
Gini index 2020	0.515	Eswatini NDP 2023/24- 2027/28
Health		
HIV Incidence- 15 years and older	0.62	SHIMS 3 2021
Adolescent birthrate	70	MICS 2022
Adolescent fertility rate	87 per 1 000 births	MICS 2022
Maternal Mortality ratio	90/ 100 000 in 2023	Eswatini Ministry of Health Sexual and Reproductive Health Annual Report (2023)
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 2022
Political		
Type of government	Dual Monarchy	The Constitution of the Kingdom of Swaziland 2005
Key political events	Civil arrests 2021	UN Eswatini common country analysis addendum, 2022

Executive Summary

1. Purpose and Scope of the Eswatini Country Programme Evaluation, 2021-2025

This Country Programme Evaluation (CPE) was commissioned by the UNFPA Eswatini Country Office (CO) to:

- Enhance the accountability of UNFPA for the relevance and performance of the country programme;
- Contribute to the organizational learning and broaden the evidence base for the design of the next country programme cycle and;
- Generate a set of clear forward-looking and actionable recommendations which are logically linked to the findings and conclusions, identifying key lessons learned from past and current cooperation.

The primary audience and intended users of the CPE are the UNFPA Eswatini CO, UNFPA Regional Office and Headquarters, UNFPA executive board, the evaluation reference group, United Nations Country Team (UNCT) in Eswatini, Government of Eswatini and UNFPA partners and stakeholders. The CPE report will be made available on the UNFPA website to reach wider audiences.

The objectives of the CPE were to assess the relevance, effectiveness, efficiency, and sustainability of the UNFPA 7th Country Programme (CP), covering the period 2021–2025. The 7th CP outlines a pathway of strategic interventions across four interlinked thematic outputs and five outcomes in the areas of Sexual and Reproductive Health and Rights (SRHR), Adolescents and Youth, Gender Equality and Empowerment of Women, and Population Dynamics. Each outcome was supported by a range of strategic interventions using five modes of engagement: advocacy and policy dialogue; capacity development, knowledge management; partnership and coordination, and service delivery at a limited extent to promote access to quality integrated sexual and reproductive health information and services, empower young people, prevent and respond to GBV and provide accurate data for evidence-based policy, planning and programming. This would contribute to national development goals of improving health outcomes for women, men, persons with disabilities (PWDs), and communities in need of humanitarian assistance. The evaluation focused on four thematic outcomes of the CP.

2. Methodology

The CPE was guided by the revised UNFPA Evaluation Handbook (2024) and was conducted in five phases. Firstly, the preparatory stage was led by the Country Office with support from the Ministry of Economic Planning and Development who convened an Evaluation Reference Group (ERG) to oversee the process and all deliverables. The Country Office was supported by the Regional Office to develop terms of reference and recruit four independent consultants, consisting of one international lead consultant and three national consultants. Secondly, the consultants developed an Inception Report describing the evaluation plan, methodology, evaluation matrix, data collection tools and list of informants to be interviewed. The Inception Report was approved by the CO and ERG.

This was followed by a fieldwork phase, which involved key informant interviews with UNFPA CO, Regional Office and stakeholders drawn from the full range of partners, focus group discussions with programme beneficiaries, and direct observation in selected health facilities. After that, the evaluation team undertook data capture, analysis and triangulation, culminating in the production of a *draft* evaluation

report, which was reviewed by the CO, ERG and national stakeholders. The consultants drafted the final evaluation report which incorporated feedback from the CO, ERG and stakeholders.

The evaluation was thus highly participatory and upheld ethical principles by seeking verbal and written consent, maintaining confidentiality, avoiding bias, avoidance of harm and dignity and diversity for all informants. The purpose and objectives of the CPE fully met the evaluation quality assessment standards per UNFPA Evaluation Handbook (2024).

3. Main Findings

The 7th UNFPA-Government of Eswatini Country Programme demonstrated strong alignment with both national and international development priorities across all four thematic areas.

Relevance, The CP was developed using a highly inclusive process that involved a wide range of stakeholders in government, United Nations Agencies, development partners, duty bearers and rights holders. The CP was notably adaptive, responding effectively to crises such as the COVID-19 pandemic and civil unrest. UNFPA was widely regarded as a reliable and strategic partner by the government and development partners in the areas of sexual and reproductive health (SRH), gender based violence (GBV) prevention and response, and support to population dynamics and data generation. UNFPA was recognized as a credible and capable partner, particularly in coordination, humanitarian response, and its technical leadership in SRH, A&Y, gender equality and women empowerment (GEWE), and Population and Development. However, to maximize impact, increased inclusion of psychosocial services, disability-targeted programming, and enhanced coordination among partners is still required.

The CP achieved its contribution objectives to build the capacity of key government Ministries including the Deputy Prime Minister's Office- Department of Gender and Family Unit (Outputs 2- Gender and Social Norms), Ministry of Health (Output 1 - Quality of Care and Services and Output 4 - Adolescents and Youth), Ministry of Education and Training and Ministry of Sports, Culture and Youth Affairs (Output 4 - Adolescents and Youth), Ministry of Economic Planning and Development- Central Statistical Office (CSO), National Population Unit (Output 3- Population Change and Data). Non-governmental organisations and academic institutions were also capacitated to deliver various interventions for the population programme. Targeted populations of the CP included women and girls, adolescents and young people, men, PWDs, student midwives, community and religious leaders. Despite these strengths, marginalized groups, such as PWDs, adolescents, and youth remained underserved in some respects.

UNFPA's collaboration with national and local partners was coherent and strategically based on comparative advantage. This was demonstrated by the Country Office leadership role in several technical and coordination groups, significant contribution to improved GBV prevention and response as well as improved access to SRH and FP information and services. However, gaps in coordination at times led to missed opportunities, particularly in youth empowerment and adolescent and youth- focused economic initiatives.

Effectiveness varied across the four outcome areas, with notable progress in policy and strategy development and knowledge management, although there were delays in finalizing key policy documents such as the National Population Policy (NPP) reduced overall responsiveness. UNFPA's contributions were enabled by high political support, effective models, and availability of financial and technical resources. On **Efficiency**, the CO demonstrated strong financial and programmatic accountability systems. However,

there were delays in disbursement of non-core funds to implementing partners (IPs). Eswatini's lower middle-income classification limited the amount of resources that could be mobilised. The strategic use of available resources yielded positive outcomes, particularly in SRH.

Sustainability was anchored in capacity-building and development of policy tools. Key successes included institutional strengthening of the GBV network, training of healthcare providers, and support for civil society organisations engagement. Yet, ongoing reliance on UNFPA and limited domestic resource mobilization challenged long-term sustainability of programmes offered by NGOs. **Coordination** UNFPA coordinated the joint programme on disability, UN Joint Programme on the Youth and UN Gender Theme Group, and leadership in the United Nations Sustainable Development Cooperation Framework (UNSDCF) Results Group 2 and sub-group on violence.

4. Conclusions

Thematic Area Achievement Summaries

Sexual and Reproductive Health: The 7th CP significantly improved access to quality integrated SRHR services, including maternal health and family planning (FP). UNFPA's technical and financial support strengthened policy, and commodity supply chain management, including Third Party Procurement for contraceptives and maternal health commodities and supplies. The SRHR approach was viewed as overly clinical, with insufficient investment in social behaviour change communication (SBCC).

Adolescents and Youth: The Eswatini 7th Country Programme aligned with country needs, as it considered the needs of vulnerable young people and females, and PWDs. UNFPA made strides in empowering youth through life skills education for in and out of school youth, SRH and GBV training, and economic empowerment through entrepreneurship. The participation of youth in policy dialogues improved, but economic constraints and unemployment limited the effectiveness of these efforts. Shortage of contraceptives and limited methods of choice especially during COVID-19 undermined progress on reducing teenage pregnancies. Furthermore, psychosocial support services for youth were limited and underserved areas still lacked access to SRHR services.

Gender equality and Women empowerment: The CP aligned with the 2010 and 2023 National Gender Policies, the National Strategy to End Violence, and the Costed Implementation Plan 2023-2027. The CP led to increased awareness and prevention of GBV, with significant male engagement and involvement of community and faith leaders promoting positive behaviour change. UNFPA contributed to policy and institutional strengthening, but programme implementation at grassroot level was limited. Disability inclusion was minimal and not explicitly integrated into most interventions. Humanitarian response efforts incorporated SRH and GBV in the social protection cluster, however mainstreaming psychosocial and mental health services was limited.

Population Dynamics and Data: The CP aligned well with national plans and policies such as the National Development Plan 2023/24 – 2027/28 and National Disability Action Plan 2018 - 2023. UNFPA supported data generation through studies and surveys, including civil registration and vital statistics (CRVS) strategy development and country status reports, the use of small area estimation techniques and statistical modernization, and support on the integration of population variables into development plans as well as the through crafting of policy briefs. The review of the National Population Policy (NPP) was still ongoing at the time of the evaluation and this hindered timely responsiveness to population challenges. Despite

these issues, the CP strengthened Eswatini's statistical capacity and laid a foundation for better evidence-based planning.

5. Recommendations

The recommendations were based on the feedback from key informants, FGD participants, programme reports, survey and triangulation. Feedback from the ERG, individuals and groups validated these recommendations. The proposed actions are within UNFPA CO's mandate to provide technical assistance, advocacy, and capacity building support to the Government of the Kingdom of Eswatini. The recommendations also align to the mandates of development partners, East and Southern Africa Regional Office (ESARO), and UNFPA headquarters (HQ). Implementing the recommendations requires collaboration among national and sub-national stakeholders, including UN agencies and CSOs.

Strategic Recommendations

1. *Enhance Inclusion through Participatory Design:* Prioritize the inclusion of marginalized populations (e.g., youth, women with disabilities) in the design of the 8th Country Programme (CP) through participatory consultations and strategic partnerships.

2. *Strengthen Strategic Partnerships:* Expand partnerships with Private sector, community, and religious leaders, and implement targeted and evidence-based interventions for integrated SRHR, youth empowerment, GBV prevention. The CO should also form strategic partnerships with political leadership at central and community levels to promote and strengthen youth empowerment, gender empowerment and rights for all.

3. *Adapt to Evolving Development Contexts*: UNFPA should position itself strategically and leverage on Delivery as One with other UN agencies and the private sector, strengthen to address inequalities and funding gaps. Conduct regular environmental scans to align programming with emerging opportunities and threats.

4. *Prioritize Evidence-Informed and High-Impact Interventions:* Focus on high-impact, evidence-based strategies targeting hard-to-reach communities. Continue advocacy for integrating population issues in development plans and programmes and strengthen documentation of best practices.

5. *Improve Monitoring and Evaluation Systems:* Develop and implement and implement a robust M&E system to provide disaggregated, real-time data to inform programming. The CO should leverage its support to the CSO and UNCT and influence the scheduling and financing of national surveys.

Programmatic Recommendations

1. *The 8th CP's SRHR component should invest in systems building to support capacity MoH to deliver key SRH interventions. The 8th CP should also prioritise integrated programming to ensure inclusion of marginalised populations such as women with disability and teenage mothers:* CO should build the capacity of ministries and IPs to strengthen key systems that are embedded in UNFPA programming.

2. *The 8th CP should prioritize interventions to address the risk drivers of early debut, sexual risk and teenage pregnancy:* The next CP should also address the unmet need for FP by advocating for contraception models that are more acceptable to young people, including community-based distribution using peers. The next CP should prioritize advocacy and interventions for SRH self-care among young people.

3. *The 8th CP should roll out transformative approaches in GBV:* UNFPA should advocate for gender transformative approaches for gender equality and ending GBV.

4. *The 8th CP should advocate that the government roll out all interventions in the National Strategy to End Violence, with a strong focus on prevention, empowering duty bearers to respond, and rehabilitative support for offenders:* CO should provide technical support to conduct research through collaboration with Universities, NGOs, FBOs, and CBOs.

5. *The 8th CP needs to systematically incorporate specific and target activities aimed at disability inclusion in all areas of operation SRH, AY and GBV. UNFPA should consider enhancing partnership with organizations of persons with disabilities:* Technical implication - the CO to continue providing guidance on enhancing partnership with organizations of persons with disabilities and specialized stakeholders to ensure issues of disability are comprehensively dealt within the programme.

6. *UNFPA should continue to lead in areas of comparative advantage within the UN Cooperation Framework and advocate for continuous capacity building to improve evidence-based policies and interventions' development for both GoE and UNCT:* Given the capacity within UNFPA on Data collection and analysis and development of policy briefs, UNFPA should continue to liaise with other UN agencies to provide technical advice on data utilization for decision making, management requirements, data coordination and utilization issues.

7. *The 8th CP should conceptualise innovative modalities and implement strategies for with strong operations research:* The next CP should also explore options to reach more out of school with LSE. CO should provide technical leadership in designing best approaches to enhance ASRH and youth empowerment and operationalise South-to-South Learning.

8. *The 8th CP must continue to identify local and geopolitical risks and threats, develop a robust mitigation plan that encompasses contingency and humanitarian support:* The CO needs to source technical skills on humanitarian response and integration of SRH, FP, GBV and inclusion to assess the country situation and advise the CO on the adoption of international standards.

Chapter 1: Introduction

1.1 Purpose and objectives of the CPE

The UNFPA Eswatini Country Office (CO) commissioned the Country Programme Evaluation (CPE) of the seventh Country Programme (CP7) of Cooperation with the Government of Eswatini (2021-2025). The CPE had four main purposes: (a) to demonstrate accountability to stakeholders for performance on results and invested resources, (b) to support evidence-based decision-making to inform development and humanitarian response, and (c) to contribute to new knowledge generation to support organizational learning on how to achieve optimal results, and (d) to empower community, national, and regional stakeholders. Additionally, the CPE contributed to the evidence base that will inform the next generation Country Programme (CP8).

The overall objective of the evaluation was to provide the UNFPA Eswatini CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters, as well as a broader audience with an independent assessment of the UNFPA Eswatini 7th country programme (2021-2025). The specific objectives of the CPE were:

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 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 and lessons learned to inform the design and implementation of the next programme cycle.

1.2 Scope of the evaluation

Thematic scope

The evaluation assessed the four CP outputs of (1) Quality of Care and Services, (2) Gender and Social Norms, (3) Population Change and Data, and (4) Adolescents and Youth. It included all CP7 interventions funded by regular and other resources, and implemented by Implementing Partners (IPs) and the UNFPA CO.

Geographic scope

The evaluation covered interventions implemented at national, regional and community levels. Data was collected from IP offices and communities where programme activities were implemented.

Evaluation Process

The evaluation covered interventions planned and/or implemented within the period of the current CP 7 (2021- 2025). The evaluation process consisted of five phases - i.e., preparatory (August 2023), inception (September 2024), data collection (October 2024), analysis and reporting (November 2024) and the dissemination will be in (August 2025).

1.3 Evaluation approach

The evaluation was guided by the revised UNFPA Evaluation Handbook (2024) and used the five Organization for Economic Cooperation and Development (OECD) criteria: relevance, effectiveness, efficiency, sustainability, coordination[6] and two UNFPA criteria (coverage and connectedness).[7] These criteria were translated into 11 key evaluation questions as shown in Table 2 below. The evaluation questions were 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 1: 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 International Conference on Population and Development Programme of Action (ICPD-PoA) including the ICPD National Voluntary Commitments and the SDGs, (v) the New Way of Working[8]?
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 change?
3.	To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and rural communities, have been considered in both the planning and implementation of all UNFPA-supported interventions under the seventh 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 persons 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 UN Gender Theme Group (UNGTG) and UNSDCF RG3 sub-group violence?

[6] The DAC Principles for the Evaluation of Development Assistance. OECD (2000).

[7] Eswatini Final Draft 2024 CPE TORs 5th May 2024

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

6.	MTTV contributed to effective and timely delivery of services?
	EFFECTIVENESS
7.	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 mainstreamed of Gender transformative and human rights based approaches including rights for Persons with Disabilities?; (iii) To what extent did UNFPA effective data generation sustain an increase in the use of evidence based demographic and social economic data in policies, planning and programming? To what extent has UNFPA successfully integrated human rights, gender equality and disability inclusion[9] in the design, implementation and monitoring of the country programme?
	EFFICIENCY
8.	To what extent has UNFPA successfully integrated human rights, gender equality, environmental sustainability and disability inclusion in the design, implementation and monitoring of the country programme?
	SUSTAINABILITY
9.	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 sustain the impact of the 7th country programme?
	COVERAGE
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, including geographic areas etc.
	CONNECTEDENESS
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?
12.	To what extent has UNFPA contributed to developing the capacity of local and national actors (government ministries, youth and women's organizations, health facilities, communities and academic institutions, etc.) to better prepare for, respond to and recover from humanitarian crises?

1.3.1 Contribution analysis and theory of change

The evaluation assessed the progress of CP interventions against planned results to determine their contribution to observed outcomes. A contribution analysis approach was applied to examine causal linkages and reduce uncertainty about the extent to which observed results could be attributed to UNFPA's interventions particularly at the output and outcome levels.

Data quality assurance

[9] See Guidance on disability inclusion in UNFPA evaluations

To ensure the reliability and credibility of findings, the team leader facilitated a shared understanding among the evaluators regarding the data collection requirements, including protocols for recording, documentation, and secure data storage. Triangulation of data sources and methods was utilised to enhance accuracy of findings. Key stakeholders validated preliminary findings and recommendations to uphold the quality of the data collected. The evaluation team took deliberate steps to remove factual errors, misinterpretations, and omissions that could compromise the integrity of the evaluation. Additionally, the team conducted the initial KIIs jointly on the first day to ensure consistency in data collection, especially regarding questioning, probing, and recording of data.

Process overview

The evaluation followed the UNFPA Evaluation Handbook (2024), involving five phases: preparatory, design, field, reporting, and dissemination. These are illustrated in Figure 2 below.

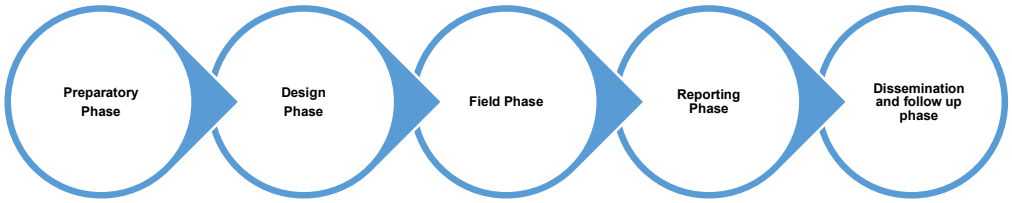


Figure 2: Phases of evaluation process. Source: UNFPA CPE Handbook

1.3.2 Methods for data collection and analysis

The evaluation adopted a mixed methods approach combining secondary quantitative analysis and primary qualitative data collection. Three primary data sources were used: a) key informant interviews (KIIs) with stakeholders, b) focus group discussions (FGDs), and (c) direct observation of service provision at public health facilities.

Document review

The evaluation team conducted an extensive review of relevant documents to inform the design, review performance and triangulate findings. The Evaluation Manager identified the main documents to be used by the evaluation team as per UNFPA Evaluation Handbook guidelines. The list of documents consulted/reviewed is described in Annex 3.

Key informant interviews (KIIs)

A total of 46 KIIs were conducted: 6 from UNFPA CO and 40 from external organizations at national and sub-national levels. The interviews explored programme implementation, contextual factors, and underlying drivers of observed results. Both in-person and virtual interviews were carried out using semi-structured guides developed from the evaluation questions. The list of stakeholders interviewed is Annex 4.

Focus Group Discussions (FGDs)

Six FGDs were conducted with 50 beneficiaries, disaggregated by age and sex, to ensure safe and inclusive engagement. Groups included adolescents, young mothers, midwives and peer educators. Separate discussions for male and female participants ensured a comfortable environment for sharing experiences and perspectives.

Direct Observations

Observations were conducted in six (6) health facilities to observe midwives perform their routine duties. For example, the evaluation team observed the status and use of youth friendly health services (YFHS) as well as the extent at which the health facilities institutionalised the adolescent and youth-friendly aspects of services as per ASRH guidelines as adapted from World Health Organisation (WHO) standards, including respect for human rights and the interests of young people, gender equality, confidentiality, and youth participation in development.

Data quality assurance and Validation

Daily debriefings were conducted during fieldwork to ensure consistency and accuracy in data collection. Triangulation of data from multiple sources and methods was applied to validate findings. Gender and human rights principles were applied throughout the analytical process at multiple levels. Additionally, the validation of data, including draft recommendations were sought from evaluation participants, namely key informants and participants of FGDs, CO programme staff; IPs, Evaluation Manager and ERG. Thereafter, the draft report was validated by the ERG and stakeholders.

Ethical considerations

The evaluation was conducted in accordance with the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the United Nations evaluation group (UNEG), [10] and the United Nations Norms and Standards for evaluation in the United Nations System.[11] The evaluation team ensured adherence to the following accepted codes of conduct for research such as: seeking verbal and written consent from respondents, maintaining confidentiality, avoiding bias, avoidance of harm and dignity and diversity.

Obtaining consent: The evaluation team obtained consent from all respondents before they were interviewed. No interviews were conducted with persons under-18 years of age.

Differentiation of participants: participants were selected by age, sex, PWDs and service function. The evaluation team was guided by the UN Sustainable Development Group programming principle of 'Leaving

[10] 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.

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

No One Behind'[12]. During the mobilization of FGD participants, a conscious effort was made to include PWD and people from vulnerable groups.

Data collection tools

The data collection methods were aligned to evaluation questions and sub-questions, as detailed in the full evaluation matrix *(see Annex 1).* The CPE utilized core data collection tools, including, KII Interview Guide, Country programme evaluation visit plan, available evidence database and triangulation tools. These tools were adapted from the UNFPA evaluation handbook . See Annex 5 for data collection tools.

Data analysis

Data was analysed along the evaluation questions and triangulated with different sources to ensure the robustness and validity of evidence. Preliminary analysis findings were reviewed via in-depth joint analysis and validation sessions with the Country Office programme team. This strengthened the evidence-base and validity of findings, and allowed the development of recommendations.

1.3.3 Stakeholders consulted and sites visited

A total of 46 KIIs were held with 6 internal and 40 external stakeholders at national and sub-national levels. The evaluation team conducted 6 FGDs with 50 beneficiaries in the ages 19 - 49 years. Direct observation was conducted in 6 health facilities. Purposive sampling was used to select informants taking into account the comprehensive UNFPA guidelines on stakeholder selection and sampling from the Evaluation Handbook. The Evaluation Team was guided by the 'Leaving No One Behind' principle to identify different target beneficiaries of UNFPA Eswatini 7th CP.

1.3.4 Limitations and mitigation measures

A few limitations were encountered.

Table 2:List of limitations and mitigation strategies

Limitation	Mitigation measure
Inability to conduct interviews with key stakeholders such as in-school youth and Life Skills Education (LSE) teachers, and beneficiary groups	Reviewed the CPE timelines, rescheduling of interviews to online and substitution with another informant.

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

Purposive sampling technique to identify evaluation informants, FGD participants and health facilities	Followed the UNFPA guidelines on stakeholder selection and sampling from the Evaluation Handbook criteria to include a mix of stronger and weaker performing IPs, and financially large and small programmes and a mix of projects and partners from government and CSO, donors and beneficiaries.
Some IPs experienced staff changes due to officers leaving and new ones joining their organizations who had limited knowledge about the programmes.	Thorough review of programme reports
Evaluation was largely qualitative with some quantitative elements	Triangulation using multiple sources and performing secondary review of existing quantitative data from national surveys, censuses, and thematic evaluations performed by the government and the development community.
Outdated or old national surveys. For example the MICs, a major source of outcome performance was conducted in 2021 at the start of the CP quantitative data source.	Used the *draft* Harmonized Health Facility Assessment (2024).

CHAPTER 2: Country Context

2.1 Development challenges and national strategies

Eswatini has a land area of 17,364 km^2 and is surrounded by South Africa on three sides and Mozambique to the east. It features four ecological zones: highveld, middleveld, lowveld, and Lubombo plateau. Administratively, it is divided into Hhohho, Manzini, Lubombo, and Shiselweni regions. The population is estimated to be just over 1.2 million people, of whom 50.4% are female. The population is youthful as 73% of the population is under the age of 35 and 39.6% under 15 years.[13] Eswatini operates under a constitutional monarchy with a dual modern and traditional governance system.

Table 3: Summary Demographic information

Key Indicator	Current (2024)
Population Size	1 202 285
Male: Female Sex Ratio %	95
Crude Birth Rate	23.66
Crude Death Rate	8.59
Exponential Growth Rate	1.21
Total fertility Rate (Medium variant)	2.70
Population aged 15-24:	248 431
Population in rural areas%	75.33
Life Expectancy at Birth Males Females	63.97 61.67 66.34

Source: Eswatini Population and Housing Census (2017)

Eswatini is classified as a lower middle-income country, with a per capita gross domestic product (GDP) of US$ 4,089 in 2024.[14] The country faces a complex development landscape characterized by persistent poverty and high unemployment rates. The overall poverty rate stands at 58.9%, which is more pronounced in rural areas (70.1%) and among women (61.5%).[15] Over the years, the unemployment rate has worsened, increasing from 23.0% in 2016 to 33.3% in 2021. It is currently estimated to be 35.4%, with women disproportionately affected at a rate of 37.6% and youth aged 15 to 35 years facing an alarming rate of 55.8%.[16]

[13] Ministry of Economic Planning and Development- Central Statistical Office (2017). Eswatini Population Census.
[14] World Bank (2024). https://www.worldbank.org/en/country/eswatini/overview
[15] Government of Eswatini (2017). Eswatini Household Income and Expenditure Survey (EHIES). Ministry of Economic Planning and Development. Mbabane. Eswatini.
[16] Ministry of Labour and Social Security (2023). Integrated Labour Force Survey 2023. Mbabane. Eswatini.

Economy and poverty

Table 4: Economic and Social Indicators

Economy	Source of data	
GDP Growth Rate	10%	Economic & Review Outlook/ Eswatini NDP 2023/24- 2027/28
GDP Per Capita	US$ 4,089	World Bank (2024)
Economic Growth (2021)	4.8 %	World Bank (2024)
Child Poverty Rate	56,5% (2019)	Eswatini NDP 2023/24- 2027/28
Social and Human Development	Source of data	
Human Development Index	0.611	Eswatini NDP 2023/24- 2027/28
Poverty Rate	58.9%	Eswatini NDP 2023/24- 2027/28
GINI Index	0.515	Eswatini NDP 2023/24- 2027/28
Unemployment Rate	35.4%	Labour Survey 2023
Youth Unemployment (15-35 years)	55.8%	Labour Survey 2023

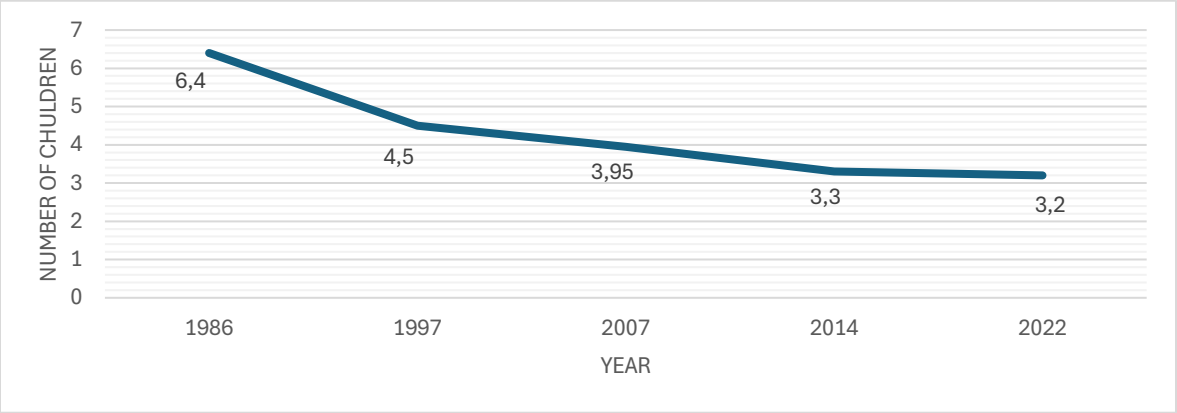
Reproductive health

The country has experienced a significant decline in fertility rate over the years. According to the Multiple Indicator Cluster Survey (MICS) in 2014, the Total Fertility Rate (TFR) fell from 6.4 children per woman in 1986 to 4.5 in 1997, 3.95 in 2007, 3.3 in 2014, and further decreased to 3.2 in 2021-2022, as shown in Figure 3.

The adolescent birth rate among women aged 15-19 years is on a decreasing trend, dropping from 111 per 1,000 in 2007 to 87 per 1,000 in 2014 and 78 per 1,000 in 2022.[17] Over ninety percent of women aged 15-49 who gave birth in the past two years received care from skilled health personnel, marking an improvement from the 88.3% reported in 2014. However, unmet need for family planning (FP) among women aged 15-49 has regressed from 15.2% as it currently stands at 20.4%. Unmet need is notably higher among unmarried women (33.1% versus 20.0%) and adolescents at 28.6%, and most prevalent among the poorest, rural, and least educated young women. Additionally, only 81.3% of the demand for contraception was satisfied.

[17] Government of Eswatini (2017). Multiple Indicator Cluster Survey (MICS). Ministry of Economic Planning and Development. Mbabane. Eswatini.

Figure 3 : Eswatini Total Fertility Rare (1986-2022)



Source: CSO, MICS 2014 & 2021-2022

Human Immunodeficiency Virus (HIV)

The 2021 Eswatini HIV Incidence Measurement Survey (SHIMS 3) confirmed that Eswatini has achieved the last two of the UNAIDS 95-95-95 Global treatment targets in 2020. Meaning that the country has successfully enrolled people living with HIV on antiretroviral treatment and that over 95% of those who are on treatment have achieved viral suppression. Nonetheless, the country has a high prevalence of HIV of 24.8% among people aged 15 and older, which corresponds to approximately 185,000 adults living with HIV. HIV prevalence is higher among women, at 30.4% compared to 18.7% among men. Annual incidence of HIV among adults aged 15 years and older is 0.62%, which corresponds to approximately 4,000 new cases of HIV per year among adults. HIV incidence is nearly seven times higher among women than among men (1.11% vs 0.17%).[18] HIV incidence is highest among adolescents and young people (15-24) at 1.4%, although this is a decline from previously reported 1.5 in 2019.[19] 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, indicating progress in reducing HIV incidence.

The Ministry of Health (MoH) of Eswatini has developed a range of national health policies, strategies, and guidelines to improve health outcomes, to strengthen health systems, and to align with national, regional, continental and global commitments including the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC). Some of the key national health policies and frameworks currently guiding Eswatini's health sector include; National Health Policy (2016), National Health Sector Strategic Plan (2024 - 2028), Sexual and Reproductive Health Rights (SRHR) Policy (2013), Adolescent Health Policy (2020), National Community Health Strategy (2018–2022), eHealth Strategy (2016-2020), and Health Financing Policy (2015-2022). NERCHA has developed the HIV and AIDS National Multisectoral Strategic Framework (NSF, 2023–2028).

[18] Eswatini Population-based HIV Impact Assessment 3 2021 (SHIMS3 2021)

[19] Eswatini NHHSP 2019-2023 ETR report (2024)

Education

The Government of Eswatini prioritizes education as a key component for economic and social development. The government has developed sector policies to provide accessible, affordable, and high-quality education from early childhood through tertiary and vocational training. These include Education Sector Policy (2018–2030), Education and Training Sector Strategic Plan (ESSP 2022–2030), Early Childhood Care and Education (ECCE) Policy, Inclusive Education Policy to accommodate learners with disabilities and other marginalized groups, Technical and Vocational Education and Training (TVET) Policy (2020), National Policy on Open, Distance and e-Learning (ODeL) (2021) and Early and Unplanned Pregnancy Policy and Guidelines. Some policies overlap with health education, school health, HIV prevention, nutrition, and adolescent well-being include the School Health Policy (2018), Adolescent Sexual and Reproductive Health (ASRH) Policy (2020) Comprehensive Sexuality Education (CSE) Curriculum Framework and National School Feeding Guidelines. The Ministry's policies align with the SDGs, decisions from the SADC Ministers of Education and ICT Summit, the SADC Framework and Action Plan, and the Child Protection and Welfare Act of 2012. Additionally, the Government has implemented the National Education and Training Sector Policy since 2018 and oversees the National Development Plan implementation in the sector.

The Government of Eswatini provides free primary education in all public schools and educational grants to Orphan and Vulnerable Children (OVCs) at the secondary level through a means-tested bursary program intended for impoverished learners. Tertiary learning is also supported through a scholarship loan that is offered for priority programmes and limited vulnerable children.

The literacy rate for persons aged 15-24 years is 92.0%, which is a decline from 94.5% in 2014. Female literacy declined from 95.3% to 93.1% and male literacy decreased from 92.1% to 89.0%. The gender gap in literacy narrowed from 1.9% to 0.9%.[20] Approximately 32% of children of secondary-school age are orphaned, requiring government assistance for access to secondary and higher education. The low performance is attributed to the impact of COVID-19 which resulted in the closure of schools during National Lockdowns. Early pregnancies and child marriages contribute to dropout rates among girls.

Gender equality and women empowerment

Eswatini ranks 58th in the Global Gender Gap Index (GGGI) and 10th in Sub-Saharan Africa, highlighting gender gaps in political empowerment and economic participation. The UNDP's Gender Inequality Index places Eswatini 138th out of 191 countries. Gender-based violence is significant, with about 1 in 4 females experiencing sexual abuse by age 18, and 48% reporting sexual violence at some point. The 2023 National Surveillance System on Violence (NSSV) Annual Report shows a 58.6% increase in violence from 2022, with adults over 25 making up 55% of survivors and females representing 73%. Common types of violence

[20] Government of Eswatini (2017). Multiple Indicator Cluster Survey (MICS). Ministry of Economic Planning and Development. Mbabane. Eswatini.

include emotional (35%), physical (31%), and sexual (19%), mainly perpetrated by intimate partners (46%) and relatives (16%). Most incidents occur at home and perpetrators are known to the survivors.

2.2 The role of external assistance

The Kingdom of Eswatini has twenty-six (26) external development partners that reported to the Ministry of Economic Planning and Development, (MEPD) - Aid Coordination and Management Section (ACMS) as at 31st December 2024. Some of these partners are resident in the country and publish their data in the International Aid Transparency Initiative (IATI) Registry, a voluntary, multi-stakeholder initiative to improve transparency of aid spending.

The European Union, African Development Bank, United Nations agencies, bilateral donors such as the United States President's Emergency Plan for AIDS Relief (PEPFAR), Foreign Commonwealth and Development Office (FCDO), Global Fund for AIDS, Tuberculosis and Malaria (GFATM), USAID, Taiwan, Norway, and the World Bank Group, and the International Monetary Fund are among the key partners. The government and its cooperating partners have signed cooperation strategies and frameworks with the partners to guide development cooperation in the country.

Development partners provide financial and technical support in key development sectors such as social sectors, economic development, environment and climate, governance and humanitarian response, as shown in Table 4. The net ODA had been increasing constantly over the years due to the country's classification as a Middle income country as shown in Table 5.

Table 5: Net ODA (US Billions) and Percent of GNI

Year	Net ODA (US$ Billions)	% GNI
2021	1.8	0.2
2022	1.82	0.2
2023	1.6	0.18
2024	1.7	0.76

Source: MEPD ODA Reports

CHAPTER 3: The United Nations and UNFPA response

3.1 United Nations and UNFPA strategic response

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 -2027/28), the United Nations Sustainable Development Cooperation Framework (UNSDCF, 2021-2025), and UNFPA strategic plans (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 was 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 and (iv) partnerships and coordination. The overall vision of the UNFPA Eswatini 7th country programme (2021-2025) is to reduce preventable institutional maternal deaths by 50% by 2025. The country programme contributes to national priorities as articulated in the National Development Plan, UNSDCF 2021-2025 outcomes and UNFPA Strategic Plan 2022-2025.

3.2 UNFPA Response through the Country Programme

3.2.1 Brief Description of UNFPA previous programme cycle, goals and achievements

The 6th country programme document (CPD) for Eswatini and Government aimed to establish equal opportunities for men and women, enhancing quality of life. By partnering with government, UN agencies, development partners, civil society, and the private sector, UNFPA Eswatini focuses on universal health access and people-centred positive change through these interventions:

- Empowering women and youth with skills to reach their potential and contribute to development.
- Promoting access to quality, integrated sexual and reproductive health services that are youth-friendly and gender-sensitive.
- Upholding the rights of women and young people, especially adolescent girls, to grow up healthy and safe.
- Encouraging active participation of women and young people in development programs.
- Ensuring no one is left behind in national development plans, policies, and programmes.

The 6th CPD operated within four key outcomes: Outcome 1 - Sexual Reproductive Health, Outcome 2 - Adolescents and Youth, Outcome 3 - Gender Equality and Women's Empowerment and Outcome 4 - Population Dynamics.

The 6th CP achieved high implementation rates across all programme components. UNFPA made significant progress in four areas: strengthening health systems focusing on sexual and reproductive

health, developing national guidelines and strategies, improving nurse midwife competencies, promoting gender and social norms, youth empowerment and enhancing data collection and analysis.

Key achievements included:

- Review of national strategies and guidelines (National FP guidelines, National Condom Strategy, ASRH modules, AYFHS standards and manuals, FP-ART SOPs, and SGBV Guidelines).
- Competency-Based Family Training for nurse midwives through a tripartite arrangement, leading to improved FP services for adolescents and youth.
- Finalisation and endorsement of Policy frameworks like the Sexual Offences and Domestic Violence Act of 2018.
- Facilitation of ICT-enabled census and capacity building for data analysis, utilisation of evidence for programme interventions during crises and mapping inequalities.

These efforts contributed to increased awareness and coordination regarding SRH, gender and youth issues, ensuring sustainable education and heightened interest among young people.

3.2.2 The current UNFPA Country Programme (7th CP) and an analysis of its theory of change

Review of the Theory of Change

The Theory of Change (ToC) underpinning the 7th Country Programme (CP) was based on the vision that if people, particularly women, adolescents, and youth, have access to quality sexual and reproductive health services, accurate information, and are empowered to exercise their rights in an enabling environment, then their health, dignity, and opportunities to thrive will improve, contributing to national development. The CP outlines a pathway of strategic interventions across four interlinked thematic outcomes and four outputs across the areas of: Sexual and Reproductive Health and Rights (SRHR), Adolescents and Youth, Gender Equality and Women Empowerment, and Population Dynamics. Each outcome was supported by a range of strategic interventions designed to contribute directly to the respective outcomes. The outcomes of the 7th CP are summarized in Table 6 below.

7th CP Theory of Change

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 Sustainability**

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

Outcomes

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

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.

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.

/ 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)

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**
erate analytic reports and knowledge products on SRH/HIV/GBV integration to inform scaling up.
Capacity-building
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
e 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 SRHR, HIV, GBV resource allocations and programming

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)
erate 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
e up multi-sectoral capacity to prevent, respond and manage GBV **Partnership and coordination**
Promote 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

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.
Capacity-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

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)

Assumptions:

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

Peace and security will be maintained

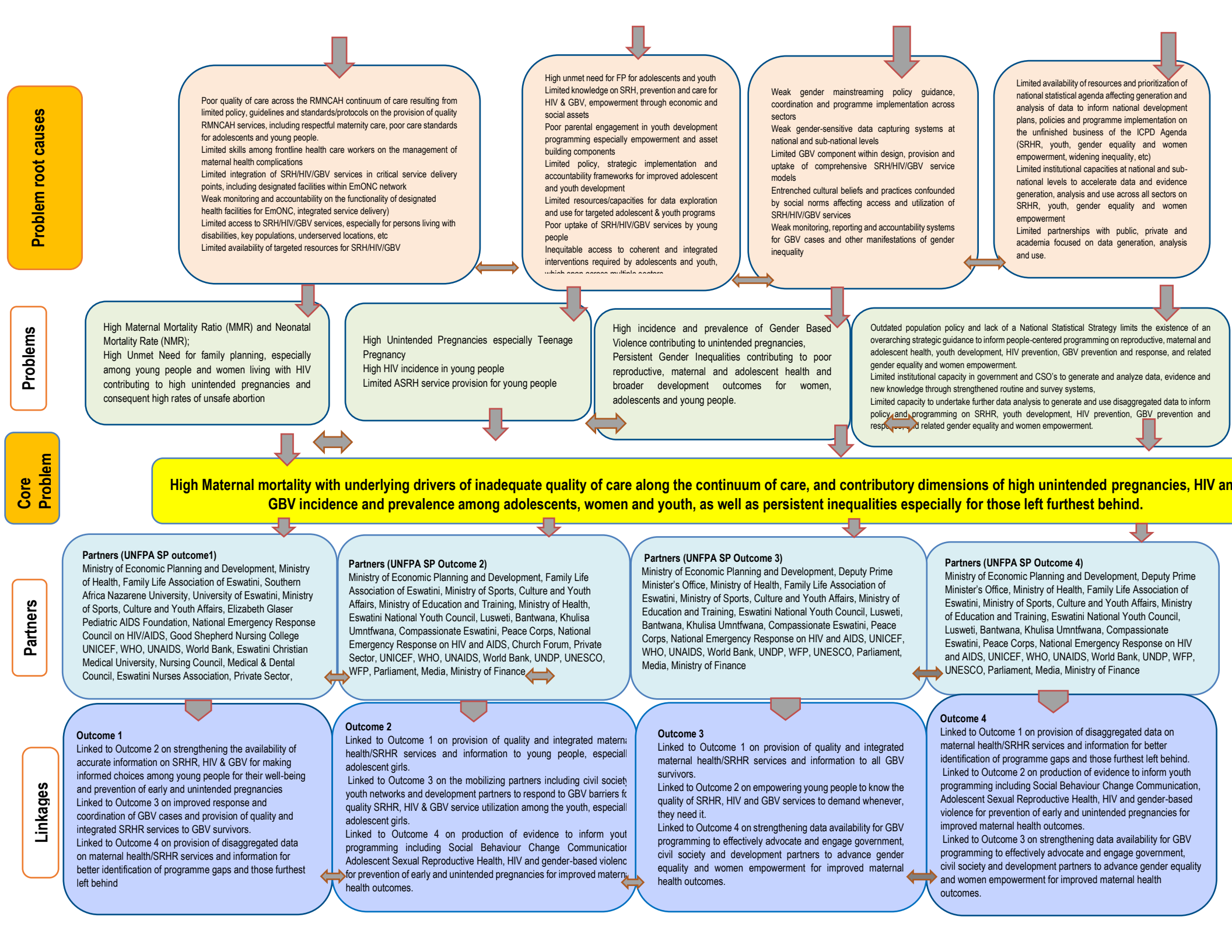

Problem root causes
Poor quality of care across the RMNCAH continuum of care resulting from limited policy, guidelines and standards/protocols on the provision of quality RMNCAH services, including respectful maternity care, poor care standards for adolescents and young people.
Limited skills among frontline 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, HIV prevention, GBV prevention and
related gender equality and women empowerment.
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 an
GBV incidence and prevalence among adolescents, women and youth, as well as persistent inequalities especially for those left furthest behind.
Partners
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,
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
Linkages
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.
Linked 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
Outcome 2
Linked to Outcome 1 on provision of quality and integrated materna
health/SRHR services and information to young people, especiall
adolescent girls.
Linked to Outcome 3 on the mobilizing partners including civil society
youth networks and development partners to respond to GBV barriers fo
quality SRHR, HIV & GBV service utilization among the youth, especiall
adolescent girls.
Linked to Outcome 4 on production of evidence to inform yout
programming including Social Behaviour Change Communicatio
Adolescent Sexual Reproductive Health, HIV and gender-based violenc
for prevention of early and unintended pregnancies for improved matern
health outcomes.
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.
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 unintended pregnancies for improved maternal health outcomes.
Linked 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 women empowerment for improved maternal health outcomes.

Table 6: 7th Country Programme Components, Outcomes and UNSDCF outcomes

Component	Country Programme Outcome	United Nations Sustainable Development Cooperation Framework
Sexual Reproductive health and rights	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	Outcome 2: Ensuring increased access to equitable, effective and efficient high-quality social services for adolescents, young people, men and women, including marginalized persons.
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	Outcome 2: 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.
Gender equality and women empowerment	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	Outcome 3: By 2025, oversight bodies and government institutions at national and regional level operate in an independent, participatory and accountable manner, ensuring equal access to justice and services, with a systematic, participatory implementation and reporting mechanism for its human rights obligations and SDGs with a focus on leaving no one behind.
Population dynamics	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	Outcome 1: By 2025, women, men and youth, including marginalized persons, contribute to and benefit from economic progress, through greater access to decent employment, equitable social economic opportunities, sustainable enterprise opportunities as well as resilient, financially sustainable social protection systems

The implementation of the 7th CP was a collaborative effort between the United Nations Population Fund (UNFPA) and the Government of Eswatini, with additional support from the UNFPA Regional Office in Johannesburg, South Africa, and HQ in New York. The Ministry of Economic Planning and Development provided the overall programme coordination, including the population change and data component. The programme utilized results-based management techniques, leveraging the existing Eswatini United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025, UNFPA Strategic Plan (2022-2025), Sustainable Development Goals (SDGs), specifically Goals 3, 4 and 5, 10, 16 and 17, National Development Strategy (1997–2022) and National Development Plan (2019-2022).

Analysis of the Theory of Change

The ToC was comprehensive and clearly articulated the four thematic outcomes, which were well aligned with the UNFPA Strategic Plan, national development priorities and the UNSDCF outcomes. The programme outcomes for the four focus areas of the 7th CP remained consistent with the 5th and 6th Country Programme (CP). Measurable indicators were established at both outcome and output levels. Baseline and target values were considered realistic. The design was logically linked to the achievement of output indicators and realization of the intended outcomes. Strategic interventions under each thematic area were appropriately grouped under four modes of engagement: (1) Advocacy and policy dialogue and support, (2) Knowledge management, (3) Capacity building, and, (4) Coordination, partnership and South-South and triangular cooperation. These intervention modalities provided a strong framework for achieving the output results, and by extension, the outcomes of the programme.

The CP included an explicit causal analysis framework (Theory of Change), which clarified the logic behind key interventions and identified contextual variables influencing programme effectiveness. This was used to develop a Monitoring and Evaluation Framework for the CP. The framework was used to strengthen the evidence base for assessing programme contributions to observed changes. The M&E framework included a clearly stated timeframe for achieving the outcome indicators up to the 2025 end date. Including a timeframe linked to specific outcomes would improve monitoring and provided a blueprint for accountability. While the ToC included a clearly articulated set of risks and assumptions at the overall programme level, it would have been more effective to specify risks and assumptions under each thematic area. Additionally, the absence of a documented risk mitigation plan limited the programme's ability to anticipate and adapt to potential challenges. Including such a plan would have enhanced the programme's resilience and ensured more robust achievement of intended results. The planning for the CP was done in the wake of shocks that were experienced from COVID-19 and a civil unrest. Learning from those, the CP discussed risks from socio-economic, political and environment factors.

Another gap identified was the lack of a clearly stated timeframe for achieving the outcome indicators, particularly with respect to the 2025 end date. Including a timeframe linked to specific outcomes would improve monitoring and provided a blueprint for accountability.

Recommendations

Given the overall robustness and alignment of the 7th CP ToC with programme goals, it is thus recommended that the next Country Programme ToC be strengthened by: (1) Specifying risks and assumptions at the thematic level; (2) Including a documented programme risk mitigation plan; and (3) Indicating clear timelines for the achievement of each outcome indicator.

3.2.3 The Financial structure of the UNFPA 7th Country Programme

The 7th CP was launched in January 2021 and designed as a five-year initiative running from 2021 to 2025, with a total budget of USD 5.4 million, comprising USD 3 million from regular resources and USD 2.4 million from other resources. The CPE covers the full calendar years of 2021 to 2023, as well as the first three quarters of 2024, given that the CP implementation was still ongoing at the time of the evaluation.
During the review period, the total CP budget amounted to USD 4.6 million, allocated as follows: USD 1.5 million in 2021, USD 972,000 in 2022, USD 823,000 in 2023, and USD 1.4 million in 2024. As illustrated in Figure 3 below, the proportion of actual CP expenditure has been steadily declining, from 97% in 2021 to 66% in 2024.

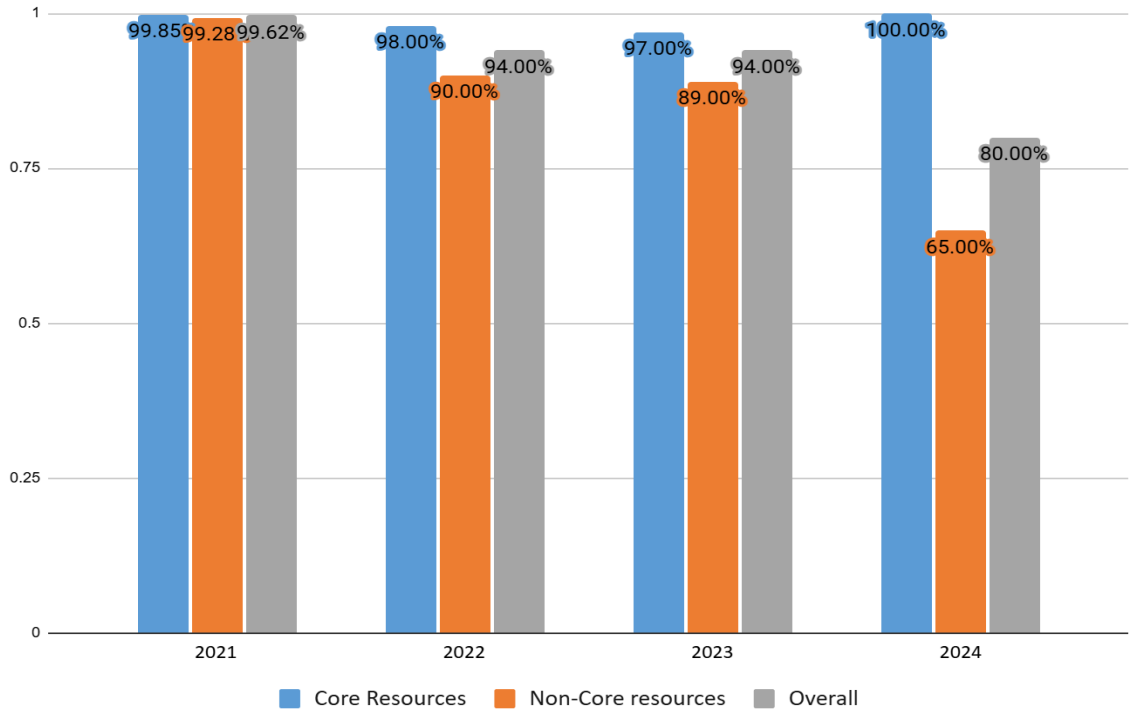


Figure 3: Total funding against expenditure, and evolution 2021-2024

Table 7 below shows the available budget and expenditure by thematic area and financial year. Budget expenditure was above 98% for all thematic areas in 2021 and below 85% for all thematic areas in 2024. The 2024 expenditure was much lower than the others for quality of care (60%) and population data and

change (64.8%) because the evaluation was conducted before the end of the year and there may have been late receipt of other resources.

Table 7: Allocation of budget and utilization (2021-2024) USD

	2021		2022		2023		2024	
Output	**Budget in USD in Millions**	**Expenditure**	**Budget in USD in Millions**	**Expenditure**	**Budget in USD in Millions**	**Expenditure**	**Budget in USD in Millions**	**Expenditure**
Sexual and reproductive health	0.60	98,8%	0.44	93,4%	0.42	93,1%	0.53	60,0%
Adolescents & youth	0.56	98,3%	0.18	94,5%	0.13	86,4%	0.37	79,0%
Gender equality and empowerment of women	0.43	98,2%	0.13	91,4%	0.91	93,1%	0.22	80,4%
Population Dynamics	0.30	98,9%	0.12	100,9 %	0.71	88,8%	0.21	64,8%

Source: UNFPA Eswatini Office

Chapter 4: Findings

This chapter presents the evaluation findings, organized according to the five evaluation criteria: relevance, coherence, effectiveness, efficiency, and sustainability. It reflects the evidence gathered from multiple sources, including document reviews, key informant interviews, and field observations.

4.1 Relevance criteria

Summary: The 7th CP aligns with Eswatini's government development plan and strategies, UNSDCF 2022-2025, international commitments, and UNFPA's mandate. The four outputs are aligned to key priorities of the International Conference on Population and Development, the 2030 SDG Agenda, and UNFPA's strategic plans (2018-2021 and 2022-2025). The outputs are also consistent with the national strategies for health, gender, youth, and population. Additionally, the CO adapted to evolving needs and new government policies.

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 and the Grand Bargain?

Answer to evaluation question 1.

The CP adapted to national and international standards

(i) Adapting to national development strategies and policies

Findings 1: The UNFPA 7th CP is aligned to the National Development Plan, policies and strategies

The evaluation found that the CP was well aligned with national development priorities, including policies on SRHR, gender equality, adolescents and youth and on population dynamics. The CP was aligned to the National Development Strategy (1997–2022), National Development Plan (2019-2022), and United Nations Sustainable Development Cooperation Framework (UNSDCF, 2021-2025). These frameworks prioritize the improvement of health outcomes, reduction of maternal mortality, and promotion of gender equity, youth development including evidence-based planning and programming. In 2023, the CP was realigned with the UNFPA Strategic Plan (2022-2025) and National Development Plan (2023/24 -2027/28). By expanding access to quality SRHR services, particularly for women, youth, and vulnerable populations, UNFPA supports the NDS vision of enhancing the well-being of all citizens and fostering a healthy, productive population as a foundation for sustainable national development. The 7th CP was also found to be aligned with the Sustainable Development Goals (SDGs), specifically Goals 3, 4 and 5, 10, 16 and 17. The 7th CP also contributed to the United Nations Sustainable Development Cooperation Framework (UNDCF) priorities and outcomes, particularly Outcome 2: Investing in Human Resources and Social Development, Outcome 3: Accountable Governance, Justice and Human Rights, and Outcome 1: Promoting Sustainable and Inclusive Economic Growth.

Finding 2: the CP is aligned with the UNSDCF and UNFPA Strategic Plan

The CP directly contributed to three of the four outcomes of the United Nations Sustainable Development Cooperation Framework 2021-2025, namely: (1) Promoting Sustainable and Inclusive Economic Growth; (2) Investing in Human Resources and Social Development; and (3) Accountable Governance, Justice and Human Rights. The CP's focus on reproductive health including maternal health and family planning directly contributed to the UNSDCF's Outcome 2. The CP also contributed to outcomes 3 of the UNSDCF document 2021-2025, which are explicitly related to enhancing gender equality, empowerment, and multisectoral prevention of violence in Eswatini, with a particular focus on adolescent girls and young women. The UNSDCF emphasizes evidence-based policymaking, notably in Outcome 1, which includes UNFPA Eswatini's support for population censuses and the use of population data for development by UNFPA. Furthermore, UNFPA's programmes on Life Skills Education (LSE) and youth participation are incorporated in the Human Resources and Social Development outcome of the UNSDCF. The UNSDCF emphasizes evidence-based policymaking, notably in Outcome 1 were part of the CP support for population censuses and surveys as well as the use of population data for development.

The country programme's focus areas reflected the UNFPA's Strategic Plans (2018-2021 and 2022-2025), and the country programme interventions contributed to the UNFPA's global goals. The CP effectively mirrored UNFPA's transformative results in maternal health, family planning, and gender-based violence (GBV) programmes. The CP's focus of reducing institutional maternal deaths by 50% supports UNFPA's global goal of ending preventable maternal deaths by 2030. This was through targeted investments towards zero unmet need for family planning through for example, the third party procurement of FP commodities and supplies, training of midwives and integrated activities on quality of care along the SRMNCAH (SRHR/HIV/GBV) continuum of care.

Finding 3: CP output areas are fully aligned and responsive to programme needs

Sexual and Reproductive Health: The SRH quality-of-care sub-thematic area was aligned with national policies, including the National Health Sector Strategic Plan and the SRMNCAH&N Strategy (2019-2023). Interventions of the National Sexual and Reproductive Health Policy (2013) and Adolescent and Youth Friendly Health Standards AYFHS (2017) to improve services for women, adolescents, and young people. CP interventions attributed to efforts to reduce unmet need for family planning, increase contraceptive use, and provide integrated SRHR services. The UNFPA CO supported the development of policies, guidelines and assessments to enhance the knowledge and skills of policymakers and healthcare providers on SRHR. Specifically, UNFPA supported the development of Postnatal Care Guideline (PNC, 2024), revised emergency obstetric and neonatal care protocols pocket guidelines (2024), the strategic assessment on unintended pregnancy, contraception and post abortion care (2023), Integrated Sexual, Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (SRMNCAH&N) Strategic plan 2019- 2023, COVID 19 and Pregnancy Service Guidelines (2021).

Adolescents and Youth: The CP aligned with country needs for the youth, and other vulnerable populations, such as adolescent girls and young women, and young persons with disabilities (YPWDs). The CP was aligned to the NDP 2019-2022 and it focused on improving access to quality life skills education, promoting access to integrated sexual and reproductive health services, reducing maternal mortality, decreasing HIV incidence, and enhancing youth participation in decision-making processes while

equipping them with livelihood skills through youth networks. Other interventions for youth and PWDs were implemented through various local entities such as the Eswatini National Youth Council, Junior Achievement Eswatini, and Family Life Association of Swaziland.

Gender equality and women empowerment: The CP is aligned with the National Gender Policy (2010), the National Strategy to End Violence (2022-2027), and the Costed Implementation Plan 2017-2021.[21] It supported the NDP's call for gender equality, adhered to Convention on Elimination of Discrimination Against Women (CEDAW), and contributed to SDG 5 on gender equality. The gender and GBV component addresses government priorities and meets women's needs in tackling gender inequality and GBV.[22] It was implemented in collaboration with the Deputy Prime Minister's Office (DPMO) ministries and departments. The programme contributed to the achievement of UNSDCF Outcome 3 which is explicitly related to enhancing gender equality, empowerment and multisectoral prevention of violence in Eswatini focusing on adolescent girls and young women.[23]

Population Dynamics: The CP aligned well with national strategies such as the National Development Strategy (1997-2022), National Development Plan 2019/20 – 2021/22, the National Population Policy (2003) and National Disability Plan of Action 2015. The NDS 1997–2022, emphasizes the need for evidence-based planning, equitable development, and efficient resource allocation. By strengthening the national statistical system, enhancing the availability of disaggregated population data, and supporting the generation of evidence for policy and planning, UNFPA directly contributed to the NDS goal of promoting informed decision-making to accelerate sustainable development and reduce inequality.

Additionally, through its support for the generation, analysis, and utilization of population data, UNFPA aligned with the National Population Policy, which underscores the importance of reliable, timely, and disaggregated data to guide population planning, policy development, and resource allocation. This contribution strengthened the integration of population dynamics into national development planning and promoted evidence-based decision-making across sectors.

The National Disability Plan of Action seeks to advance the rights and well-being of persons with disabilities through advocacy, education, health, and employment initiatives. UNFPA's programme aligns with this goal by supporting the generation and use of disaggregated data on persons with disabilities through the national census. This contribution enhances evidence-based planning and promotes the development of inclusive policies and services that respond to the specific needs of persons with disabilities.

(ii) Adapting to the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities

Finding 4: CP effectively addressed the priorities and the needs of vulnerable and marginalized groups

The DPMO was supported to develop the National Strategy to End Violence (2022-2027). Furthermore, traditional leaders were engaged to address socio-cultural practices that contribute to GBV. These

[21] Document review
[22] UNFPA 7th CPD
[23] UNDCF 2021-2025

initiatives targeted young men, women, community leaders, and faith leaders in preventing and responding to GBV. Additionally, an autism baseline survey report was conducted in the Lubombo region which revealed that people with autism spectrum disorder (ASD) were particularly vulnerable to GBV and lacked access to SRHR information. A situation analysis study on inclusion of PWDs was conducted. Targeted SRH activities for AYP were implemented in collaboration with the MoH SRH unit.

Inclusive interventions were conducted in response to the 6th CPE recommendations to support GBV surveillance, enhance the GBV response network, build capacity for the DGFI capacity, and create evidence for sustainability.

Iii. The strategic direction and objectives of UNFPA

The 7th CP is aligned with the UNFPA Strategic Plans for 2018-2021 and 2022-2025. Its goal is to achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce preventable maternal mortality in accordance with the ICPD agenda and Programme of Action. The CP aimed to reduce preventable institutional maternal mortality ratio by 50 percent among women of child bearing age by 2025 which is in line with SDG target of less than 70 maternal deaths.

(iii) Priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action including the National Voluntary Commitments and the SDGs

The 7th Country Programme was fully aligned with the International Conference on Population and Development (ICPD) Programme of Action, the 2030 Agenda for Sustainable Development Goals (SDGs), and global UNFPA strategic positioning. It also adhered to national priorities as outlined in Vision 2022 and its succeeding National Development Plan, alongside the four CP thematic areas' sectoral policies, plans, and priorities.

The CP aligned with the ICPD Programme of Action in several key areas, SRHR, GEWE, safe motherhood, adolescent focus, population data, human capital development, and financial resource mobilisation. Additionally, the CP was aligned with the Sustainable Development Goals (SDGs), particularly Goals 3, 4, 5, 10, 16 and 17. The CP's response to the SDGs included improving maternal death surveillance and skilled birth attendance to reduce preventable maternal deaths, HIV prevention, strengthening family planning efforts, reducing adolescent pregnancies, and increasing universal health coverage. The 2017 Population and Housing Census reported 452 maternal deaths per 100 000 live births which was higher that the SDG 3.1 target of 70 maternal deaths per 100 000 live births. The CP target was to reduce preventable institutional maternal deaths by 50%, thus showing commitments to global standards. In terms of GEWE, the CP focused on strengthening multisectoral coordination of GBV essential services, addressing gender-based violence, empowering women, supporting informed decision-making regarding SRH and family planning for women, and enhancing laws and regulations related to GBV. Furthermore, it deepened community mobilization and engagement of community structures and systems including male involvement in GBV response and engagement with community structures.

Regarding adolescents and youth, the CP supported comprehensive sexuality education, 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, inclusion of vulnerable groups, and

integration of economic empowerment of young people. Concerning Population Dynamics, the CP facilitated the generation, dissemination, and utilisation of disaggregated population data for development purposes, including policy briefs and the inclusion of a GBV module in the MICs study.

(iv) The New Way of Working and the Grand Bargain

Finding 5: The CP adapted to new ways of working

The New Way of Working was reflected in the programme's collaborative approaches, such as digitalizing surveys for improved data quality. The training on small area estimation improved programme targeting, such as identifying regions with higher rates of teenage pregnancy. The CO adopted digital solutions and provided tablets for midwives to use the safe delivery application to guide midwives during labour and delivery. Midwives and obstetricians were trained midwives to use the application.

TuneMe and MobiSAM online platforms were provided for AYP and health care workers (HCWs). The MobiSAM platform provides real time communication between HCWs and beneficiaries to improve quality service provision and promote client self-care. The entrepreneurial programme for AYP was enhanced with integration of SRH into entrepreneurship.

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?

Answer to evaluation question 2.

The CP was responsive to changing circumstances and varied needs of the population

Finding 1: CO was adaptive and responded to changes in national needs and priorities

The evaluation found that the 7th CP demonstrated strong adaptability by consistently realigning its interventions in response to evolving national priorities, emerging crises and the needs of marginalised populations.

The 7th CP's adaptability was evident when national policies and frameworks changed. It supported the implementation of revised policies and guidelines based on new available evidence and adapted to beneficiaries' evolving needs. The CO and IPs employed mitigation strategies through community-led partnerships, peer-to-peer activities, and the use of digital platforms like TuneMe, TuneMe and safe delivery applications. During periods of limited mobility (notably the COVID-19 lockdown and 2021 civil unrest), UNFPA and partners adapted by switching to remote work strategies and adapted its programs with limited personal interface.

For programme continuity, the CO supported the integration of SRH and FP and supported the MoH-SRH Unit in collaboration with other UN agencies (UNICEF, UNAIDS, and WHO) and CSOs_ to address adolescent pregnancies. The CO collaborated with WFP for continuity of FP services by integrating FP with food distribution using SMS system reminders for women to access FP services at health facilities. Additionally, the CO supported outreach services to women in the textile sector through mobile facilities.

The CO supported the MoH to develop COVID 19 technical guidance for pregnant women guidelines (2021) to guide the safe provision of MNH services through integrated COVID-19 safety precautions. The MoH was also supported with onsite training to ensure that midwives were educated on how to handle COVID 19 patients that were pregnant. MoH was further supported to develop National SRHR self-care guidelines (2025-2028) to allow clients to play a better role in their health. Virtual training was provided to reach AYP during COVID-19 lockdowns. Following reports by MoET that some young girls had not returned to school due to pregnancy during national lockdowns, the CO conducted an online survey which led to the development of a Policy brief to advocate for the acceptance of pregnant learners and mothers to school. This led to the revision of the Education Sector Policy, development of Early and Unplanned Pregnancy guidelines which include the re-integration of pregnant learners and mothers to school.

UNFPA extensively mainstreamed gender in all outcomes with a focus on GBV prevention and response as well as training service providers and members of the protection cluster to provide GBV services in humanitarian response. Under the GEWE component, due to the rising cases of GBV during COVID-19 lockdown period, UNFPA supported the provision of services and advocacy. The CO commissioned a rapid assessment that assessed the situation after the country experienced civil unrest and other disasters, this evidence was shared with the protection cluster. Interviews however indicated that UNFPA was constrained resource-wise and could not adequately meet some demands during the period [1].

Vulnerable populations, including persons with disabilities and youth, were addressed through the disability policy briefs and initiatives such as integrating pregnant learners into education. The support for developing disability-inclusive SDG indicators assisted Eswatini in aligning with SDG 3 (good health and well-being) and SDG 4 (quality education). Additionally, the University of Eswatini participated in national activities such as the 2024 World Population Day, providing students (mainly youth) with updated information. Community engagement efforts included integrating youth and traditional leaders into population and development-focused discussions.

Through FLAS, the CO recognized the necessity for reprogramming activities to effectively tackle the challenges posed by inadequate supply of contraceptives during movement restriction. It was noted that this population group tends to prefer long-acting reversible contraceptive methods, such as injectables, especially the three-month injectable, over oral contraceptives.

Finding 2: The CO promptly responded to the changes in national policies and priorities within the 7th CP

In 2022, the CO realigned the CP with the UNFPA global strategy 2022-25. The change resulted in the integration of outputs into three out of the six transformative level outcomes to focus on quality and care, and gender and social norms, adolescents and youth, and population dynamics. This also led to the integration of humanitarian aspects in all interventions.

The CP remained aligned to the new generation NDP for 2023-2028.

Finding 3: Emerging social issues around AY

The expansion of psychosocial support services emerged as a significant issue, highlighting an urgent need for enhanced capacities in this domain. Some IPs identified the need for strengthening mental health

services amongst the youth. In underserved areas, churches served as vital platforms for strengthening access to SRH information using church youth networks.

EQ3: To what extent has UNFPA ensured that the varied needs of vulnerable populations, including adolescents and youth, those with disabilities and indigenous communities, have been taken into account in both planning and implementation of all UNFPA supported interventions under the country programme?

Finding 1: The needs of vulnerable populations were incorporated during planning and implementation

During the 7th CP design phase, line ministries and stakeholders actively participated to incorporate their priorities. Stakeholder inputs informed the development of interventions across all the CP thematic areas. The CO held regular review meetings with IPs and involved beneficiaries in the design of interventions. To address population-based issues and ensure that no one is left behind, the CO collaborated with the different units within the MEPD, specifically the NPU, the Central Statistics Office (CSO) and the Poverty Unit. This collaboration ensured that the needs and wellbeing of marginalized groups such as persons with disability and the youth were accounted for during policy development.

To address the needs of adolescents and youth, the UNFPA CO collaborated with the Eswatini National Youth Council through the Ministry of Sports, Culture and Youth Affairs (MoSCYA), the MoH, and the DPMO-Department of Gender and Family Issues (DGFI) on several initiatives. The CO supported the finalisation of the State of the Youth Report 2025, strengthened advocacy for the empowerment of young people by leveraging the annual commemoration of International Youth Day as a platform for engagement, awareness-raising, and policy dialogue, developing a country-specific manual under the LSE framework, and production of youth-friendly information, which was enhanced through the expanded use of the "TuneMe" digital platform. This provided AYP with accessible content on sexual and reproductive health and rights (SRHR).

4.2 Coherence criteria

Summary: The CO worked well with various partners at all levels and collaborated with other UN agencies, Government Ministries and NGOs either directly or in collaboration to ensure maximisation of benefits and impact of the CP. More so, the CO ensured the incorporation of gender and SRH issues in the UNDCF through leadership of the Gender Theme Group (GTG), RG3 sub-group and MTTV. The CO also demonstrated leadership through leading RG 2 of the UNSDCF as its co-chair.

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?

Answer to Evaluation Question 4.

Finding 1: UNFPA works well with various partners at all levels

The leveraging and development of strategic partners were present in all components of the CP. UNFPA ensured that partnerships were selected to maximize benefits of the CP. This was done through leveraging on the comparative advantage of IPs to reach the target population. This was also observed in several joint programming and implementation efforts.

Quality of Care - the CO supported MoH in service provision and development of policy and strategies, including development of service guidelines and partnerships in the COVID-19 vaccine Task Force and UN Joint Monitoring and Evaluation. UNFPA was part of the MNH TWG and the National Maternal Death Review Committee, where different partners under the Ministry of Health SRH Programme met on a quarterly basis to audit maternal deaths. The CO also worked with CSOs such as FLAS to avail youth-friendly SRHR services including FP and conduct health promotion through mobile clinics.

Adolescent and Youth - the CP participated in a multi-sectoral coordination mechanism through quarterly meetings with stakeholders, including the MoH, MoET, development partners, and CSOs that are involved in decision-making and service delivery. The CO participated in several national youth coordination structures such as the Youth consortium of NGOs, ASRH TWG, Teenage Pregnancy Task Force, UN Interagency Task Force on Youth to facilitate coordination of youth interventions. The CO worked through ENYC Tinkhundla Youth Associations to promote peer education on life skills education at community level. The CO also presented at the Regional Development Teams (RDTs).

Gender equality and Women empowerment - The CO worked with the DPMO - DGFI in partnership and collaboration with other local organisations in hosting advocacy events, such as the International Women's Day, International Widows Day, and International Day of the Girl and the 16 days of Activism against violence with other stakeholders. Through Kwakha Indvodza (KI), the program collaborated with other CBOs and expanded the project's benefits to the beneficiaries (*emajaha*- cultural males). As a result of the collaboration, Emajaha received business training, and those who needed PrEP services were supported to access it. The country also conducted the Intimate Partner Violence Symposium working with CSO, Government, Legislature, Law enforcement, PWD, Youth, Tertiary Students, Traditional Leaders, Religious Leaders, Key Populations. The CO has an inhouse gender focal person and Disability Inclusion Officer to facilitate the incorporation of gender and LNOB issues. The officers also support the delivery as one agenda within the UN system.

Population Dynamics - UNFPA established partnerships with the different units within MEPD, namely the CSO, the Poverty Unit and the National Population Unit, University of Eswatini (UNESWA), and UN agencies namely UNICEF and WHO. These collaborations enhanced data systems, strengthened national capacities, and promoted evidence-based programming.

(i) The CO partnered with MEPD Poverty Unit and other UN organizations to enhance SDG monitoring by supporting the production of two key publications: one on SDG indicators for the social cluster and another focused on SDG indicators for PWDs. These efforts contributed to strengthening data availability and visibility for special groups. In addition, UNFPA supported the preparation of Eswatini's Voluntary National Reviews (VNRs), further reinforcing the country's commitment to evidence-based reporting and progress tracking on the Sustainable Development Goals.

(ii) The CO partnered with the University of Eswatini (UNESWA) to strengthen the capacity of planners and statisticians in Small Area Estimation techniques, enhancing their ability to generate localized data for tracking and addressing the needs of left-behind populations.

(iii) In partnership with UNICEF, UNFPA took a lead role in the development of the Gender-Based Violence (GBV) modules for the 2021–2022 Multiple Indicator Cluster Survey (MICS). This collaboration leveraged existing data collection systems to address critical gaps in GBV data, ensured continuity of key indicators, and promoted cost-effective, harmonized programming within the MICS framework.

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?

Answer to evaluation question 5.

Finding 1: UNFPA leadership on gender influenced programming among the GTG and RG3 members

UNFPA chaired a sub-group on violence in Results Group 3 and UN Gender Theme Group. The CO's Gender Focal Person and Disability Inclusion Officer supported the delivery as one for gender and LNOB within the UN system. This led to the development and promotion of GEWE through facilitating the UNCT UPR report development, coordinating the UNCT SWAP Gender Scorecard assessments and sensitization of Women's Parliamentary Caucus on the Marriage Bill.

The consistency in the leadership influenced other UN agencies to mainstream gender in their work. For example, WFP and IOM included GBV prevention in their food distribution and SRH/HIV Knows No Borders program, respectively.

Through the GTG, the CO advocated for the review and development of the Strategy on Ending Violence in Eswatini (2022-2027), National Gender Policy (2023) and Beijing 30+ National Report. The implementation of the ending violence strategy has greatly improved than the previous strategy and has attracted interest from lawmakers and development partners.

4.3 Effectiveness criteria

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, inform planning and programming?

Answer to evaluation questions 6.(a – d)

Answer to evaluation questions 6.a.

Finding 1: Increased access and use of integrated SRH - AY and FP services with underserved areas

UNFPA's contribution to SRH outcome targets shows mixed performance. Measuring these outcomes was challenging due to reliance on outdated national surveys, such as the Multiple Indicator Cluster Survey conducted in 2021 at the start of the CP. Consequently, the reported outcome results do not fully reflect the impact of CP interventions, but those implemented in 2021 and 2022. A complete list of performance indicators can be found in Annex 2.

Ending Preventable Maternal Deaths

The Maternal Mortality Ratio (MMR) is on a downward trend. At the start of the CP, the MMR was 452 per 100,000 live births.[24] The global estimates report MMR to reduce from 240/100,000 to 118/100,000 between 2020 and 2023, respectively.[25] The declining trend is also reflected in the institutional Maternal Mortality Ratio (iMMR) which reduced from 102 to 70 of all women seen in health facilities between 2021 and 2024, respectively.[26] The country's iMMR rose to 107 in 2022, a consequence of the COVID-19 pandemic.

Through the 7th CP, the CO supported MoH's objective to guarantee the availability of essential medicines and supplies. The CO supported quarterly maternal death audits and procured 8 gadgets for the Safe Delivery Application in all public health maternity units. The CO also provided training to midwives on emergency obstetric and newborn care. Maternal death audits were used to develop recommendations to mitigate maternal deaths due to pregnancy induced hypertension, obstetric hemorrhage and abortion, which had been identified as the key causes of preventable maternal deaths. The Safe Delivery Application provided a real-time digital algorithm for issuing procedures on how to manage obstetric and neonatal complications. These efforts prevented approximately 150 maternal deaths, in the period under review.[27]

The CO supported in-service trainings on ANC and postnatal care to midwives and obstetricians in Maternal Child Health (MCH) departments in public health facilities. Midwives were trained in Emergency Obstetric and Newborn Care (EmONC) and medical education ANC. Trainings facilitated early detection and timely management of pregnancy-related complications. Continued medical education ensured that midwives and obstetricians remain up to date with best practices and improved the quality and responsiveness of maternal health services.

To ensure that student midwives had adequate capacity, the CO supported final-year tertiary students with a crash course on EmONC, including orientation on the Safe delivery app and assisted to download it.

The CO supported the development of COVID-19 and pregnancy guidelines (2021) and related trainings. This was conducted during COVID-19 to equip EmONC midwives with evidence-based protocols to manage infected pregnant women safely, minimizing complications. These trainings strengthened health workers' capacity to identify risks early and ensure continuity of essential maternal care, to reduce preventable maternal deaths.

[24] Eswatini Population and Housing Census, 2017
[25] WHO, UNICEF, UNFPA, Worldbank group, Trends in Maternal Mortality Estimates, 2024
[26] MoH-SRH Annual Report, 2023
[27] MoH-SRH Annual Report, 2023

To improve health care workers' ability to offer integrated GBV and post-natal care, the CO supported the development of standard operating procedures (SOP) for clinical management of GBV and guidelines for family planning services. The CO also supported the review of FP and ART integration SOPs. This was done to align the country with the most up-to-date guidance on integrated service delivery.

Ending Unmet need for Family Planning

Unmet need for family planning among women aged 15-49 increased to 20.4% in 2022, from 15.2% in 2014. This indicates a decline in access to family planning services. Within this group, 7.5% of women desired to space their births, while 12.9% wished to limit them. This trend is consistent with the decrease in the modern contraceptive prevalence rate (mCPR) for women in the same age group, which fell from 66.1% in 2014 to 55.3%.[28] The COVID-19 lockdowns affected FP commodity availability as the country experienced stockouts for over 6 months.[29]

As part of the 7th CP, the CO provided technical assistance to the MoH in FP commodity quantification and forecasting supply chain management to track family planning stock using the Logistics Management Information System (LMIS). The CO also supported the procurement of FP commodities and signed a Third-Party Procurement Agreement with the Ministry of Health to facilitate pooled procurement using UNFPA systems. This improved programme efficiency and averted over 15,000 unsafe abortions.[30]

The CO provided training to HCWs in public health facilities and non-governmental organizations on family planning techniques, gynaecological procedures, reproductive implant insertion, and the use of female condom models. Additionally, the CO delivered competency-based refresher training on long-acting reversible contraceptive (LARC) methods, specifically IUCDs and implants. Monitoring data indicates that the CO's interventions prevented 57,000 unintended pregnancies annually during the review period.

The CO facilitated the distribution of National Menstrual Health Guidelines (2021 - 2026) to healthcare facilities, reaching 450 healthcare workers. The CO advocacy efforts successfully elevated Menstrual Hygiene (MH) as a critical public health concern. This initiative spurred various civil society organizations to advocate for tax-free MH commodities and products, aiming to make pads more affordable for vulnerable adolescent girls and young women.

Finding 2: Promoted transformative gender and human rights-based planning approaches and disability inclusion

The CP included a focus on the rights of women and adolescent girls, youth and persons with disability. The CO supported the capacity development of duty bearers and policy makers to improve their abilities to provide targeted SRH information and services. The CO promoted advocacy on the operationalization of the Persons with Disability Act (2018). Members of Parliament were capacitated on the Act, SRHR strategies and disability inclusion. Advocacy efforts resulted in the establishment of the National Advisory Council for Persons with Disability in 2023/24, a dedicated line item for the disability programme in the

[28] MICS, 2022

[29] MoH Statement 2022

[30] UNFPA Annual Report, 2023

DPMO's budget, review of the National Disability Plan of Action, and an increase of the disability grant from E400 to E450 per month per person.

The CO supported the development of a disability policy brief on employment which provided insights on integrating PWDs into workplaces, addressing physical barriers, and promoting equal employment opportunities, as mandated by the Disability Act (2018). These efforts also utilized disaggregated data to inform policy, highlighting challenges like unemployment rates and infrastructural gaps, ensuring targeted, evidence-based planning and programming.

UNFPA also supported the development of a disability policy brief on education which aims to improve education for PWDs. Initiatives such as conversations with learners, parents, and teachers identified barriers such as an inaccessible curriculum and lack of specialized teaching resources, leading to targeted interventions. The policy emphasized disaggregated data collection and evidence-based planning to improve educational access and retention for PWDs, thereby contributing to the programme's outcomes of inclusivity and equity in education.

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 empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights?

Answer to evaluation questions 6.b.

Empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights.

Finding 1: Improved access to SRH services to AY

The CO supported the MoH to strengthen the adolescent sexual reproductive health through the development of guiding documents such as the Adolescent Youth Friendly Health Services (AYFHS) standards, orientation of HCWs, and on-site mentorship and supportive supervision. The CO also supported multi-stakeholder partnerships through the ASRH Technical Working Group to hold coordination meetings every quarter to review implementation of programmes.

The CO supported the adaptation and rollout of the LSE curriculum for in and out of school youth in all four regions. The standardized LSE manual addressed issues of condom use, transactional sex, intergenerational sex, mental health, menstrual health and intimate partner violence. A total of 4,598 out-of-school youth were reached with LSE in their communities**.** A total of 200 teen moms were reached with SRHR information and 34 girls were reintegrated to learning. The CO supported the provision of strengthened social behaviour change communication (SBCC) during cultural and traditional events reaching 30,700 adolescents with SRHR information and TuneMe. The programme integrated SRHR, HIV and GBV, prevention and response interventions and LSE to reach 30,000 adolescent girls and 4,000 boys

during the Umhlanga (Reed) dance and the Lusekwane ceremony respectively, each year. The programme also integrated critical health education into key traditions. A total of 1,029 young girls were reached through digital health tools (NONO) in collaboration with PSI's Girl Power initiative.

During the CP period, 354,341 (154,112 females and 200,229 males) youth were reached with LSE information through the Tune Me digital application. The CO also supported menstrual health management interventions to different communities. A total of 11,581 girls and young women received dignity kits in communities as part of the humanitarian response during COVID-19, civil unrest and MHM commemorations.

Finding 2: Increased coverage of HIV prevention education for AYP

The percentage of women aged 15-24 years who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission has decreased from 52% to 50.9% among women and from 51% to 46.5% for men, between 2014 and 2022, respectively.[31]

Ending sexual transmission of HIV/AIDS

The CO contributed to preventing new infection among young people by engaging youth on SRHR, improving condom programming coordination, and increasing access to comprehensive SRH and HIV prevention services. During the CP period, the CO supported the evaluation of the national condom strategy (2018-2022), condom TWG meetings and quantification and forecasting of condoms. The CO also enhanced demand creation and community based distribution through the CONDOMIZE! Campaign at busranks, International Trade Fair outreach events and cross border initiatives with IOM. The campaign distributed 176,000 male condoms and 3,000 female condoms and improved family planning coordination across regular stakeholder meetings.

Finding 3: Economic Empowerment of the Youth

Through a partnership between Junior Achievement and the MoH, the CO successfully pioneered the integration of SRHR into entrepreneurship. This program provided six months of entrepreneurship training and mentorship to 210 out-of-school youth. As a result, 36 youth businesses received seed capital, and 29 were supported in company registration. In 2023, the program was decentralized to focus on youth in four Tinkhundla Centres (Maphalaleni, Lugongolweni, Ngwemphisi, and Lobamba) across two regions. The initiative integrated youth entrepreneurship with SRH, encouraging young people to incorporate SRH principles into their lives and Corporate Social Responsibility (CSR) in their business models.

The programme effectively addressed significant livelihood challenges and empowered young people, especially girls, to reduce social risks linked to financial insecurity. It promoted both affordability and independence for youth, fostering entrepreneurship and tackling unemployment. While initially targeting individuals aged 18 to 35, the program's scope was expanded to include those aged 10 to 35, leading to recommendations for the continued inclusion of this younger demographic in future initiatives.

[31] MICS, 2022

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?

Answer to evaluation questions 6.c.

Finding 1: Enhance advocacy for gender equality and the empowerment of women and girls

The CO supported the government to commemorate key international days such as International Women's Day, Men's Day, the International Day of the Girl Child, and 16 days Activism against Gender Based Violence. UNFPA was prominent in advocacy on GBV and gender equality in disaster response and this resulted in the country adopting the 365 campaigns on GBV.

Furthermore, the CO engaged with the Women's Parliamentary Caucus and successfully lobbying for motions that advanced gender equality and women's empowerment. The caucus received training on the National Gender Policy (2023) and the National Strategy to End Violence (2022-2027) and initiatives to encourage voting among women. These efforts led to an increased budget for the DPMO - Department of Gender and Family Issues (DPMO-DGFI), enabling it to expand its staff capacity and reach. This also supported the development of regulations for the Sexual Offences and Domestic Violence Act (2018), which were also translated into Siswati.

Enhanced national and subnational mechanisms to address discriminatory gender and social norms at the individual, social and institutional levels related to ending violence and harmful practices through engaging with 189 young men, 62 traditional leaders and community leaders and pastors on SRHR/ HIV/ GBV information and gender issues.

Finding 2: Strengthening coordination and reporting

Gender mainstreaming was evident across all outcome areas, particularly efforts to address the power dynamics and to empower women and adolescent girls, SRHR mandates, youth and intensified in the various humanitarian initiatives, including GBV-related programming.

The CO empowered youth strengthened GBV prevention and response, improved coordination mechanisms and referral pathways, and enhanced government capacities to use gender-related data and evidence to inform the implementation of policies and laws. The harmonization of GBV data systems across government ministries and civil society organizations were ongoing at the time of evaluation.

The CO supported the GBV Referral Networks in each region. Networks provided a platform for regional IPs to share information and resources on case handling. The CO supported the transformation of the National Surveillance System on Violence (NSSV) into a GBVIMS with computers that were distributed at 11 police stations in all four regions. The NSSV was a useful resource leading to the timely production of reports. This increased the awareness and reporting on GBV, informed a number of advocacy initiatives that included the GBV symposium and the review and development of the National Strategy to End Violence. For the first time, the strategy included a chapter on the prevention of violence and targeted strategies for restorative justice. The CO partnered with a local NGO- Swaziland Action Group Against Abuse (SWAGAA) - to exemplify the use of a survivor-based approach in response to GBV. This culminated

in the creation of a 24-hour GBV emergency response line that can be used by survivors and service providers to report and handle GBV incidents, respectively.

As part of the humanitarian response, the CO was assigned by the government to be a member of the Social Protection Cluster for COVID-19. The CO participated in the development of integrated guidelines for food distribution to integrate GBV prevention and response, targeting food distributors and stakeholders to prevent GBV and empower beneficiaries to report GBV.

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[1] Government of Eswatini/Central Statistical Office (2022).

The CP was instrumental in contributing to the strengthening of the legal and policy frameworks for gender equality and ending GBC, by supporting the review of the National Gender Policy of 2023, the National Strategy to End Violence with a Costed Implementation plan (2022-2027) and development of the first-ever Positive Parenting Strategy.

Finding 3: Male Mentorship and capacity building of traditional structures on GBV response.

The CO enhanced advocacy to end cultural norms that were harmful to women and girls. UNFPA, working with SWAGAA and Kwakha Indvodza, enhanced mechanisms to reach religious leaders and traditional leaders; and at the community level to target men respectively. Men were trained on positive masculinity and reducing harmful cultural practices.

The CO reached traditional leaders with information aimed at addressing social norms addressing GBV in relation to the SODV Act (2018). Further, the period saw the development of the Male engagement strategy which was instrumental in guiding the engagement of the hard-to-reach population with the Babe Locotfo Campaign, sensitizing men to promote gender equity. The targeting of the young boys was designed to promote respect for women and enhance men's participation in advocacy for protection of women and girls.[32]

EQ6d: 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

Answer to evaluation questions 6d.

Finding 1: Increased data generation and use of disaggregated demographic and socioeconomic data in policies, planning and programming

The CO supported the review and development of key policies such as the National Population Policy (NPP) and the Civil Registration and Vital Statistics (CRVS) Strategic Plan (2022–2027). The CO enhanced the capacity of the Central Statistical Office for national data generation through the digitalization of the

[32] KII and Documentation of the Male engagement approach

MICS survey, statistical modernization, and supported the Ministry of Home Affairs to improve the Civil Registration and Vital Statistics (CRVS) systems. The digitalization of surveys, particularly the 2022 Intercensal Survey improved real-time demographic data collection and enhanced data accessibility for policymakers. The CRVS strengthened Eswatini's capacity for accurate vital event reporting and consistent production of Annual Civil Registration and Vital Statistics (CRVS) Reports from 2020 to 2023. This enabled tracking of key indicators such as birth and death registration completeness which are vital for demographic planning and for reaching left-behind populations. The production of Census Statistical Reports, **I**nkhundla-level age and sex population profiles, and thematic briefs on teenage pregnancy, disability, and contraceptive prevalence further strengthened evidence-based planning. Collectively, these initiatives improved the availability and application of population data for evidence-based policymaking.

The CO bolstered data-driven decision-making and inclusive development planning through providing training to statisticians and economic planners on small area estimation, enabling them to prioritize interventions for underserved populations. The integration of disability-related indicators into SDG monitoring frameworks further ensured inclusive development. Furthermore, the CO empowered the government to incorporate population data into regional plans by providing support to regional development teams on tools for integrating population and development. This also extended to generating granular population-level data to inform COVID-19 vaccine targeting. Collaborating with CSOs, the CO facilitated the generation of population data by Inkhundla for the vaccine rollout, which was instrumental for the Ministry of Health (MoH) and WHO in their targeting efforts. These data products directly informed sectoral programming, including the COVID-19 vaccine rollout, leading to efficient resource allocation and enhanced outreach strategies.

The CP's contributions to sustained data generation and inclusivity were further evident in its support for capacity building and strategic planning for organisations of persons with disabilities. Training initiatives, such as those with the University of Eswatini, strengthened the national capacity to generate disaggregated data for demographic and socioeconomic policies. By integrating population issues into sectoral development plans, the CO enhanced the effectiveness of development strategies, ensuring that interventions consistently addressed the needs of marginalized groups.

Finding 2: Strengthened coordination and reporting

The CO supported the poverty unit to crystallize the SDG indicators as part of the SDG Acceleration Plan. This informed the 2025 Voluntary National Review (VNR) process. This will also enhance the use of population data to monitor development progress and identify priority areas, directly supporting the development of evidence-based national plans.

Quote

"*We implement our activities with UNFPA, they always provide expert advice on how the country can increase the use of population data and ensure that marginalized groups are considered in policies such as the National Population Policy*" – MEPD KIIs

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?

Answer to evaluation questions 7.

Finding 1: The UNFPA CP Integrated human rights, gender perspectives at design, implementation and reporting of interventions

The 7th CP integrated human rights, gender perspectives, environmental sustainability, and disability inclusion in several key areas of its design, implementation, and monitoring. The integration of human rights, gender perspectives, environmental sustainability, and disability inclusion were the key programming principles in the design of CP interventions. National data on vulnerability was used to prioritize interventions and target beneficiaries and geographical locations. During the development of work plans, IPs were assisted to deliver interventions to reach both sexes, target young people and to leave no one behind. Interventions were also vetted for compliance with the principles. For example the youth entrepreneurship programme was assisted to include PWDs, national surveys to include modules on disability, and LSE targeted out-of-school youth and young mothers. All IEC material included redesigns to cater for different types of disability and in Siswati.

Training standards for midwives and obstetricians and onsite mentorship guidelines were reviewed to integrate disability in SRH services. These were also incorporated in the Client Management Information System (CMIS). During reporting, IPs were required to provide reports in disaggregated data and inclusion efforts.

Environmental sustainability was not explicitly detailed in every aspect of the CP. However, it was indirectly supported in the context of humanitarian support during crises where the CO ensured integration of SRH and GBV for continuity. The CO has created minimum preparedness standards. The CO also has a focal point who serves in the Disaster and Emergency Management Team for the UN. The digitalization of surveys and integration of GIS mapping and statistical modernization techniques supports environmentally sustainable planning by enabling environmentally friendly, accurate and localized data collection.

Finding 2: CO adopted a human rights approach for supporting the fulfilment of rights

During the period under review, the CO supported interventions aimed at ensuring that duty bearers adopt a human rights approach for the fulfilment of rights. Human rights considerations were incorporated into the design of the CPD for all outcomes, Key informants reflected that UNFPA interventions were embedded in Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and guided by women's rights principles. Through the LSE programme, AGYW was encouraged to speak out about issues that affect their lives. The CO's partnership with the World Food Programme during food distribution encouraged beneficiaries to report incidences of abuse by service providers.

All CP interventions were based on principles of HRBA (including empowerment of rights holders and capacity development of duty bearers in this case the service providers and local leaders), contributed to

sustainable results in terms of the following: (i) protection and fulfilment of human rights, including gender equality; (iii) strengthening of the relationship between rights-holders and advocacy sessions; and all these in turn contributed to leaving no one behind. The CO supported duty bearers to provide quality services and meet their obligations. The CP facilitated empowerment of women, girls and boys through collaboration between the DPMO-DGFI, MoSCYA and non-governmental organisations. On M&E reporting of progress of indicators, the data was disaggregated by gender and age to some extent where relevant.

Finding 3: Inclusion of PWDs

In the context of disability inclusion, the evaluation revealed that CP made significant inroads by creating evidence to support the inclusion of PWDs in interventions. In 2024, the CO recruited a disability inclusion officer to support disability inclusion in CP interventions. Until the DPMO included a budget line for the disability programme, the disability unit was supported by the CO to deliver programmes. The CO will be supporting the study on disability inclusion in 2025. The study will facilitate a better understanding of the barriers faced by persons with disabilities, especially regarding access to services. In addition, the CO produced a publication on SDGs indicators specifically for PWDS. This measured the progress that country was making in inclusive development programming and support. The CO oriented the Elections and Boundaries Committee (EBC) to include PWD in legislation platforms. In 2023, His Majesty King Mswati appointed the first representative for PWD into the Senate. The Senator is also female.

Improved availability of data on persons with disabilities (PWDs) for monitoring the SDGs through the production of a report on the SDG indicators for PWDs. Overall, the report shows that access to housing amenities such as improved water sources or ownership of assets such a mobile phone by PWDs is generally lower than the national average. For example; access to improved water sources is at 81% on national average while the indicator level is at 67% for PWDs.

Improved availability of data for evidence-based planning for PWDs through the production of Policy Briefs on Employment and Education. The policy brief on Employment showed that some employers were making deliberate efforts to integrate employees with disabilities in the workplace

4.4 Efficiency Criteria

Summary: The CO used its resources efficiently through a well-managed financial and operational system. The IPs were supportive of the approach the CO took to manage its staff, funds, technical resources and the activities. The administrative and financial systems were largely functional and adequate. The CO ensured checks and balances to hold IPs accountable for timely implementation of planned activities. Technical leads in each CP component improved implementation efficiency but GEWE was affected by staff turnover, which affected consistency in implementation. However, some challenges within the financial management system caused delays in disbursing funds to IPs, hindering timely interventions. timely interventions.

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?

Answer to evaluation questions 8.

Finding 1: The financial resources mobilized for all outputs of the CP

The CO successfully mobilized financial resources for all output areas and interventions, resulting in a commitment of $5.4 million for the 2021-2025 CP. This was made up of $3.0 million from regular resources and $2.4 million through co-financing modalities or other resources. Of these funds, $2.5 million was allocated for Sexual and reproductive health (Outcome 1) and $1.3 million for Adolescents and Youth (Outcome 2).

However, there were persistent delays in the transfer of funds to IPs, which affected the timeliness of implementation. This affected interventions that were supported through non-core sources. Funding delays were also a result of late submission of quarterly programme and financial reports by IPs.

Finding 2: CO established a comprehensive system for ensuring checks and balances, as well as holding implementing partners accountable for deliverables

The CO had strong financial systems and controls which enabled the consistent reviews of partner work plans, and quarterly programme and financial reports. The CO ensured that financial resources were spent according to the work plan, allowing for early detection of budgetary issues and employed corrective actions including reassignment of budget as per need, thus minimizing waste and maximizing impact. The CO was also responsive to provide necessary feedback on completeness, quality of reporting, and fund absorption/utilisation rates. Furthermore, the CO conducted regular audits in accordance with the provisions of the UNFPA Financial Regulations and Rules.

Finding 3: CO was fully capacitated to deliver on the CP

The CO staff complement included operations and programs team. All output areas had a dedicated officer, called IP managers, to manage the interventions. The CO had a full-time position of M&E Officer and Finance Officer to oversee the CP M&E plan and financial expenditure, respectively. To make sure that HR was up to speed with policies and procedures, the CO provided in-service regional and online trainings. The CO was also supported by regional advisors from the Regional Office, UNFPA technical hub and South-South exchange programme.

This ensured consistent monitoring and evaluation of programmes and optimal use of human, financial, and administrative resources by providing data-driven insights to guide resource allocation and decision-making within UNFPA, line ministries and IPs. Through continuous tracking of project performance, UNFPA identified and provided training to IPs that had limited capacity for M&E and reporting, including to extend technical support to MEPD units since they did not have M&E posts within their organogram.

4.5 Sustainability Criteria

Summary: There was significant evidence of ownership for interventions supported by the CO. Most stakeholders expressed confidence in programme sustainability and their ability to continue planning and implementing the programme interventions independently. This was due to the CO's focus to improve the skills and technical capacities of IPs as part of capacity building and training initiatives. The government leveraged existing institutional structures at both national and sub-national levels to promote sustainability. Sustainable elements include established policies, strategies, manuals, and guidelines, which would continue to be utilized by stakeholders, and personnel trained in specialist skills. However, some interventions by NGO IPs were considered to be unsustainable without additional funding support.

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?

Answer to evaluation questions 9:

Finding 1: Established some mechanisms for sustainability

All IPs demonstrated the necessary technical capacities to support interventions beyond the CP. The CP support in the development of key policy and planning documents such as guidelines and strategies will sustain capacity for midwives in the delivery of quality integrated SRH services. Additionally, the availability of policies was an asset for guaranteeing sustainability, particularly at the government level. UNFPA's third-party procurement of FP commodities was considered to be a very critical activity for the government procurement system to sustain MNH and FP commodity security.

Most IPs, particularly NGOs, reported that they would struggle without UNFPA support, indicating a lack of self-sustainability. However, some IPs had initiated processes to diversify their funding sources to sustain operations using government mechanisms.

GEWE Sustainability

The institutionalization of interventions to government institutions was a key strategy to foster national ownership of GEWE interventions, thereby enhancing the sustainability of initiatives. For instance, significant efforts to build the capacity of the GBV Referral Network and the GBV surveillance within the DPMO-DGFI. Additionally, the involvement and participation of local NGOs to support UNFPA's advocacy has empowered them to identify more areas of advocacy beyond the CP interventions.

The sustainability of CP interventions is further secured by the government's proactive stance on ending violence, including ensuring appropriate follow-up and implementation mechanisms including the High Level Political Forum (HLPF), Multistakeholder Task Team on Violence (MTTV) and the Directors Forum. By the time of the evaluation, the government had allocated five new positions to the DGFI and a budget for the disability programme. The involvement of community structures resulted in positive attitudes towards the efforts to promote the discussion of sensitive issues within communities.

The CO identified a best practice in the GBV response, particularly regarding male engagement in preventing and responding to violence in communities. This model offers potential for replication in other settings. Furthermore, the evolving environment and the manifestation of GBV and gender equality issues raise questions for the Social Protection Cluster, led by UNFPA, about whether current approaches to GBV prevention and its drivers remain effective.

Quote

"*With all the efforts in GBV response at various levels, it is troubling that GBV cases have increased, especially among intimate partners. The drivers may have changed, and we need new evidence to inform our response*," Civil Society KII

Gender and human rights mainstreaming, which was incorporated into the humanitarian response will be sustained throughout WFP interventions. This has also been incorporated into the annual vulnerability assessment analysis (VAA) exercise.

Regarding the NSSV, the evaluation observed that its implementation is heavily reliant on donor funding, and this raises concerns about its long-term sustainability.

Population Change and Data Sustainability

The programme has laid a strong foundation for sustainability through initiatives that were put in place to improve the long-term capacity of government statisticians and planners.

Following its engagement with UNFPA, UNESWA is in the process of upgrading its curriculum to be in line with current policy developments and AI technologies. The university has established centres for data analytics and Artificial Intelligence and plans to use small area estimation techniques (AI). This demonstrates a commitment to sustained progress in data-driven public health and development initiatives.

Civil society organizations IPs reported that UNFPA's support significantly enhanced their capacity on proposal development enabling them to successfully mobilize additional resources. However, they also expressed concern that a reduction of UNFPA support would pose serious challenges to sustaining these gains and continuing their programmatic activities.

AY sustainability

The long-term impact of the interventions for adolescent and youth was reinforced through the development of service guidelines and training manuals, such as the:

1. National Standards for Adolescents Sexual Reproductive Health and Youth friendly Services in Eswatini (2024-2029)

2. Training manual For Health workers- National Adolescent Sexual and Reproductive Health (2024)
3. Eswatini National Menstrual- Hygiene Management (MHM guidelines, 2021-2026)
4. Eswatini Accelerated Action for The Health of Adolescents (AA-HA!) strategy 2024-2029
5. Eswatini national Menstrual Hygiene Management (MHM) Survey report (2021)
6. National Guidelines for adolescent sexual and reproductive Health (2021)

UNFPA supported the MoH in the development of these strategic documents to respond to the numerous ASRH needs such as, teenage pregnancy, GBV, alcohol and substance abuse, poverty and unemployment, amongst others.[33]

At least 50% of the interviewed IPs indicated that they would face challenges if UNFPA reduced or suspended its support for the program. The remaining IPs reported that they had initiated efforts to diversify their funding sources and introduced mechanisms for sustaining operations, such as establishing community-based clubs/groups for mutual support and implementing Savings Clubs. All the IPs had the technical capacities necessary to support interventions.

4.6 Coverage Criteria

Summary: The CO's efforts were largely for continuity of CP interventions. In addition, the CO Office (CO) worked with humanitarian aid organizations like WFP and IOM to incorporate gender and human rights into their responses to shocks. The 7th CP for humanitarian aid targeted vulnerable groups like women, adolescents, and youth. However, it fell short in expanding on inclusion of persons with disabilities.

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.?

Answer to evaluation questions 10.

Finding 1: The UNFPA CP was designed to cover the most vulnerable

The 7th CP covered all regions of Eswatini. However, certain populations remained underserved, such as PWDs and national minorities. Although some pockets of these groups were reached, there is a need to expand the scope of these efforts to make a significant impact. The CO adopted intentional methods to target PWDs with support alongside women and girls during community mobilisation and humanitarian responses. However, its reach was not optimal due to limited catchment. The budget allocation for the

[33] Eswatini National Adolescent and Youth-Friendly Health Services Standard Implementation assessment

disability programme may improve the quality and reach of programmes for PWDs. SRH needs of displaced people were addressed through a combined programme with IOM and ENYC. Coverage also included various age brackets and the most economically disadvantaged migrant mothers and families.

The CO supported interventions aimed at removing access barriers to SRH and GBV information and services for vulnerable and marginalized populations, particularly those most disadvantaged. Evidence shows a transformation in social norms perpetuating GBV and other forms of discrimination. This initiative successfully reached remote communities who were able to respond in a timely manner, allowing stakeholders to identify and refer cases to duty bearers.

4.7 Connectedness Criteria

Summary: The CO is a respected member of the UNCT and is strategically positioned as an acknowledged development partner. UNFPA maintains strong connections with other UN agencies, relevant government ministries, and IPs. Both the government and development partners highly recognize the CO's strategic role in evidence generation, SRHR, GBV prevention and response, and partnership coordination. All UNFPA mandates are integrated into the results framework for the UNSDCF and the 7th CP. The CO's humanitarian response was embedded within the CP outputs, with clear articulation in SRH and GEWE. Furthermore, the CO's resource mobilization and open communication facilitated prompt responses to humanitarian crises, including during civil unrest.

EQ 11: To what extent has the UNFPA humanitarian response considered longer-term development goals articulated in the results framework of the country programme?

Answer to evaluation questions 11:

Finding 1: Humanitarian Response is embedded in the CP thematic areas with clear articulation in SRH and Gender

The CO fulfilled a humanitarian response during the COVID-19 and civil unrest. Main interventions were the provision of dignity packs to young women and to pregnant and lactating mothers, building the capacity of the National Social Protection and Health and Nutrition Clusters, and sharing international best practices in collaborative interventions with WFP and IOM. This reflected UNFPA's comparative advantage in SRH and the elimination of coercion, discrimination, and violence in service delivery.

The CO's participation in the COVID-19 Clusters facilitated rapid assessments of how movement restrictions affected access to SRH and COVID-19 interventions to have a gender lens and championed the rights of underserved communities. The rapid responses by the CO and collaborating agencies were able to mobilize resources for a coordinated response. The CO supported NGOs with PPE for continuity of services. The MoH was also supported to review MNH guidelines to integrate COVID-19. In collaboration with IOM in the SRH cross-border project, the CO focused on providing FP commodities to migrant and host populations in the Lubombo region. In the food distribution collaboration with WFP, the CO advocated for the integration of prevention of violence for beneficiaries. In its collaboration with the World Food Programme (WFP) on food distribution, the CO advocated for the inclusion of violence prevention strategies for beneficiaries.

Some IPs faced challenges aligning activities due to conflicting policies, particularly in family planning for adolescent and young mothers. This would be expected since the country has no experience in managing longer-term humanitarian crises and only experienced ad hoc and localised events.

Finding 2: CO's resource mobilisation and open communication fostered effective collaboration with partners within the government and UN system and facilitated prompt response to humanitarian crises, including civil unrest

During the COVID-19, civil unrest, and floods, the CO facilitated humanitarian response based on necessity, primarily through the UN Humanitarian Response Cluster. The mobilization of resources and collaboration with partners resulted in a prompt response and continuity of services. Throughout the crises, the CO's functional working relationship with partners in the government and UN system enabled a rapid response to humanitarian crises due to COVID-19 pandemic and civil unrest and cyclones induced disasters. At all times, the CO collaborated with government agencies that are responsible for disaster such as the National Disaster Management Agency (NDMA), MOH, NERCHA and DPMO-DGFI, to address SRH, GBV, HIV prevention and response during humanitarian situations.

The CO has developed a Business Continuity Plan, Contingency Plan and Minimum Preparedness Actions which can be implemented and monitored to integrate humanitarian actions, thereby building systems for future mitigation. Efforts to strengthen integrated systems for emergency preparedness, risk reduction, and response across themes have been further enhanced within the humanitarian-development nexus. Due to the shock-based nature of the country's humanitarian situation, the CO was strengthened to position a humanitarian response through the coordination of the Social Protection Cluster and participation in the UN Disaster Emergency Management Team, Humanitarian Country Team-Lite (HTC-L) as well as the Inter sector Coordination Group (ISCG). The CO also reviewed its Business Continuity Plan in line with Security Management Team Scenarios. In collaboration with the Deputy Prime Minister's Office, the CO led the development of the UN Social Protection Cluster contingency Plan section in preparedness for humanitarian emergencies.

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?

Answer to evaluation questions 12.

Finding 1: CO highly contributed to capacity development of local state and non-state actors

Effective capacity-building and training initiatives were established with partners such as the Southern Africa Nazarene University Midwifery Department, UNESWA, MoH, DPMO-DGFI, MEPD, UN agencies in the Gender Theme group. These stakeholders have institutionalised all interventions that were supported through the CP. Similarly, NGOs who participated in the 7th CP was identified through their normative role in the providing the interventions.

The CO's collaboration with government units such as the National Population Unit, Poverty Unit, and Central Statistical Office has built the capacity of these units. It also works with other UN Agencies like UNICEF and WHO on the UNSDCF in the areas of health and education. The CO participates in UNCT planning, leads the Gender Theme Group (GTG), the Results Group 2 which focuses on Investing in Human Capital with emphasis on Health, HIV and Education. Furthermore, the GTG builds the capacity of UNCT members on gender mainstreaming.

4.8 UNCT Coordination Criteria

Summary: The CO is a key member of the UNCT and is respected for its leadership and catalytic role as a lead in SRH and FP and regarded as a go to partner by the Government on these issues. The CO plays a significant role in contributing to the country's development objectives through participation in sector committees and TWGs. Achievements under Delivering as One have laid the groundwork for joint efforts with the government and the UN to pursue national priorities and SDGs as aligned with the 2030 Agenda

EQ 13: What are the comparative strengths of UNFPA in the UN system and does it add value to the work of other entities? What is UNFPA's influence, including the use of data, on national decision-making or allocation of resources within the UN system? To what extent do you see UNFPA's approach being catalytic to build wider support and action to address SRH and FP issues?

Answer to evaluation questions 13.

Finding 1: **CO was an active member of the UN Country Team, Security Management Team and assumed a leadership role in UNSDCF Results group and sub-groups**

As a member of the UNCT, participated in joint programming and reporting on the principle of "Delivery As One" the Delivery as One under the UNDSCF. Examples of collaborations were noted in joint work plans with WFP, UNICEF, UNESCO, UNDP, IOM, and WHO on joint programmes. Key UN agencies interviewed highlighted UNFPA's crucial role in the national development agenda and in enhancing UNCT coordination. The CO provided technical expertise in its mandate areas of reproductive health, gender-based violence, population data, and youth empowerment. The expertise was crucial for informed decision-making within the UNCT.

UNFPA co-leads the GTG, RG2, RG3 violence sub-group, MTTV, Youth, SRH and actively participates in other UN Development mechanisms like PPSG, OMT, and Inter-agency groups, influencing data use and resource allocation within the UN system. The CO was also part of the DEMT, which plans for disasters and emergencies.

The CO's Head of Office is also the Designated Official for Safety and Security to oversee security for UN personnel and assets.

The CO team was well known for their passion for SRH and FP in all UNCT meetings. The team related well with UN Agencies UNICEF and WHO on UN Corporation Framework on health and education. The CO participated in UNCT planning meetings and led the GTG, results group on Health and Education, chairing regular meetings and building the capacity of UNCT members on the issues of gender and social norms.

Finding 2: CO is recognized and appreciated as leader in gender, production of population data, disability inclusion and programming for young people

The CO chairs the GTG, which coordinates GBV prevention and response and advocates for gender mainstreaming within the UN system. The CO leads the implementation of phase 2 of the joint programme on the rights of persons with disabilities, under the UNPRPD project. The project is implemented by UNESCO, UNFPA and UNICEF with overall leadership of the UN Resident Coordinator's Office and the Deputy Prime Minister's Office with technical coordination by UNFPA.

The CO co-leads the Joint UN program on youth so that agencies around education, economic empowerment, and well-being.

Finding 3: UNFPA was an influential key player at the national level and contributed to the country's development agenda.

The CO was a member of national TWG and ensured that issues related to reproductive health, gender equality, and population data and change were adequately represented in discussions and decisions. UNFPA provided technical expertise in its mandate areas and was crucial for informed decision-making within the Government policy and strategy development. UNFPA's work on population data was invaluable for the government to provide accurate demographic data to inform policy and development interventions. The CO often contributed to capacity-building efforts, training its partners in areas related to its mandate and advocating for issues to receive the attention they deserve in broader United Nations and government strategies and interventions. Also, UNFPA CO ensured that gender considerations were mainstreamed across various United Nations and stakeholder initiatives, ensuring that programs are gender-sensitive and promote gender equality in humanitarian response as a member of the National Social Protection cluster.

Finding 3: CO ensured the availability and use of data for decision- making and resources allocation for the UNCT and Government of Eswatini

UNFPA influenced the use of data through supporting and participating in the development of the Multiple Indicator Cluster Survey, Population Projections 2017-2030, SDG acceleration plan, SDG indicator framework and UN Joint Monitoring and Evaluation Framework.

CHAPTER 5: Conclusions

The conclusions that are discussed in this section are based on the findings from the previous chapter, highlighting key points at strategic and programmatic levels.

5.1 Strategic level

STRATEGIC CONCLUSIONS

Conclusion 1: 7th CP was well aligned with both national and international development priorities in all four output areas. The CO's interventions were informed by evidence of Eswatini's socio-cultural context and effectively reached vulnerable populations and adapted to the evolving CP implementation landscape. The CP was aligned to the country's needs, responding to national strategies and policies on GEWE.

During shocks due to COVID-19, civil unrest and floods, the CO effectively adapted to the changing environment and needs, and developed appropriate humanitarian responses. UNFPA was regarded as a reliable strategic partner for gender, disability, youth programming and production of population data by the government of Eswatini, UNCT, national stakeholders and development partners. The CP involved broad consultations at various levels which improved its ownership and relevance. CP interventions were aligned to national policy in the NDS and NDP, and adapted to evolving national needs, especially during shocks and emergencies. The 7th CP was responsive to the changing needs and priorities of target populations, even in times of crisis or major political changes during the implementation period.

Origin EQ 1,2 &3, criteria Relevance

Recommendation: Strategic level R1

Conclusion 2: The CO support was coherent with strategic partnerships at national and sub-national levels. The CO was able to address its objectives to improve SRHR, prevention and response to GBV, AY empowerment and data driven decision making. All partnerships instituted during implementation were based on comparative advantage to realise impact in the Output areas. UNFPA demonstrated leadership in the Delivery as One approach, particularly in leading the GTG, UNSDCF Results groups 2 and 3- violence sub-group, Joint UN program on youth, FP, SRH and AY, DEMT technical working groups, and UNCT and PPSG. This resulted in the mainstreaming of gender, SRH, disability inclusion in the UNSDCF, humanitarian responses and advocacy for key legislation for the promotion of the UNFPA mandate.

Origin EQ 4, 5 and 13 criteria Coherence and UNCT Coordination
Recommendation: Strategic level R2

Conclusion 3: The 7th CP partially achieved expected results in the four output areas and related indicators. Without an updated survey to inform more outcome indicators, it was not possible to infer the CP anticipated contribution to population-level changes. The country made significant improvements in the reduction of MMR and iMMR, and violence among children and girls. The SRH, AY, GEWE and the population change and data components of the 7th CP recorded achievements in policy development, operational tools, data generation, data packaging for decision making. The CP was also effective in building the capacity of health and GBV service providers, young people, and the MEPD-CSO. UNFPA also

effectively contributed to improved quality of data through the digitalisation of surveys. This encouraged use of evidence for policy development and planning. The effectiveness of the 7th CP interventions was

- Capacity building for midwives on SRH interventions improved quality of care and reduced preventable maternal deaths in maternity units. This strengthened the capacity of midwives and obstetricians through enhanced skills in early identification of risks and continuity of essential maternal and newborn care (MNC). A notable example is the Safe Delivery App, which provided real-time guidance to midwives and obstetricians, aiding them in managing obstetric and neonatal emergencies and complications during labour and delivery.
- Improved access and use of integrated SRH - ASRH, AY and FP services in underserved areas.
- Advocacy efforts in disability inclusion, gender equality, and violence prevention led to significant outcomes. These include the allocation of a budget for disability programs, the review of both the National Strategy to End Violence and enhanced violence reporting via the NSSV, and the establishment of a 24-hour GBV emergency response line.
- The male engagement approach which targeted religious and traditional leaders and men in communities is crucial for fostering positive masculinities and curbing harmful cultural practices.
- Development of the National Population Policy (NPP) will ensure inclusive planning, that addresses the diverse needs of vulnerable and marginalized populations
- The CO collaboration with other UN agencies and national disaster management structures during humanitarian responses led to integration of SRH and gender into national disaster risk and management programming.

Origin EQ 6, 7 and 12 criteria Effectiveness and UNCT Coordination
Recommendation: Strategic level R3,

Conclusion 4: In the areas of A&Y and GBV, the 7th CP outputs significantly empowered the youth, and GBV response in the country as well has strengthened the capacity of youth and GBV organisation on SRHR/STI/HIV/GBV. The CP contributed to (i) increased A&Y SRHR/STI/HIV and GBV knowledge and skills; (ii) guaranteed the participation of youth in policy dialogue forums; (iii) built youth knowledge and skills for economic empowerment and; (iv) policy/legislation revision; (v) strengthened the capacity of institutions, government and CSO, to engage in the prevention of GBV and; (vi) availed SRHR/GBV information and supported online platforms. (vii) Implemented gender transformative approaches and male engagement.
Notable examples are:

- The integration of SRH in the 6-month youth entrepreneurship programme promoted both affordability and independence for youth, fostering entrepreneurship and tackling unemployment. This addressed livelihood challenges and empowered young people, especially girls, to reduce social risks linked to financial insecurity.
- The adapted LSE curriculum successfully reached over 35,000 young people, both in and out of school, with vital information on topics such as condom use, transactional and intergenerational sex, mental health, menstrual health, and intimate partner violence (IPV).
- The CO's collaboration with other NGOs for tax-free dignity kits will improve access to menstrual hygiene management commodities by vulnerable and disadvantaged youth

Despite advancements, limitations persisted regarding the demonstrable impact of youth interventions on beneficiaries since behavioural change initiatives do not yield immediate results. There was also insufficient evidence of strengthened knowledge and skills among beneficiaries. Furthermore, economic empowerment was inadequate due to insufficient funding for business startups, which subsequently impacted unemployment rates.

Origin EQ 6, criteria Effectiveness
Recommendation: Strategic level R3

Conclusion 5: UNFPA had a robust financial management and tracking system that facilitated programmatic and financial accountability. However, there were constant delays between requisition of funds by IPs and their disbursement due to delayed reporting by IP and delayed receipt of funds for other resources. This affected timely implementation of interventions.

UNFPA had a clear system of ensuring checks and balances and making IPs accountable for deliverables and funds disbursed in a timely manner. Programmatically, the CO made good use of available resources, especially for SRH where IPs received UNFPA financial and technical support as planned. The 7th CP enhanced gender equality, coordination and leadership for GBV. Limited resources did not affect efficiency for population data and change although external support was needed. However, AY implementation was affected by both human and financial limited resources.

Origin: EQ8; evaluation criteria: Efficiency
Recommendation: Strategic level R4

Conclusion 6: The UNFPA support was essential for supporting national interventions in the areas of UNFPA mandate. While sustainability is secured for the government, the sustainability of the CP interventions for NGOs depends largely on the continuity of the UNFPA and involvement of the international partners in the country.

Some good sustainability practices were identified, such as the capacity building of the GBV referral network, training and sharing of the male engagement approach, capacity building of the CSO and health care providers on SRH aspect. More so, the policy and operational tools that were developed during the 7th CP will create an enabling environment for response to the four thematic areas of the UNFPA mandate.

Origin: EQ9; evaluation criteria: Sustainability
Recommendation: Strategic level R4.

Conclusion 7: The CO's work was highly valued within the UNCT, government, development partners, and civil society. Due to its leadership in its mandate for SRHR and comparative advantage in the areas of A&Y, PD, GBV and human rights. UNFPA is a trusted partner for the government in advocacy for the rights of underserved populations.

Origin: EQ9, 11 &12; evaluation criteria: Sustainability
Recommendation: Strategic level R3

5.2 Programmatic level

Programmatic level conclusion – SRHR

Conclusion 1: Equality in SRH service provision remains key to reducing preventable maternal deaths.

Conclusion 2: The Third Party Procurement, on behalf of MoH, increased accessibility to FP commodities. This limited the frequency of stock outs for FP commodities and essential SRH commodities. The third-party procurement agreement was highly appreciated by the government for its cost-effectiveness and efficient delivery.

Origin: EQ6a; evaluation criteria: Effectiveness
Recommendation: Programme level R3

Programmatic Level - GEWE

Conclusion 1: The CO targeted key actors involved in the GEWE, and prevention and response to GBV. The CO also worked with right holders to identify positive role models and promoted supportive cultural practices.

Origin: EQ4&5; evaluation criteria: Coherence
Recommendation: Programme level R5

Conclusion 2: The CO made significant contributions in addressing GBV at all levels especially on the male involvement by bringing about changes in attitudes, behaviours and eventually norm change. The evaluation showed that the strategic involvement of religious leaders, chiefs, parents, community opinion leaders at communities was critical to behaviour change. The CO initiated disability inclusion programming through operationalization of the Disability Act of 2018 and two disability policy briefs. However, PWDs remain an underserved population with few partners supporting interventions.

Origin: EQ6&7; evaluation criteria: Effectiveness
Recommendation: Programme level R5

Conclusion 3: The CO's humanitarian positioning with a focus on continued SRH and GBV protection services was valuable to government and other partners and filled a particular niche. Translation of capacity building into action by partners and social protection cluster organisations remains a gap.

Origin: EQ 10; evaluation criteria: Sustainability
Recommendation: Programme level R8

Programmatic Level Conclusion – PD

Conclusion 1: The CPE offered support in integrating human rights, gender perspectives, environmental sustainability and disability inclusion through: (i) the development of two disability policy briefs, (ii) the development of the CRVS strategy and, (ii) Generation of data and information products.

Origin: EQ 6c; evaluation criteria: Effectiveness
Recommendation: Programme level R8

Conclusion 2: In as much as the MEPD was capacitated in small area estimation, statistical modernization and integrating population and development, high staff turnover and frequent reshuffles were reportedly common in the government departments affecting consistency or continuity of support.

Origin: EQ 9; evaluation criteria: Sustainability
Recommendation: Programme level R8

Programmatic Level Conclusion – A&Y

Conclusion 1: The LSE program was effective but there were still challenges regarding its roll out to the entire youth population, both in-school and out of school. The high youth unemployment rate contributes to social vulnerabilities, such as risky transactional sex, early debut and teenage pregnancy. Moreover, the stock outs of youth-preferred contraceptive commodities compromised interventions geared towards reducing teenage pregnancy. Additionally, several remote areas remain underserved as far as SRH services.

Origin: EQ 2, 4, 5 & 6d; evaluation criteria: Relevance, Coherence and Effectiveness
Recommendation: Programme level R8

Conclusion 2: The youth empowerment program significantly empowered the youth on SRH, GBV and business skills, life skills and employability. This also has inroads in empowering young people with the knowledge and tools necessary to make informed health decisions regarding their futures. There still exists a gap in the involvement of male youth, and there is less understanding of SRH issues amongst this group.

Origin: EQ 6d; evaluation criteria: Effectiveness
Recommendation: Programme level R8

CHAPTER 6: Recommendations

The recommendations listed below are based on the findings of the evaluation. Feedback from individuals and groups validated the recommendations. The proposed actions are within UNFPA CO's mandate, supported by the Government of Eswatini, development partners, ESARO, and HQ.

STRATEGIC RECOMMENDATIONS			
Conclusion(s)	Recommendation(s)	Recipient(s)	Level of priority
RELEVANCE **Origin: C1**	**Strategic Recommendation 1** **Priority focus for the next CP (8th) should include consultations of marginalised groups, such as PWDs and young people** **Operational Implications**: Given the ever-changing environment, the 8th CP focus should be more on integrated programming approach - across the CP components. The technical implication is for UNFPA CO to support the Government of Eswatini, IPs and UNCT to strengthen its consultation with t PWDs and youth.	**UNFPA CO, GoE, IPs**	**High**
EFFECTIVENESS **Origin: C2**	**Strategic Recommendation 2** **The CO should maintain human rights, gender and disability inclusion mainstreaming in interventions. It should also advocate for the same in Government policies and programmes and IPs.** **The 8th CP should prioritise high impact, evidence-informed strategies and target underserved populations and hard-to-reach communities, as directed by evidence of needs.** **Operational Implication:** Given the recommendation, the 8th CP's population dynamics output should focus on sub-national analysis to obtain granular evidence on underserved populations and hard-to-reach communities.	**UNFPA CO, GoE, IPs**	**High** *Long-term period*
EFFECTIVENESS **Origin: C3, C4, C7**	**Strategic Recommendation 3** **The 8th CP should identify strategic partnerships with development partners and IPs that have proven comparative advantages and expertise in ASRH GBV, AY, and Women with Disability.** **The CO should also form strategic partnerships with political leadership at central and community levels to promote and strengthen youth**	**CO, UNCT, IPs, GoE**	**High** *Short -term period*

	empowerment, gender empowerment and rights for all. **UNFPA should provide targeted interventions that will have maximum impact on reducing new HIV infections and AIDS-related deaths, STIs and unintended pregnancies.** **Operational implications:** The CO should maintain strategic partnerships with relevant government ministries, departments and IPs and step-up its leadership role supporting the government with strategy and policy development, advocacy and technical assistance. The CP should demonstrate joint programme activities with UN Agencies and other strategic partners in support of future programme priorities. The CO should continue to work with specialised IPs in community programmes. *Financial implication* – innovative methods should be employed to introduce efficiencies and/or mobilize additional resources. *HR implication* – CO must strengthen the capacity of staff with targeting expertise.		
EFFECTIVENESS **Origin: C5, C6**	**Strategic Recommendation 4** **Given the country's Lower Middle-Income Country status and the on-going unpredictable geopolitical environment, UNFPA should position itself strategically and leverage on Delivery as One with other UN agencies and the private sector.** **Operational Implications**: the CO should conduct semi-annual or annual environmental scanning of the global and local funding environment. HRs *implication* – CO should leverage on the Regional and Global office for environmental scanning.	**UNFPA CO, UN agencies and GoE**	**Medium**
EFFECTIVENESS **Origin: C4**	**Strategic Recommendation 5** **A more robust M&E system should be a priority for the 8th Country Programme, ensuring continuous**	**UNFPA CO**	**Medium** *Medium-term period*

	data availability to monitor programme implementation effectively. **The CO should leverage its support to the CSO and UNCT and influence the scheduling and financing of national surveys.** **Operational Implications**: UNFPA CO should ensure that national surveys include sub-national analysis to facilitate the development of tailor made interventions for underserved populations. The CO should provide technical supervision to IPs to improve timeliness and quality of reports. *Financial implication* – is the cost of engaging a specific M&E and statistics' officers to empower the CO and IP counterparts with regular data for decision-making. *HR implication* – strengthen capacity for M&E and allocate a dedicated M&E officer to supervise IPs reporting. Allocate a P&D officer to liaise with the CSO on data analysis of National Surveys.		

6.2 Programmatic level Recommendations

OPERATIONAL - PROGRAMMATIC RECOMMENDATION			
Conclusions	**Recommendations**	**Recipient(s)**	**Level of priority**

EFFECTIVENESS **Origin: C2**	**Programmatic Recommendation 1** **The 8th CP's SRHR component should invest in systems building to support capacity MoH to deliver key SRH interventions. The 8th CP should also prioritise integrated programming to ensure inclusion of marginalised populations such as women with disability and teenage mothers.** **Operational implications**: CO should build the capacity of ministries and IPs to strengthen key systems that are embedded in UNFPA programming. *Financial implication* – financial resources will be required to fund more IPs to address ASRH and Women with disability. *HR implication* – strengthen capacity to supervise systems strengthening.	**UNFPA CO, GoE, IPs, Development Partners**	long-term
EFFECTIVENES **Origin: C5**	**Programmatic Recommendation 2** **The 8th CP should prioritize interventions to address the risk drivers of early debut, sexual risk and teenage pregnancy.** **The next CP should also address the unmet need for FP by advocating for contraception models that are more acceptable to young people, including community-based distribution using peers.** **The next CP should prioritize advocacy and interventions for SRH self-care among young people.** **Operational Implications:** this will require more investments in digital solutions and procurements of youth-acceptable contraceptive methods,	**UNFPA CO, MoH and IPs**	

	including self-administrable methods that come into the market. *Financial implication:* procurement of longer-lasting contraceptives. *HR implications:* increase capacity for integration of recommended ar*eas*.		
EFFICIENCY **Origin: C8, C9**	**Programmatic Recommendation 3** **The 8th CP should roll out transformative approaches in GBV.** **Operational Implications**: UNFPA should advocate for gender transformative approaches for gender equality and ending GBV. *Financial implication* - UNFPA should invest in building capacity of IPs not only in gender transformative programming but also transactional and intergenerational sex. *HR implications:* none.	**UNFPA CO, MoSCYA, DGFI and IPs**	**Medium**
EFFICIENCY **Origin: C10**	**Programmatic Recommendation 4** **The 8th CP should advocate that the government roll out all interventions in the National Strategy to End Violence, with a strong focus on prevention, empowering duty bearers to respond, and rehabilitative support for offenders.** **The 8th CP should promote research methods beyond surveys, such as ethnography, study on the perpetrators of GBV and feminised.** **The next CP should strengthen the GBV interventions beyond the clinical and legal approaches to include social support and**	**CO, DGFI and**	**Medium**

	referral, in collaboration with other UN agencies. **Operational Implications:** CO should **provide** technical support to conduct research through collaboration with Universities, NGOs, FBOs, and CBOs. *Financial implication* - mobilise resources to conduct the research and disseminate the findings and develop policy briefs.		
EFFICIENCY **Origin: C10**	**Programmatic Recommendation 5** **The 8th CP needs to systematically incorporate specific and target activities aimed at disability inclusion in all areas of operation SRH, AY and GBV. UNFPA should consider enhancing partnership with organizations of persons with disabilities.** **Operational Implications**: Technical implication - the CO to continue providing guidance on enhancing partnership with organizations of persons with disabilities and specialized stakeholders to ensure issues of disability are comprehensively dealt within the programme. Financial implication - The inclusion of disability in programming will need funds to be allocated within the CP budget.	**UNFPA CO, GoE and IPs**	**Medium**
RELEVANCE **Origin: C11, C14**	**Programmatic Recommendation 6** **UNFPA should continue to lead in areas of comparative advantage within the UN**	**UNFPA CO, UN agencies, GoE and IPs;**	**Medium**

	Cooperation Framework and advocate for continuous capacity building to improve evidence-based policies and interventions' development for both GoE and UNCT. **Operational Implications**: Given the capacity within UNFPA on Data collection and analysis and development of policy briefs, UNFPA should continue to liaise with other UN agencies to provide technical advice on data utilization for decision making, management requirements, data coordination and utilization issues. *Financial and HRs implications* - mobilize resources to increase investment in data management and capacity building (e.g. hiring of short-term consultants).		
EFFECTIVENESS **Origin: C14, C15**	**Programmatic Recommendation 7** **The 8th CP should conceptualise innovative modalities and implement strategies for with strong operations research.** **The next CP should also explore options to reach more out of school with LSE.** **Operational Implications**: CO should provide technical leadership in designing best approaches to enhance ASRH and youth empowerment and operationalise South-to-South Learning. *Financial implication:* the CO should mobilise resources jointly with other UN agencies.	**UNFPA CO, UN agencies, GoE and IPs**	

CONNECTEDNESS **Origin: C17**	**Programmatic Recommendation 8** **The 8th CP must continue to identify local and geopolitical risks and threats, develop a robust mitigation plan that encompasses contingency and humanitarian support.** **Operational Implications**: The CO needs to source technical skills on humanitarian response and integration of SRH, FP, GBV and inclusion to assess the country situation and advise the CO on the adoption of international standards. *Financial implication:* the CO should develop a resource mobilisation plan for the risk mitigation plan. *Human resource implication:* The CO country office does not have a humanitarian focal person, the CO should develop a list of consultancies that can provide guidance within the shortest time to allow the CO to respond timely.	**UNFPA CO, UN agencies, GoE and IPs**	**Medium**

ANNEXES

Annex 1: Evaluation matrix

Annex 2: CP performance indicators

Annex 3: List of documents consulted

Annex 4: List of Stakeholders consulted

Annex 5: Data Collection tools

Annex 6: The 7th CP Terms of Reference

Annex 7: 7th CP Theory of Change

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[34] and the Grand Bargain[35]?**			
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) and targeting as participants and beneficiaries.	● 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)	● 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.

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

[35] 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	● 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.	● 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 with NGOs/ development partners, including 7th CP stakeholders

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])			
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 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.	• 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

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	● Evidence that the implementation of the 7th CP interventions adapted to shifts in needs, caused by crises, 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])			
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?**			
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;	● National policies/ strategic documents such as Eswatini National Development 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 data and change related strategies and policies. ● 7th CP (2021-2025)	● 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
	vulnerable and marginalized population).	• 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	
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**	• Evidence that Eswatini UNFPA has appropriately taken into consideration the priorities of the government and its key stakeholders.	• National policies/ strategic documents such as Eswatini National Development Plan, the United Nations Sustainable	• Document review of relevant documents • Interviews with UNFPA CO staff

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
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.	● 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 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.	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 data and change 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 ● 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	● 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
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.** **Assumption 2: UNFPA CO effectively coordinated gender and GBV interventions as the leading UN agency on GBV**	● Evidence of improved access to GBV services by relevant beneficiaries (quality, human right sensitive, cost and timeliness) ● 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.	● 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 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**			

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
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 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	• 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 - 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	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 - 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
	● 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.	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: - Reports on planning consultations with stakeholders - Interviews with UNPFA CO Service delivery improvement - CMIS - MICS - Health facilities' reports	

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
		- 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, young people, vulnerable and marginalized groups.**	● 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 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.	● Programme reports Annual Reports ● AWPs and APRs ● UNFPA CO staff ● Government, IPs and beneficiaries National reports ● IP reports ● UNCT ● AY beneficiaries at intervention communities ● National budget information ● RMNCH H&M strategy ● Regional flexible report ● National/international ASRH partners report.	● Document analysis ● Interviews with CO staff, IPs, UN agencies, government ministries, development partners, youth networks and academic institutions. ● Interviews and focus group discussions with service users .

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])			
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.** **Assumption 2:** **UNFPA programme beneficiaries have capacity for enhanced gender equality, women empowerment and GBV 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 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	● IPs ● CO staff ● UN and other stakeholders ● PWC (Parliamentarians/ Women's Caucus) ● Relevant government ministries departments (e.g. women, youth, and health) ● ● ● Document analysis: - 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	● 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. ● Focus Group Discussions with diverse groups of organizations ● FGDs with beneficiaries

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	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.	- IP reports - National policies, strategies and reports - MICS, National Plan of Action on Human Rights (GE/ minorities / disability / children), etc.	
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			
EQ6 d: **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	● M&E documentation ● Copies of policies, other documents supported ● AWPs and APRs ● CO staff ● IPs ● IP reports ● UNFPA Annual reports ● UNFPA monitoring framework	● 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;

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
	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	● Government departments ● Central Statistical Office ● M&E frameworks of departments/ organisations where data was improved.	● 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 gender transformative approaches in the 7th CP. .**	● Extent to which gender transformative and human rights 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.	● WPs and APRs ● Relevant programme, project and institutional reports of stakeholders ● UNFPA CO staff ● IPs ● National policies, strategies, and reports	● Document analysis ● 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])			

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
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.** **Assumption 3 : The Financial resources that where available to the UNFPA CO where adequate in relation to the CP needs**	● 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 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	● 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 ● Government ministries, IPs, development partners and key stakeholders ● Beneficiaries -	● 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 4: **Robust M&E system in place and efficiently utilised**	● 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.		
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**
Assumption 1: **The UNFPA 7th CP successfully contributed to national capacities and**	Evidence of the following: ● Established sustainability mechanism for the population programme	*Sectoral strategic plans* WPs for IPs ● Country Programme Reports ● UNFPA WPs; Reports;	● Documents review and analysis ● Key informant interviews ● Interviews with implementing partners with government

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
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.**	• 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.	*Mid-term review and evaluation reports for sectoral strategies,* • UNFPA CO staff, Government, IPs staff, and Heads of Government departments • Relevant field level IPs.	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**
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**	• 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	• 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

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
minorities; LGBTQI populations) based on geographical areas.	• Evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions. •		
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 connectedness with a focus on longer-term development needs.**	• 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, • 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.	• 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 involved in humanitarian response).
Data collected/ Key findings [must be strictly linked to the assumptions and corresponding to the above-indicated indicators])			

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

Annex 2: CP performance indicators

CP performance indicators

1. **SRH performance indicators**

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.				
Performance Indicators	**Baseline**	**Target**	**Achievement**	**Level***
Percentage of health facilities providing emergency obstetric and newborn care, as per the internationally recommended minimum standards	**60%**	**80%**	**13/13 100%**	
Percentage of public health facilities providing quality assured, adolescent friendly integrated sexual and reproductive health services	**220 (74%)**	**90%**	**270 (81%)**	
Percentage of public health facilities at secondary and tertiary level providing essential health services package for survivors of sexual violence	**60%**	**80%**	**11/11 100%**	
Number of girls, women and young people accessing integrated comprehensive sexual reproductive health, HIV prevention and GBV services (disaggregated by sex and age)	**15,000**	**120,000**	**211,578**	
Number of fully-functioning Basic emergency obstetric and new-born care health (BmONC) and Comprehensive CEmONC facilities	**6**	**7**	**40**	
Number of maternal deaths (annually)	**32**	**16**	**20**	

2. **AY Performance Indicators**

Output 2 By 2025, young people, in particular	**Performance Indicators**	**Baseline**	**Target**	**Achievement**	**Level***
	Number of marginalized girls that are reached by life skills education programmes that build their health, social and economic assets.	**130,000**	**400,000**	**354,341 154,112 females**	

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.				200,229 male/	
	Proportion of schools providing Life Skills Education curricula in accordance with international standards	32%	80%	100%	
	Number of beneficiaries trained using the national out-of-school Life Skills Education manual in accordance with international standards (disaggregated by age and sex)	700	2,500	4,337	
	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 The Hlonipheka programme covers disability and GBV for the general population. 2024 Annual Programme Review Presentation	No	Yes	No, there is still a need to have a targeted programme relating to adolescents and youth with disabilities.	
	Country has rolled out Human Papilloma Virus vaccine initiative to 9–13-year-old adolescents nationally	No	Yes	Yes has rolled out HPV vaccines since 2023	
	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	No	Yes	Yes State of the Youth Report 2024	
	Number of marginalized girls that are reached by life skills education	130,000	400,000	354,341	

	programmes that build their health, social and economic assets[36]			**154,112 females 200,229 males**	
	Proportion of schools providing Life Skills Education curricula in accordance with international standards	**32%**	**80%**	**100%**	
	Number of beneficiaries trained using the national out-of-school Life Skills Education manual in accordance with international standards (disaggregated by age and sex)	**700**	**2,500**	**4,337**	
	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	**No**	**Yes**	**No** **There is still a need to have a targeted programme relating to adolescents and youth with disabilities.**	

3. GEWE Performance indicators

NATIONAL PRIORITY: Vision 2022 aspires 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 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 OUTCOME: By 2025, oversight bodies and government institutions at national and regional levels operate in an independent, participatory and accountable manner, ensuring equal access to justice and services, with a systematic, participatory implementation and reporting mechanism for human rights obligations and SDGs, with a focus on leaving no one behind.

[36] MOET: https://sd.emis.ac.sz/emis/dhis-web-dashboard/#/

Indicator	CPD Baseline	CPD Targets	Achieved				Progress against targets
			2021	2022	2023	Nov 2024	
Existence of independent national human rights institutions in compliance with the Paris Principles Baseline: No; Target: Yes	No	Yes	Yes	Yes	Yes	Yes	The country has had the Human rights commission since 2009.
Proportion of vulnerable population covered by social protection systems disaggregated by sex Baseline: 20%; Target: 80%	20%	80%	41%[37]				
UNFPA Strategic Plan Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents, and youth							
Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care Baseline: 0.47; Target: 0.9	47%	90%		71.4 [38]%			
Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence Baseline: 0.33; Target: 0.2	33%	20%		28.4 %[39]			
Existence of laws and regulations and implementation that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	Yes	No	Yes	Yes	Yes	Yes	
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							
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	No	Yes	Yes	Yes	Yes	Yes	Achieved: The National GBV network and the MTT

[37] *Raju. D & S D. Younger (2021) Social Assistance Programs and Household Welfare in Eswatini – World Bank report*

[38] MICS report 2022

[39] Mics Report 2022

boys, to prevent and address gender-based violence							
Existence and implementation of a national system to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence	No	Yes	Yes	Yes	Yes	Yes	Partially Achieved: The paper based GBV surveillance system
Existence and implementation of minimum standards for the prevention of and response to gender-based violence in emergencies	No	Yes	Yes	Yes	Yes	Yes	MIS Training was conducted

4. Population Dynamics Performance indicators

NATIONAL PRIORITY: 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 OUTCOME: By 2025, women, men and youth, including marginalized persons, contribute to and benefit from economic progress, through greater access to decent employment, equitable social economic opportunities, sustainable enterprise opportunities as well as resilient, financially sustainable social protection systems programme output(s) would contribute.							
Indicator	CPD Baseline	CPD Targets	Achieved				Progress against targets
			2021	2022	2023	Nov 2024	
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							
Population projections at national and regional levels, disaggregated by age, sex, location produced and published	No	Yes	Yes	Yes	Yes	Yes	Achieved 2017-2038 Population projections report
Number of national development plans and policies that explicitly integrate demographic dynamics, including changing age structure, population distribution and urbanization Baseline: 0; Target: 5	0	5	0	1	4	4	Partially achieved (60%)- National gender policy (2023) the National development

							Plan (2023/24-2027/28)
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	0	100	0	5	20	41	41% achieved
Number and type of knowledge products developed to synthesize evidence and provide guidance for SRHR and population and development programming.	0	24	1	4	14	20	20 achieved
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	No	Yes	Yes	Yes	Yes	Yes	Achieved, the multiple indicator Cluster Survey (MICS) Gender Based Violence Module and the procurement of computers to facilitate collection of GBV data at selected police stations.
Country combines population and health sector data to map geographic access to services related to sexual reproductive health and reproductive rights	No	Yes	Yes	Yes	Yes	Yes	Achieved, training on statistical modernizatio n and the support from ESARO combining population and health

							sector data to determine teenage pregnancy hotspots.
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	No	Yes	Yes	Yes	Yes	Yes	Achieved-CRVS strategic plan 2022-2027.

Annex 3: List of documents consulted

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2. UNFPA Eswatini CO annual report 2022
3. UNFPA Eswatini CO annual report 2023
4. UNFPA strategic plan, 2022-2025 (DP/FPA/2021/8)
5. Eswatini National Surveillance System on Violence annual report 2023
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7. united nations sustainable development cooperation framework (UNSDCF) 2021-2025
8. covid-19 emergency response plan 2020
9. The Kingdom of Eswatini Voluntary National review 2019 report
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11. COVID-19 Emergency Response Plan 2020
12. Integrated Labour Force Survey 2021 Key finding results
13. The Government of the Kingdom of Eswatini, Ministry of Sports, culture and Youth Affairs. Monitoring and Evaluation results framework for the National youth policy operational plan, 2023
14. The Kingdom of Eswatini National Development Plan 2019/20-2021/22 towards economic recovery
15. The Kingdom of Eswatini strategic roadmap: 2019-2022
16. United Nations In Eswatini COVID-19 Socio-economic response plan 2020-2022
17. Deputy Prime minister's office Department of Gender and Family Issues- National Gender Policy 2023
18. Deputy Prime Minister's office, Department of Gender and Family Issues: The National Strategy and Costed Action to end Violence in Eswatini 2023- 2027
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20. The Kingdom of Eswatini: Eswatini HIV estimates and Projections report 2021
21. The Government of Kingdom of Eswatini: The National Multisectoral HIV and Strategic Framework (NSF) 2018-2023
22. Integrated Biological- Behavioural Surveillance Survey (IBBSS) among Female Sex workers and Men who have sex with men in Eswatini, 2021
23. Eswatini Population- Based HIV Impact Assessment 3 2021 (SHIMS 2021)
24. Ministry of health Swaziland HIV Incidence Measurement Survey (SHIMS) First Findings Report November, 2012
25. Swaziland HIV Incidence Measurement Survey 2 SHIMS 2016-2017 final report April 2019
26. summary sheet Swaziland HIV incidence measurement survey 2: a population-based HIV impact assessment SHIMS 2 2016–2017- December 2018
27. summary sheet Swaziland HIV incidence measurement survey 2: a population-based HIV impact assessment SHIMS 2 2016–2017- December 2022
28. Trends in maternal mortality 2000 to 2020 Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division
29. Eswatini's health Sector Country Snapshot 2021
30. The Kingdom of Eswatini Ministry of Health: Adolescent engagement on Sexual Reproductive Health Report, 2022
31. The Kingdom of Eswatini National Development Plan 2023/24-2027/28 Good Governance, the Anchor for Economic Recovery, Green Growth and Sustainable Livelihoods
32. The Kingdom of Eswatini: Municipal council of Manzini- Integrated Development Plan 2019-2024
33. Eswatini Ministry of Health Consolidated Work Plan Progress Report – Outcome Jan-March 2021

34. Eswatini Ministry of Health Consolidated Work Plan Progress Report – Outcome April-June 2021
35. Eswatini Ministry of Health Consolidated Work Plan Progress Report – Outcome Jan-December 2021
36. The Family Life Association of Eswatini Work Plan Progress Report- Outcome April- June 2021
37. Eswatini Ministry of Health Consolidated Work Plan Progress Report – Outcome July- September 2021
38. The Family Life Association of Eswatini Work Plan Progress Report- Outcome July- September 2021
39. GOE/UNFPA Annual Program Review 2021 Happy Valley Hotel, Ezulwini, Eswatini 29th -30th December 2021
40. The Family Life Association of Eswatini Workplan Progress Report- Outcome July- September 2021
41. Workplan between United Nations Population Fund (UNFPA) and The Family Life Association of Swaziland (FLAS) to Support the Seventh Country Programme on SRHR/HIV/FP Integration – 2022
42. Workplan between United Nations Population Fund (UNFPA) and Kwakha Indvodza To strengthen Capacity for GBV Prevention and Response - 2022
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44. Workplan between United Nations Population Fund (UNFPA) and The Family Life Association of Swaziland (FLAS) to Support the Seventh Country Programme on SRHR/HIV/FP Integration – 2023
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49. Workplan between UNFPA and the Junior Achievement Eswatini Support of the 7th Country Programme in Eswatini-2023
50. Workplan between UNFPA and the Ministry of Health in Support of the 7th Country Programme in Eswatini- 2023
51. Workplan between UNFPA and the Ministry of Sports, Culture & Youth in Support of the 7th Country Programme in Eswatini- 2023
52. Workplan between UNFPA and the National Population Unit to accelerate the reduction of preventable maternal deaths- 2023
53. Workplan between UNFPA and SWAGAA to strengthen capacity for GBV prevention and response Rev1/2023
54. Work Plan between UNFPA and NATICC to promote human rights and fundamental freedoms of gender-based violence survivors and Persons with Disabilities (PWDs)- 2024
55. Workplan between UNFPA and Zuzani@Goshen to promote human rights and fundamental freedoms of gender-based violence survivors and Persons with Disabilities (PWDs)- 2024
56. Workplan between UNFPA and Nhloso Likusasa Le'lichakazile to promote human rights and fundamental freedoms of gender-based violence survivors and Persons with Disabilities (PWDs)- 2024.
57. Workplan between UNFPA and Haven of Hope to promote human rights and fundamental freedoms of gender-based violence survivors and Persons with Disabilities (PWDs)- 2024
58. Workplan between UNFPA and the Deputy Prime Minister's Office in Support of the 7th Country Programme in Eswatini-2023

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60. Workplan between UNFPA and the Deputy Prime Minister's Office in Support of the 7th Country Programme in Eswatini, 2024
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65. 2024 annual Planning filled Template all output 4
66. 2024 Programmable Allocations
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68. CPD indicators 2024
69. Eswatini SYP 2024 Annual Workplan
70. Workplan between UNFPA and the Ministry of sports, culture and youth in support of the 7th Country Programme in Eswatini 2024
71. Workplan between United Nations Population Fund (UNFPA) and The Family Life Association of Swaziland (FLAS) to Support the Seventh Country Programme on SRHR/HIV/FP Integration – 2024
72. Workplan between UNFPA and SWAGAA to strengthen capacity for GBV prevention and response-2024
73. Workplan between United Nations Population Fund (UNFPA) and Kwakha Indvodza To strengthen Capacity for GBV Prevention and Response - 2024
74. Workplan between UNFPA and Junior Achievement Eswatini in Support of the 7th Country Programme in Eswatini,2024
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76. 2019 Annual Planning – Swaziland- Programme Cycle Outputs
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78. Workplan between United Nations Population Fund (UNFPA) and The Family Life Association of Swaziland (FLAS) to Support the Seventh Country Programme on SRHR/HIV/FP Integration – 2020
79. Workplan between UNFPA and SWAGAA to strengthen capacity for GBV prevention and response-2020
80. UNFPA Eswatini country office - 2020 schedule of SMT and staff meetings proposed dates
81. Country Program Indicator Milestones for 2020
82. UNCT Eswatini 2024 Workplan
83. Small Area Estimates Full report: Contraceptive Prevalence Rate by Inkhundla, 2022
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85. Small Area Estimation Technique: Estimation of access to water in Eswatini, 2023
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87. The Kingdom of Eswatini, Vital Statistics report, 2020
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94. Ministry of Economic Planning and Development: the coverage of improved sanitation using the Small Area Estimation (SAE) technique Eswatini, 2024
95. Ministry of Economic Planning and Development: prevalence and factors associated with Voluntary Male Circumcision in Eswatini, 2024
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97. The Kingdom of Eswatini; Ministry of Economic Planning and development : lessons from Employers with employees who are persons with disabilities
98. The Kingdom of Eswatini; Ministry of Economic Planning and development: Improving access to education among persons with disabilities

Annex 4: List of stakeholders consulted

1. UNITED NATIONS

NO	PROPOSED KEY INFORMANTS	NAME OF INSTITUTION/ ORGANIZATION	CONTACT DETAILS
1.	Resident Representative, UNDP (Previous)	United Nations Development Program (UNDP)	
2.	Deputy Resident Representative/ PPSG		Ms Nessie Golakai
3.	Program Leads		Ms Zanele Thabede Mr Mpendulo Masuku Mr Mavi Thwala
4.	M&E Focal point/ RG focal point		Temndeni Khumalo
5.	Country Representative	World Food Program (WFP)	Mr Deepak Sha
6.	Policy Programme Officer		Mr Melusi Kunene
7.	Country Director (Based in ESARO)	United Nations Population Fund (UNFPA)	Mr Yu Yu
8.	Head of Office		Ms. Margaret Thwala – Tembe – 7802 6952
9.	SI specialist		Lucas Jele – 7802 6949
10.	P&D		Rachel Masuku 78026946
11.	Representative	United Nations Children's Fund (UNICEF)	Ms Amina Mohammed 7808 6578
12.	Deputy Representative		Mr Afshin Parsi
13.	PM&E Specialist		Ms Nelisiwe Dlamini
14.	Resident Representative	World Health Organization (WHO)	Dr Susan Tembo
15.	COVID 19 consultant		Ms Rachel Masuku

2. Government Ministries

16.	Principal Secretary or representative	Deputy Prime Ministers Office	
17.	Director - Gender Coordination Unit		Ms Nomzamo Dlamini
18.	Director - National Population Unit	Ministry of Economic Planning and Development	Ms Nombulelo Dlamini
19.	Director- CSO		Mr. Thembinkoso Tshabalala
20.	Director- Poverty Unit		Ms. Novula Ndwandwe
21.	Statistician		Sabelo Simelane
22.	Demographer		Phumlile Dlamini
23.	Senior Economist		Lungile Ginindza
24.	Economist		Nomvula Ndwandwe
25.	Director - Central Statistics Office		Mr Thembinkosi Tshabalala
26.	CEO	Ministry of Education and Training (MoET)	Lwazi Mamba
27.	Head of Programs		Dumsani Simelane
28.	Under secretary		Mzwandile Mtsetfwa
29.	Principal Secretary or representative	Ministry of Sports, Culture and Youth Affairs	Prince Mlayeto
30.	Principal Secretary or representative	Ministry of Health	Mr Khanya mabuza
31.	SRH coordinator		Ms Kayise Dlamini
32.	ASRH coordinator		Zandile Masangane
33.	Sexual Reproductive Health Manager		Mr Mgcineni Ndlangamandla
34.	Gender Focal Person	African Development Bank	Mr. Nyajena, Bothwell

3. <u>Civil Society</u>

35.	Programmes Manager	The Family Life Association of Eswatini (FLAS)	Thabo Masuku

36.	Executive Director	Church Forum	Mr Colani Magongo
37.	Executive Director	Junior Achievement (JA)	Ms Phetsile Masilela
38.	Programmes Manager		Mr. Sabelo Dlamini
39.	Executive Director	Sivusa Tive Negcebo	Ms Futhi Khumalo
40.	Executive Director	Kwakha Indvodza	Mr Sonic Dlamini
41.	Executive Director	Umhluma Women and Youth Foundation	Mr. Lungelo Zulu
42.	Programmes Officer	Khulisa Umnfwana	Mr. Bheki Shabangu

4. <u>Academic Institutions</u>

43.	Dean- Statistics and Demography	University of Eswatini	Mr. Maswati Simelane

Annex 5. Data Collection Tools

MASTER KEY INFORMANT INTERVIEW GUIDE

The following was the master key informant interview guide. It included an exhaustive list of interview questions which were 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 selected the questions appropriate to the specific stakeholder group being interviewed. The phrasing of some of the below questions was 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 first introduced themselves and stated the objectives of the evaluation which were 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 indicated that the evaluation would be used to support accountability and inform strategic decisions that would improve implementation of the next country programme. Interviewees were 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?

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 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 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 data and change? 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 data and change? 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 programme. If yes, what mechanisms 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 6: The 7th CP Terms of Reference

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

1. Introduction.

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and 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".[40]

[40] UNFPA Strategic Plan 2022-2025

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.[41] 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 **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.[42] 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

[41] UNFPA Evaluation Policy 2024, p. 22 UNFPA Evaluation Policy 2024.

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

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.

2. 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, 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.

3. 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: 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	**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%**

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.	• **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	• **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**

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 on gender equality and women's empowerment that contribute to improved maternal health outcomes.	**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**
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 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 outof-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 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** **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**

4. 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:

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 2021-25
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 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.

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.

5. 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.[43] 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).

[43] 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.

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 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

1. To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; 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[44] and the Grand Bargain[45]?

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 taken into account 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 GBV sub-cluster contributed to effective and timely delivery of services?

Effectiveness

6. 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?
7. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion[46] in the design, implementation and monitoring of the country programme?

Efficiency

8. 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

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

9. 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

10. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside?
11. 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

12. To what extent has the UNFPA humanitarian response taken into account longer-term development goals articulated in the results framework of the country programme?
13. 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.

6. 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,*[47] *Ethical Guidelines for Evaluation,*[48] *Code of Conduct for Evaluation in the UN System*[49]*, and Guidance on Integrating Human Rights and Gender Equality in Evaluations.*[50] When contracted by the UNFPA Eswatini CO, the evaluators will be requested to sign the UNEG *Code of Conduct*[51] 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

[47] Document available at: http://www.unevaluation.org/document/detail/1914.
[48] Document available at: http://www.unevaluation.org/document/detail/102.
[49] Document available at: http://www.unevaluation.org/document/detail/100.
[50] Document available at: http://www.unevaluation.org/document/detail/980.
[51] UNEG Code of conduct: http://www.unevaluation.org/document/detail/100.

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.

7. 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.

8. 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.

8. 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, and 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[52] 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

[52] 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.

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.
- **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.

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[53]

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**

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

Publication of the **call for the evaluation consultancy**	CO HRA	CPE Management Kit: Call for Evaluation Consultancy Template	**May 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	**August 2024**

		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 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)*	**November 2024**

		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	
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	**May 2025**

		undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf	
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**

12. 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.

13. 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.

13.1. 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.

14. 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.

15. Bibliography and Resources

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

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: [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

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

16. 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

United Nations Population Fund

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