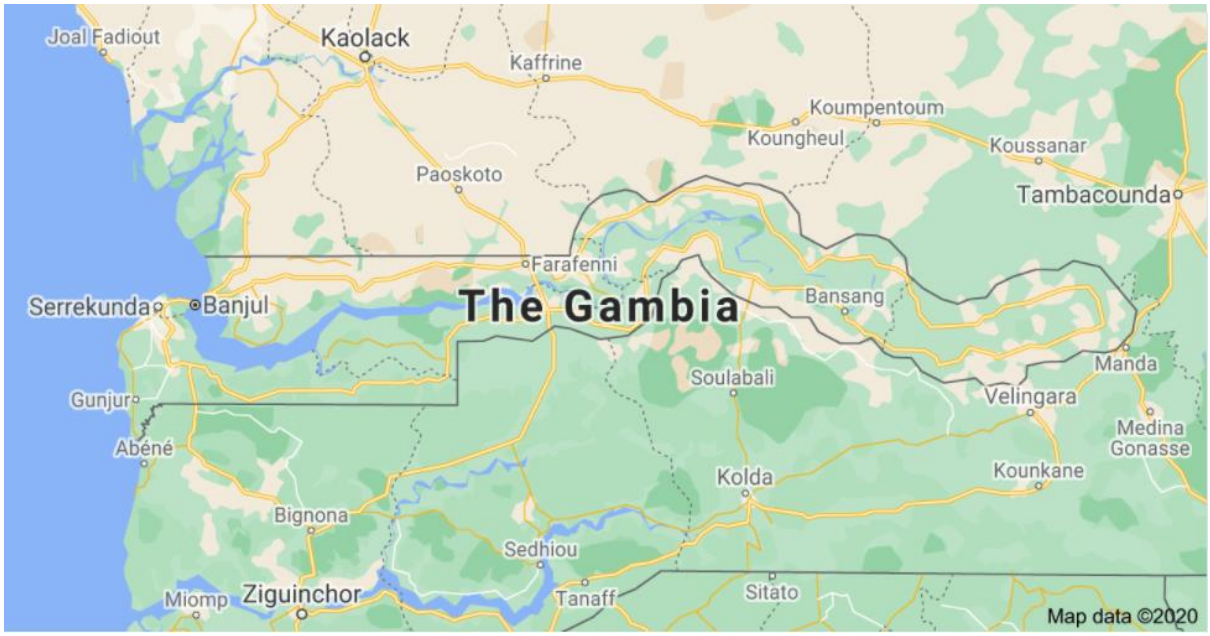
GOVERNMENT OF THE GAMBIA/UNFPA 8th COUNTRY PROGRAMME: [2017-2021]

FINAL EVALUATION REPORT

Date: September, 2021

MAP OF THE GAMBIA



EVALUATION TEAM

Titles	Names	Position/ thematic expert	Academic qualifications and professional courses	Experience in/knowledge of the region and country
Mr.	Clifford O Odimegwu	Team Leader/expert in all the thematic areas	PhD, Advanced Certificate in International Health,	28 years
Mr	Sheriff Sonko	Sexual and Reproductive Health	MA Demography, Certificate in Project Management and Evaluation	29 years
Mr.	Alagie Bahoume	Adolescents and Youth	M.Sc Health Management	2 years

Evaluation Management Committee

Maimuna Denton – Programme Analyst M&E , CPE Manager
Alieu Sarr – Assistant Representative
Alhagie Kolley - Programme Analyst, Reproductive Health
Alieu Jammeh – Programme Analyst, Reproductive Health Commodity Supply
Lamin Camara – Programme Analyst, Adolescents and Youth

● TABLE OF CONTENTS

● LIST OF ACRONYMS

A/Cs	Air Conditioners
AADPD	Addis Ababa Declaration on Population and Development in Africa
AWPs	Annual Work Plans
BEmOC	Basic Emergency Obstetric Care
BEmONC	Basic Emergency Obstetric and Neonatal Care
CBD	Community-Based Distributor
CCA	Common Country Assessment
CEmOC	Comprehensive Emergency Obstetric Care
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CMS	Central Medical Stores
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CRR	Central River Region
DaO	Delivering as One
DHS	Demographic and Health Survey
EFSTH	Edward Francis Small Teaching Hospital
EMNCP/FP	Emergency, Maternal and New born Child Care/Family Planning
ET	Evaluation Team
FGM	Female Genital Mutilation
FP CIP	Family Planning Costed Implementation Plan
GBoS	Gambia Bureau of Statistics
GBV	Gender-Based Violence
GFPA	Gambia Family Planning Association
GoTG	Government of The Gambia
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development

HIS	Integrated Household Survey
IPs	Implementing Partners
IUCD	Intra-Uterine Contraceptive Device
KIIs	Key Informant Interviews
KMC	Kanifing Municipal Council
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
MoH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance Response
NEX	National Execution
NSDS	National Strategy for Development of Statistics
P&D	Population and Development
PoA	Programme of Action
RMNCAH	National Reproductive, Maternal, New born, Child and Adolescent Health
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRH/FP	Sexual and Reproductive Health/Family Planning
SRHRs	Sexual and Reproductive Health Rights
STIs	Sexually Transmitted Infections
UNAIDS	United Nations Agency for HIV/AIDS
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
URR	Upper River Region
VCT	Voluntary Counselling and Testing
WAHO	West African Health Organization
WCR	West Coast Region
WHO	World Health Organization
YAM	Youth Action Movement

● LIST OF TABLES

● LIST OF FIGURES

● ACKNOWLEDGEMENTS

The authors wish to acknowledge with sincere thanks the many staff members from the various Government of The Gambian Ministries and related institutions, the UN collaborating Agencies, development partner agencies and a wide range of NGOs for providing time, and materials to permit the development and implementation of this evaluation. We appreciate the participation of members of the Evaluation Reference Group, especially those, who took time to attend briefings and provided comments. We are particularly grateful to the UNFPA the Gambia staff members especially the Evaluation Manager, Ms Maimuna Denton, who was so responsive to our repeated requests, often on short notice. We would also like to acknowledge the many other stakeholders and client/beneficiaries who helped the implementation of this evaluation despite their busy schedules amidst the global pandemic and its restrictions. The team hopes that this evaluation and recommendations presented in this report will contribute to a firm foundation for future UNFPA-supported Programmes in the Gambian .

Disclaimer

A team of three Consultants prepared this evaluation report: Clifford Odimegwu, International Consultant/Evaluation Team Leader,Sheriff T Sonko National Evaluation Consultant in charge of the SRH/AYD Component and Alagie Bahoum, Young Emerging Evaluator who doubled as the expert in-charge of the adolescents and youth Programme. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Committee or the government of The Gambia. It is the summary of the views of the evaluation team on aspects of the 8th Country Programme Evaluation.

- **KEY FACTS TABLE**

Land	
Geographical location[1]	West Africa
Land area[2]	10,689 km²
People	
Population[3]	2 347 706 (2019)
Population, female (% of total)[4]	50.40 (2019)
Population, male (% of total)[5]	49.60 (2019)
Urban population (% of total)[6]	1 453 958 (2019)
Urban population growth (annual %)[7]	4 (2019)
Rural population (% of total population)[8]	893 748 (2019)
Rural population growth (annual %)[9]	1.2 (2019)
Population growth (annual %)[10]	2.9 (2019)
Population ages 15-19, female (% of female population)[11]	10.57 (2019)
Population ages 15-19, male (% of male population)[12]	10.76 (2019)
Government	
Type[13]	Presidential Republic

[1] https://www.britannica.com/place/The-Gambia
[2] https://www.nationsonline.org/oneworld/gambia.htm
[3] https://data.worldbank.org/indicator/SP.POP.TOTL?locations=GM
[4] https://data.worldbank.org/indicator/SP.POP.TOTL.FE.ZS?locations=GM
[5] https://data.worldbank.org/indicator/SP.POP.TOTL.MA.ZS?locations=GM
[6] https://data.worldbank.org/indicator/SP.URB.TOTL?locations=GM
[7] https://data.worldbank.org/indicator/SP.URB.GROW?locations=GM
[8] https://data.worldbank.org/indicator/SP.RUR.TOTL?locations=GM
[9] https://data.worldbank.org/indicator/SP.RUR.TOTL.ZG?locations=GM
[10] https://data.worldbank.org/indicator/SP.POP.GROW?locations=GM
[11] https://data.worldbank.org/indicator/SP.POP.1519.FE.5Y?locations=GM
[12] https://data.worldbank.org/indicator/SP.POP.1519.MA.5Y?locations=GM
[13] https://globaledge.msu.edu/countries/the-gambia/government

Proportion of seats held by women in national parliament (%)[14]	8.62 (2020)
Key political events[15]	18 February 1965 gained independence
Economy	
GDP (current US$)[16]	1.76 (2019)
GDP per capita (current US$)[17]	751.30 (2019)
GDP per capita growth (annual %)[18]	2.92 (2019)
Trade (% of GDP)[19]	65.48 % (2019)
Net official development assistance received (current US$)[20]	232 630 004.883 (2018)
Net ODA received per capita (current US$)[21]	102.03 (2018)
Social Indicators	
Domestic general government health expenditure (% of GDP)[22]	0.75 (2017)
Domestic general government health expenditure (% of current health expenditure)[23]	22.89 (2017)
Current health expenditure per capita (current US$)[24]	23.27 (2017)
Domestic private health expenditure per capita (current US$)[25]	35.11 (2017)
Prevalence of anaemia among pregnant women (%)[26]	61.8 (2016)

[14] https://data.worldbank.org/indicator/SG.GEN.PARL.ZS?locations=GM
[15] https://www.officeholidays.com/holidays/gambia/gambia-independence-day
[16] https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=GM
[17] https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=GM
[18] https://data.worldbank.org/indicator/NY.GDP.PCAP.KD.ZG?locations=GM
[19] https://www.macrotrends.net/countries/GMB/gambia/trade-gdp-ratio
[20] https://data.worldbank.org/indicator/DT.ODA.ODAT.CD?locations=GM
[21] https://data.worldbank.org/indicator/DT.ODA.ODAT.PC.ZS?locations=GM
[22] https://data.worldbank.org/indicator/SH.XPD.GHED.GD.ZS?locations=GM
[23] https://data.worldbank.org/indicator/SH.XPD.GHED.CH.ZS?locations=GM
[24] https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD?locations=GM
[25] https://data.worldbank.org/indicator/SH.XPD.PVTD.CH.ZS?locations=GM
[26] https://data.worldbank.org/indicator/SH.PRG.ANEM?locations=GM

Demand for family planning satisfied by modern methods (% of married women with demand for family planning)[27]	43.0 (2019)
Mortality rate, neonatal (per 1 000 live births)[28]	27.1 (2019)
Mortality rate, under-5 (per 1 000 live births)[29]	51.7 (2019)
Fertility rate, total (births per woman)[30]	5.22 (2018)
Life expectancy at birth, female[31]	63.15 (2018)
Life expectancy at birth, male (years)[32]	60.36 (2018)
Contraceptive prevalence, any methods (% of women ages 15-49)[33]	19 (2019)
Contraceptive prevalence, modern methods (% of women ages 15-49)[34]	17 (2019)
Adolescent fertility rate (births per 1000 women ages 15-19)(2016)[35]	75.71 (2018)
Births attended by skilled health staff (% of total)[36]	84.0 (2019)
Pregnant women receiving prenatal care (%) (2016)[37]	98.0 (2019)

SDG	Indicator/source*	Status of Indicator
Goal 3. Ensure healthy lives and promote well-being for all at all ages	3.1.1 Maternal mortality ratio/UN Maternal Mortality Estimation Group (2019)[38]	597 (2017)

[27] https://data.worldbank.org/indicator/SH.FPL.SATM.ZS?locations=GM
[28] https://data.worldbank.org/indicator/SH.DYN.NMRT?locations=GM
[29] https://data.worldbank.org/indicator/SH.DYN.MORT?locations=GM
[30] https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=GM
[31] https://data.worldbank.org/indicator/SP.DYN.LE00.FE.IN?locations=GM
[32] https://data.worldbank.org/indicator/SP.DYN.LE00.MA.IN?locations=GM
[33] https://data.worldbank.org/indicator/SP.DYN.CONU.ZS?locations=GM
[34] https://data.worldbank.org/indicator/SP.DYN.CONM.ZS?end=2013&locations=GM&start=1990&view=chart
[35] https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=GM
[36] https://data.worldbank.org/indicator/SH.STA.BRTC.ZS?locations=GM
[37] https://data.worldbank.org/indicator/SH.STA.ANVC.ZS?locations=GM
[38] https://data.worldbank.org/indicator/SH.STA.MMRT?locations=GM

	3.1.2 Proportion of births attended by skilled health personnel[39]	84.0% (2019)
	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	40.0 (2019)
	3.7.2 Adolescent birth rate (aged 15-19[40] years) per 1000 women in that age group/MICS-5 (2015-2016)	88 (2011)
Goal 5. Achieve gender equality and empower all women and girls	5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18/MICS-5 (2015-2016)	Before 15 Before 18 – 30% (2013)
	5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	5 (2013)
	5.2.2. 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	1 (2013)
	5.3.1. Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	30% (2013)
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective,	16.9.1. Proportion of children under 5 years whose births have been registered with a civil authority, by age / MICS-5 (2015-2016)	72 (2013)

[39] https://data.worldbank.org/indicator/SH.STA.BRTC.ZS?locations=GM

[40] https://data.unicef.org/wp-content/uploads/country_profiles/Gambia/country_profile_gmb.pdf

accountable and inclusive institutions at all levels		

STRUCTURE OF THE COUNTRY PROGRAMME EVALUATION FINAL REPORT

The evaluation report consists of six chapters as follows. Chapter 1 is an introduction including the purpose and objectives of the CPE, the scope of the evaluation, and the methodology and process. Chapter 2 provides an overview of the country context, including development challenges and national strategies and the role of external assistance. This is followed in Chapter 3 by the UN and UNFPA responses and Programme strategies, addressing the UNFPA strategic response and the response through the country Programme, a brief description of the previous cycle and the current country Programme, and the financial structure of the Programme. Chapter 4 is the most extensive chapter covering the findings on all evaluation questions at strategic levels and by thematic area addressing relevance, effectiveness, efficiency, sustainability and coordination. This is followed by conclusions in Chapter 5 and the linked recommendations and lessons learned in Chapter 6. In addition to the chapters of the report, the CPE provides several annexes, notably the terms of reference, list of institutions and persons met, documents consulted, Atlas Projects, evaluation matrix, main tools and progress against SDGs.

● EXECUTIVE SUMMARY

Overview. This report presents the findings, conclusions and recommendations of the 8th UNFPA Country Programme of Support to the Government of The Gambia (GoTG) Country Programme Evaluation (CPE). The evaluation is an external, independent exercise by an independent team managed by the Country Office in close collaboration with the Regional M & E Adviser in the Western and Central Africa Regional Office. The evaluation serves the following three main purposes (I) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making, and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

The objectives of this CPE are to (i) provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outcomes and outputs outlined in the results framework of the country programme; (ii) provide an assessment of the role played by the UNFPA Country Office in the coordination mechanisms of the UNCT to enhance the United Nations collective contribution to national development results; and (iii) draw key lessons from past and present cooperation framework and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next Programme cycle. This report covers results from 2017 to 2020 in two broad focus areas: 1) Sexual and Reproductive Health (SRH) 2) Adolescents and Youth Development, with sub-themes of gender equality and women's empowerment and population and development (PD) and cross-cutting issues of human rights and gender equality, disability, as well as transversal aspects of coordination; monitoring and evaluation (M&E); innovation; data for development; and strategic partnerships. The initial CP budget was $16.1 million ($4.8 m from regular sources, $11.3 m from other resources).

Context of the 8th CP

The 8th UNFPA CP for the period 2017 to 2021 was designed to respond to The Gambia's national needs and priorities as reflected in its national development plan, sectoral policies, strategies and international development agendas. The 8th CP focused on two broad Programmatic areas: sexual and reproductive health and rights, and adolescents and youth. These Programmes cover sub-themes of gender equality and women's empowerment, population and development. The goal of the 8th Country Programme was to contribute to "universal access to rights-based, gender-sensitive sexual and reproductive health information and services, including for adolescents and young people". Banjul, the Capital City and four regions were purposively selected for the exercise.

Description of the Country Programme. The 8th CP in The Gambia has been developed and implemented within the context of the UNDAF 2017-2021 for the country, which is guided by the goals and targets of the ICPD PoA, SDG Agenda 2030, and UNFPA Strategic Plans, as endorsed by the Government of The Gambia. The two broad focus areas are implemented in close collaboration with the Gambia Ministries of Health, Youths and Sports, Gambia Bureau of Statistics and several well-established NGOs and development partners. National Population Commission Secretariate was expected to coordinate the 8th

CP.The CPE took place between December 2020 and March 2021 and covers the interventions implemented between 2017-2020.

Evaluation Approach. The CPE follows the structure provided in the UNFPA Evaluation Handbook 2019 Revision) to assess the UNFPA CP in The Gambia using two separate components. First, is an analysis of the CP Outcomes and Outputs within the two focus areas (SRH, and Adolescents and Youth). This component employs four main criteria: relevance, effectiveness, efficiency, and sustainability. The second component assesses the positioning of the UNFPA CO in the country: UNCT coordination (with the development priorities of The Gambia, its collaboration within the UNDAF and other development agencies).

Methodology: The evaluation, divided into design, data collection,analysis and reporting phases, was structured based on the following evaluation criteria: relevance, efficiency, effectiveness, and sustainability; and UNFPA strategic positioning on coordination. Data collection methods used by the evaluation team included document reviews, semi-structured interviews with UNFPA CO staff, members of UNCT, national stakeholders, focus groups with beneficiaries of Programme interventions, gender-based survivors, youths, and observations at institutions such as tertiary hospitals and youth centres. The evaluation team (ET) consulted with 92 individuals in both the capital city Banjul and the four regions covered during the fieldwork. All interviews were conducted via Zoom and WhatsApp facilities due to Covid-19 restrictions.For triangulating the sources and methods of data collection, the evaluation used both qualitative and quantitative data in the analysis. Evaluation conclusions and recommendations are based on common themes and patterns emerging from the analysis of the country Programme performance in the two outcome areas with the sub-themes.

Limitations: There was no theory of change to guide the evaluation, though this was mitigated by the development of a logic model based on extant knowledge and document reviews**.** The use of internet facilities to conduct the interviews affected the data collection due to weak internet connectivity. This was mitigated by the design of a questionnaire, which was sent out to key individuals to complete**.**

Main Findings

Relevance: The two programme areas were found to be of relevance to The Gambia's national priorities and international development agenda and consistent with with UNFPA global strategy (Strategic Plans 2014-2017, 2018-2021), ICPD PoA, SDGs and the UNDAF (2017-2021). Activities were developed based on sound assessments as well as consultation with national stakeholders and beneficiaries. The intervention activities were developed based on assessments, nationally representative data and consultation with stakeholders and beneficiaries.

Effectiveness: More than 70 percent of outputs were achieved, and it is hoped that by the end of the programme cycle in 2021 most of the output targets will be met. The CP has effectively improved the delivery of integrated sexual and reproductive health, EmONC and fistula repair services in the targeted areas. The capacity building of health care providers and the strengthening of health systems has contributed to improved availability and accessibility of quality RH services. The 8th CP has contributed to

sexual and reproductive health empowerment of adolescents and youth through the CSE. It was effective in improving knowledge on maternal health, gender inequality, GBV issues, FGM and child marriage issues. CP contributed to the improvement of data quality, production and availability through enhancement of technical capacities, techniques and strategies for the collection of population data.

Efficiency: There is efficient use of human and financial resources and policies and procedures.The implementation rate is high in all the outcomes (80%) and outputs (90%). UNFPA CO was generally efficient in disbursing annual programme budgets to support the implementation of Annual Work Plans (AWPs) through contracts with Implementing Partners as well as National Execution (NEX) modality. The 8th CP has been implemented by a team of competent staff with support from a number of national and international consultants, and the Regional Office in Dakar, Senegal.

Sustainability: Most of the interventions are sustainable because they are focused on priorities already identified by national stakeholders; interventions carried out within government established structures and technical capacity building of institutions and staff. Sustainability is higher in such thematic areas as SRH/FP, adolescents and youth Programmes where government and communities have endorsed.Sustainability of the interventions is further enhanced by policies, guidelines, procedures, health system strengthening, capacity building and community involvement in some culturally sensitive activities. The Gambia government financial commitment to the CP further enhances sustainability.

United Nations Country Team Coordination: UNFPA in the Gambia has clearly demonstrated that it has been an active and constructive partner contributing to the functioning and coordination of UNCT activities within the UNDAF in The Gambia. There is strong evidence of active and effective UNCT collaboration by the UNFPA in The Gambia. Coordination mechanisms proved effective in joint fundraising and programming in The Gambia.

Cross-cutting Issues: The cross-cutting issues in the 8th CP include gender and human-rights mainstreaming, inclusion of people with disabilities, monitoring and evaluation framework, innovative practices, data generation and use, and strategic partnerships.

Challenges

Among others, challenges encountered in the implementation of the 8th Country Programme include cultural,religious barriers and misconceptions about family planning affecting the uptake of services; poor understanding of contraceptive methods resulting in fear of long term effects; desire for large families to support farming activities or due to competition among co-wives in polygamous settings; shortage of qualified health service providers, insufficient capacity to provide services, inadequate infrastructure and supplies especially in the rural areas, and various misconceptions associated with FP.The greatest challenge in the course of the 8th CP is the Covid-19 pandemic restrictions which affected the implementation of most of the interventions.

Lessons Learned

At the strategic level, having a strong strategic partnerships with government and other national stakehors and UNCT agencies contributed to the positive outcomes of most of the outputs. In terms of the interventions, the integrated strategy involving SRH/FP, GBV, HIV is very relevant, efficient and appreciated. Innovative approaches are important in maximally delivering the outcomes of a country programme. The use of community based distributors is crucial in reaching the last mile in service delivery. The institutionalization of maternal death audit reviews in health facilities ensures a holistic approach to

tackling maternal and neonatal health issues.The CSE goes beyond the school system to include stakeholders outside the school system thereby scaling up CSE education.

Main Conclusions

Strategic-Level Conclusions

The CP is well aligned with both UNFPA, government strategic development priorities and international development agenda. UNFPA focus on an integrated approach to sexual and reproductive health services and comprehensive sexuality education to adolescents is matched by similar government agenda.

The UNFPA CO is contributing significantly to improving the UNCT coordination mechanism, especially in joint programming, fundraising and implementation in The Gambia. The National Population Commission Secretariat is charged with the responsibility of coordinating and monitoring the programme. However this body has not performed maximally due to lack of technical and financial support to maximally perform its functions.

Programmatic Level

The evaluation has shown overall a relatively high number of outputs and outcomes were achieved in the two components of the Country Programme. There is an integrated programme approach in the programme implementation. Access and use of integrated SRH and FP services and commodities have increased. Adolescents and youth have been empowered to access sexual and reproductive health services and exercise their sexual and reproductive rights. Youth centres are remodelled according to WHO standard. There is an advancement of gender equality and the empowerment of all women and girls**.** There is increased use of population data in the development of evidence-based national development plan, policies and strategies.

The support and introduction of Comprehensive Sexuality Education by UNFPA in the Gambia during the 8th Country Programme is an advantage to the education system of the country. Continued use of women economic empowerment group (Kabilo Baama) as an entry point to SRH information and services, and male involvement in SRH has contributed to institutional deliveries in many rural communities. The CPR has also more than doubled due mainly to the huge number of trained CBDs and significant increases in FP services and acceptors.

Gender and human rights mainstreaming in all the components are emphasised especially at the CO level, their actual interpretation and inclusion in direct service delivery to the beneficiaries is not clear. Most IPs claimed gender and human-right mainstreaming, but in the actual fieldwork, the ET did not observe this in practice nor could the IPs explain the process properly. The national strategic emergency response plan contributes to addressing the humanitarian crisis in the country. UNFPA 8th CP in The Gambia demonstrated a good emergency response strategy, during the COVID-19 pandemic. The UNFPA also worked with the Ministry of Education to prepare school grounds for students to return to school after a long break with provision of face mask to students in examination grades.

Recommendations

Strategic Level

UNFPA should continue to align the CP to The Gambia's national policies and plans as well as to international, continental (i.e. Africa) and regional (i.e. West Africa) development agendas to respond to

the country's national needs and priorities and get buy-in support from international development partners. UNFPA CO should pursue a range of strategic, innovative and operational partnerships to advance the priorities identified in the UNDAF to help drive the transformational change toward sustainable development. There is a need for the UNFPA CO to continue building partnerships with other UN agencies under the umbrella of Delivering As One so that resources can be pooled to support activities of the CP.

The practice of basing Programme interventions on research, needs assessment, national strategies and plans, and participatory consultations with stakeholders should continue. It is important that UNFPA coordinates with UNCT agencies and discuss with IPs to include how to improve sustainability in the next CP.UNFPA should also continue with the strategy of integrated programming approach across development Programme components in the design of the next CP interventions, ensuring adequate skills and capacity of staff at both national and regional levels of interventions.The SDGs are integrated and indivisible and to achieve them, requires a more holistic and integrated approach that requires system thinking as opposed to silo thinking.

Programmatic Level

Sexual and Reproductive Health including Family Planning

Interventions and approaches that are identified as performing well and ensuring adequate investment in quality improvement during the delivery of integrated SRH must be continued. It is important to address the human resource needs for critical BeMoNC and CeMoNC services. More resources should be mobilized to support the training of human resources for health services and provide facilities in some of the hospitals where major equipments for fistula repairs are missing. CO should continue promoting SRH interventions using the identified best practices such as the Mentorship programme for the training of health workforce for fistula identification and treatment, and capacity-building activities by the various IPs.

Adolescents and Youth Development

UNFPA CO should work closely with key CSE implementing partners (IPs) to encourage the rapid completion and delivery of the CSE curriculum in and out of school systems. CO should build upon and expand its support to IPs that work with key populations and vulnerable youth, especially those with disability, to ensure genuine inclusive participation in preventive programmes with emphasis on an integrated SRH service and CSE delivery package and reduction of bias and discrimination.

UNFPA CO should continue its efforts to address gender equality and women empowerment in collaboration with like-minded governmental, non-governmental, UN agencies and community-based structures to accelerate the progress made so far. As The Gambia prepares for 2023 census, The CO should prioritize support (technical and advocacy) to get this done in this CP9 cycle. CO should deepen expertise and capacity on census and data generation and utilisation skills. Cross-cutting issues should continue to be integral part of the interventions. Innovative approaches which have helped in the 8th CP interventions, should be highlighted and refined for greater impact in the 9th CP. Importantly, the role and place of the National Population Commission Secretariate in the scheme of things should be strengthened and made more active in the 9th CP to lead the charge in national monitoring and coordination of the next CP.

● CHAPTER 1: INTRODUCTION

1.1 Purpose and Objectives of the Country Programme Evaluation

The purpose of this evaluation undertaken within the context and provisions of UNFPA Evaluation Policy Framework is to assess the UNFPA 8th Country Programme of Support to the Government of The Gambia. The evaluation is an external, independent exercise by an independent team managed by the Country Office (CO) in close collaboration with the Regional M&E Advisor in Western and Central Africa Regional Office (WCARO). The 2021 CPE is expected to serve the following three main purposes (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD. The objectives of this CPE are:

i. Provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.
ii. Provide an assessment of the role played by the UNFPA Country Office in the coordination mechanisms of the UNCT with a view to enhancing the United Nations collective contribution to national development results.
iii. Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

The CPE will provide the UNFPA CO in The Gambia, national stakeholders, the UNFPA WCARO, UNFPA Headquarters in New York as well as a wider audience with an independent assessment of the UNFPA CO 8th CP (2017-2021) in The Gambia and to broaden the evidence base for the design of the next programme cycle.

1.2 Scope of the Evaluation

The CPE covered activities implemented from January 2017 to 31 March 2021. The evaluation covered the four regions of the country and the following thematic areas of the eighth CP: Sexual and reproductive health including family planning, Adolescents and Youth, Gender-Based violence, Female Genital Mutilation and child marriage. In addition, it also covered crosscutting issues such as human rights and gender equality, disability, as well as transversal aspects of coordination; monitoring and evaluation (M&E); innovation; data for development; and strategic partnerships. The CPE also focussed on the implementation process, achievements and challenges at both output and outcome levels of the 8th Country Programme 2017- 2021.

The evaluation reviewed the achievements of the UNFPA Country Programme against expected results at the output and outcome levels, its compliance with the UNFPA Strategic Plans for 2014-2017 and 2018-2021, the UN Development Assistance Framework, other relevant international development agenda and national development priorities and needs.

1.3 Methodology and Evaluation Process

This section presents the CPE evaluation framework including evaluation criteria and questions, overall approach to answer evaluation, evaluation sample, data collection methods, approach to data analysis, limitations encountered and mitigation measures, and evaluation process. The methodology used by the evaluation team was based on the recommendations and guidance provided by the UNFPA Evaluation Handbook (2019), as well as UNEG Guidance Document "Integrating Human Rights and Gender Equality in Evaluation: Towards UNEG Guidance". Evaluation Matrix (Annex 5) presents a detailed overview of evaluation methodology.

1.3.1 Evaluating Criteria and Questions

This evaluation was informed by the UNFPA Evaluation Handbook "*How to design and conduct a CPE at UNFPA*" [41] and covered four out of the five criteria of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD/DAC): Relevance, Effectiveness, Efficiency and Sustainability[42], as well as one evaluation criterion specific to UNFPA CO: coordination.(Table 1).

[41] http://www.unfpa.org/public/home/about/Evaluation/Methodology

[42] UNFPA CPEs cover all OECD-DAC evaluation criteria to the exception of the impact. This evaluation will also not assess impact due to the lack of required data for in-depth analysis.

Table 1: Evaluation Criteria and Questions

Criteria	Questions
Relevance	To what extent is the 8th Country Programme aligned to the national development priorities of the Gambia and able to adapt to the emerging needs of diverse populations in general and in particular those of marginalized and vulnerable groups)?
Effectiveness	To what extent UNFPA-supported interventions, contributed to i) the achievement of the expected results (outputs and outcomes) of the Country Programme?; (ii) increased availability and use of integrated sexual and reproductive health services; (iii) advanced gender equality, empowerment of women and girls and reproductive rights including for the most vulnerable and marginalized women, adolescents and youth and (iv) strengthened national policies and international development agendas through the integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive rights, HIV and gender equality. (v) To what extent UNFPA CP has successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?
Efficiency	To what extent has UNFPA made good use of its human, financial and administrative resources and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the 8th CP?
Sustainability	To what extent has UNFPA been able to support implementing partners and beneficiaries in developing capacities and establishing mechanisms to ensure the durability of effects
Coordination	To what extent has the UNFPA Country Office contributed to the functioning and coordination of UNCT coordination mechanisms in the Gambia.

1.3.2 Evaluation Approach

To answer the evaluation questions, especially under effectiveness criteria, the evaluation team needed to get an in-depth understanding of the qualitative changes in operation of the targeted systems due to UNFPA support. To get this understanding the evaluation team used predominantly qualitative approach that included collection and analysis of the secondary data from the documents provided by the country office and collection and analysis of the qualitative primary data collected from the stakeholders through semi-structured interviews,in-depth interviews, key informant interviews and focus group discussions.

A qualitative questionnaire was designed and distributed among the programme analysts in the Country Office to provide detailed answers to key questions on the various evaluation questions. The team selected a purposeful sample of national and regional level government institutions that were part of the targeted government systems and collected primary data about the impact of the country programme on their operation through semi-structured interviews with implementing partners. Group focus discussions were held with adolescents and youths who participated in the various adolescent and youth interventions. Focus groups were also used to get their perspectives on gender and reproductive health education in schools and the use of reproductive health services by adolescents.

To answer evaluation questions related to the quality of coordination with UNCT the evaluation team interviewed a sample of UN institutions in Banjul using structured and unstructured tools. In addition, secondary data from the documentation provided by the Country Office and representatives of UNCT were also obtained. Document reviews were also conducted thoroughly.

1.3.3 Sample

The selection of the sample of stakeholders was informed by an illustrative sample of interventions run within the framework of the 2017-2021 country programme developed in accordance with guidance provided by the UNFPA Evaluation Handbook (Table 2). Based on the analysis of the Annual Work Plans (AWPs), the evaluation team selected all the interventions and the respective IPs .

The selection of sites for field visits was also purposeful. The evaluation team identified locations where it could collect the most information about the impact of UNFPA support. Four regions were selected, and these include Central River Region, Upper River Region, West Coast Region and Lower River Region. All the CP interventions had a national focus. Youth centres supported by the country programme were located in Banjul and two regions. Table 2 below presents the composition of the evaluation sample in terms of stakeholders reached in specific locations.

Table 2: Selected Sites for Field Visits, Government of the Gambia /UNFPA 8th CPE 2017-2021

Regions	Justification
Banjul	Capital City with National Implementation Partners
Central River Region (CRR)	Poorest region with a Youth Center, beneficiaries of FP commodities and BEmOC and CEmoC service centres. Community-based distributors for FP services. Visit schools offering CSE services.
West Coast Region (WCR)	UNFPA interventions on AY and SRH. FP Youth centre.
Lower River Region (LRR)	Hospital for BeMoC and CeMoC services
Upper River Region (U RR)	Family Planning Service centres with UNFPA funded office renovations for FP services. Tailor-made questionnaires were designed and sent out to specific Programme leads to complete.

1.3.4 Methodology Limitations

Table 3: Evaluation Limitations and Mitigation Measures.

Limitation / Challenges	**Mitigation Measures**
Absence of a Theory of Change	The ET constructed one, using available information from CPD and extant knowledge
Online interviews	Multiple platforms including traditional sources were used to collect data. Phone Calls; Email, Document reviews also mitigated

Evaluability Assessment, Limitations and Risks: While the theory of change of CP8 was not fully developed to measure the links from outputs to outcome level, CO programme staff were able to provide necessary information for the ET to develop the assumptions required to assess the achievements. The ET re-constructed the programme logic (see Figure 2). Critical assumptions and limitations were included in the 8th CP programme logic.

1.3.5 Evaluation Process

During the **design phase,** the evaluation team reviewed documents related to the planning and implementation of the country programme and developed a design report. The report presented the purpose and scope of the evaluation, the country programme design and context of its implementation, reconstruction of the programme theory of change, and the evaluation methodology. The methodology section included a description of the evaluation approach; sample, data collection and analysis strategy; integration of gender and human rights consideration; methodology limitations and mitigation measures; and an evaluation work plan. The design report also included a detailed Evaluation Matrix linking key evaluation questions to assumptions to be assessed, indicators, and data sources and data collection methods.

The **field phase** from January 25 – February 25 2021, involved individual and group interviews with the country programme stakeholders in Banjul, the national capital, and three regions. On February 25, the evaluation team debriefed the CO and another expanded debriefing involving the ERG on 23/8/2021, on possible findings and received constructive comments from the programme management.

Reporting Phase*:* The evaluation team leader drafted the evaluation report, after receiving thematic reports from other team members and taking into account comments made at the debriefing meeting and subsequent validation meeting. Comments consolidated by the UNFPA Evaluation Manager helped develop the final draft evaluation report. Additional comments from the UNFPA WCARO Office guided the finalization of the report.

Dissemination, Management Response and Follow-up Phase: This phase is the responsibility of the UNFPA Evaluation Manager. The preparation of the management response and the dissemination of evaluation results will be the responsibility of the CO. The final draft of the evaluation report will form the basis for an in-country dissemination meeting/presentation, which will be attended by the CO as well as all the key programme stakeholders. During this phase, the CO will prepare a 'management response', to be included in the final evaluation report, also taking into account comments made by the participants. The Final Evaluation Report, along with the Management Response, will be published in the UNFPA evaluation database. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

Ethics and Maintaining the Quality of Evaluation*:* The evaluation team took several precautions to ensure the protection of respondents' rights. Informed consent was sought before all interviews were made and the data collected were confidentially kept, with no identifiers. Where written consent was not applicable or feasible, a verbal agreement was sought. UNFPA CO informed the respondents about the evaluation purpose and the rights and confidentiality of those participating in the evaluation.

The evaluation team made every effort to ensure that evaluation findings were credible based on reliable data and observations. Conclusions and recommendations will show evidence of consistency and dependability in data, findings, judgments and lessons learned appropriately reflecting the quality of the methodology, procedures, and analysis used to collect and interpret the data. The ET followed the UNEG

guidelines and standards as well as UNFPA's Handbook on "How to Design and Conduct a Country Programme Evaluation at UNFPA" in carrying out the CPE to ensure quality.

1.3.6 Methods and Tools used for Data Collection and Analysis

Sources of data were both secondary and primary. The type of data was based on a mix of quantitative and qualitative, derived from multiple sources. The evidence in this evaluation included data collected from the field, desk review of documents, direct observations, structured and semi-structured interviews, in-depth interviews (IDI), key informant interviews(KII), focus group discussions (FGD), and secondary sources.

A detailed list of documents reviewed is attached (Annex 3). The evaluation triangulated data sources, data types, and data collection methods and the data shed light on how UNFPA has been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to achieve planned results, ensure ownership and sustainability of effects. A convenient sample of beneficiaries was used for focus group discussions to gather information on service quality and its accessibility and utility.

The evaluation made use of various monitoring and assessment and survey reports (quarterly reports, project-specific reports, annual reports, trip reports) submitted by IPs and UNFPA staff. The triangulation of data collection minimized the weaknesses of one method and was offset by the strengths of another, enhancing the validity of the data. The CO staff provided a list of stakeholders representing the national and regional governments, UN agencies, and most importantly, the beneficiaries of the programme. ET had extended consultations with the CO staff and finalized the list of stakeholders for interviews based on the programme interventions and review of documents. The evaluation focused on major categories of stakeholders distributed across the 8th CP themes. The selection covered all two strategic outcome and five output areas. However, not a representative sample, a purposive sample was selected to reflect the interventions and the participants involved. While interviews at the National and regional levels were coordinated by the Evaluation Manager.

Data collection was via individual face-to-face Zoom interviews. Group interviews and focus group discussions adopted a participatory approach, observing Covid-19 precautionary measures. The respondents (e.g. implementing partners, participants, strategic collaborators etc.) were given the opportunity to discuss freely the programme and allowed an opportunity to propose what would work for them to make the programme better in their own context.

Data Quality: Data quality was maintained by triangulating the data sources and methods of collection and analyses. Validation of preliminary findings, by the evaluation reference group (ERG) enhanced the quality of data collected, ensuring the absence of factual errors or errors of interpretation and no missing evidence that could materially change the findings.

Data Analysis: Data analysis involved several stages. During the data collection stage, members of the evaluation team held regular debriefing meetings that were used to compare and validate data from

interviews and involved preliminary analysis of the topics and themes emerging from the data. Most of these debriefings were done virtually either by Zoom or Skype or by email and Whatsapp.
At the end of the field phase, the evaluation team conducted a day-long analysis session. During this session, the evaluation team separately reviewed collected evidence for each of the government systems targeted by the country programme to identify the relevance of implemented interventions, achievement of intended outputs and outcomes and their sustainability, as well as the use of resources, and factors of success and failure. In the process of this analysis, the team triangulated data from the different sources to identify consistent topics, themes and patterns. To answer evaluation questions related to coordination, the evaluation team analyzed strings of evidence coming from members of the UNCT. This analysis led to the construction of answers related to evaluation questions. (Table 4).

The evaluation was to provide action-oriented forward-looking strategic recommendations in light of Agenda 2030 for the next programming cycle. The results framework of the UNFPA Strategic plan 2018-2021 is aligned with the SDGs. The evaluation team used it as a reference when developing evaluation recommendations to ensure their **a**nalyses of quantitative data were based on the availability of primary and secondary data, their quality, and comparability. Content analysis was employed to interpret qualitative data. Qualitative data, secondary quantitative data and other evaluation findings from existing reports were triangulated in making conclusions from the findings.

Table 4: Distribution of evaluation questions by evaluation criteria and level of analysis

	8th CP Phases	**Evaluation Criteria**	**Evaluation Questions**	
Level of Analysis			SRH	AY
Programmematic	Design	Relevance	EQ 1	EQ 1
	Process	Efficiency	EQ 3	EQ 3
	Results	Effectiveness Sustainability	EQ 2 EQ 4	EQ 2 EQ 4
Strategic Position		Coordination	EQ 5	

● CHAPTER 2 : COUNTRY CONTEXT

2.1 Development Challenges and National Strategies

The Gambia is one of the smallest mainland West African countries with more than 2 million inhabitants, with a land area of 10,689 square kilometres. With a population density of 176 persons per square kilometre, the country is amongst the most densely populated in sub-Saharan Africa. Currently, the population growth rate is estimated at 3.1 per cent per annum with a higher population concentration in urban areas.The Gambia is among the poorest countries in the world with (48.2 per cent) of the population living below the poverty line of $1.25/day, with a Gross National Income (GNI) per capita of US$ 430 in 2016.

The Gambia ranks 174 out of 189 countries on the 2019 human development index with a national unemployment rate of 35.2 per cent[43] . Unemployment rates are higher amongst females compared to males. Youth aged between 15-35 years constitute the largest group of extreme unemployment at 41.5 per cent. The unemployment rate is higher in rural (69.4 per cent) than in urban areas (30.6 per cent)[44]. Nationally, the poverty level was 48.6 per cent in 2015/16. In absolute terms, however, the number of people living in poverty increased from 0.79 million in 2010 to 0.94 million during the period, an additional of about 150,000 people. Poverty was higher in rural than in urban areas 69.5 per cent and 31.6 per cent respectively in 2015. Poverty disproportionately affects populations of young people and the elderly.

Marked by a youthful population of which 64 per cent are below 25 and 42 per cent below 15 years, Gambia's population is expected to double in the next twenty years. The rapid population growth rate is the combined result of high fertility, estimated at 5.6 children per woman in 2013, and declining mortality rates. The under-five mortality rate has declined from 89 deaths per 1,000 live births in 1999 to 63 deaths per 1,000 live births in 2013. The current high dependency burden and rapidly urbanizing population are creating new poverty and welfare challenges, including growing demands on access to reproductive care in both urban and rural localities and pressure on basic services in urban areas. Approximately 42 per cent of the population is below 15 years of age, 23.4 per cent are between 10 and 19 years and 21.4 per cent are between 15 and 24 years.

High fertility rates being experienced in the country could be attributed to the youthful age structure of the population and the low use of contraceptives among women of childbearing age. According to the 2013 Population and Housing Census conducted by The Gambia Bureau of Statistics (GBoS) 42% and 64% of the country's 1.9 million population are below the ages of 15 and 24 years respectively, with young people aged 15-24 years representing 22% of the population. Forty one percent (41%) of women aged 20-49 are married by age 18 according to 2013 Demographic and Health Survey (DHS)1 indicating a high rate of child marriage with risks of longer lifetime fertility and its consequences on socio-economic development. According to the DHS 2013, Total Fertility Rate (TFR) was 5.6, contraceptive prevalence Rate (CPR) of 9% and unmet need for Family Planning was 24.9%. The CPR is higher in urban areas 20

[43] Gambia Labour Force Survey (2018).
[44] Ibid

percent compared to rural areas with 13 percent and variations by local governments. The crude birth rate was 40.5 births per 1,000. However according to the latest data, the use of any contraceptive method has increased by 10 percentage points in the past 7 years; 9% of currently married women age 15-49 reported using a method in the 2013 GDHS, compared with 19% in the 2019-20 GDHS. The proportion of currently married women who use modern contraceptive methods increased to 17% from 8% in the same period. The percentage of women using injectables doubled from 4% in 2013 to 8% in 2019-20.

Maternal Mortality Rates (MMR) remain amongst the highest in the world estimated at 433/100,000 live births, with infant mortality estimated at 34/1,000 live births and under-five mortality at 54/1,000 live births[45] . Low contraceptive prevalence rate, access to skilled birth attendants, high fertility rate amongst adolescents are some of the contributing factors to high maternal mortality.

The national HIV prevalence rate is 1.9 per cent. The rate of infection is higher amongst male youths (0.5) compared to female youths (0.3) with regional disparities. HIV spreads mainly through heterosexual transmission. Stigma and discrimination are some of the contributing factors that deter people from seeking services, with only 3.8 per cent of males and 10.1 per cent of females aged 15-24 years, tested for HIV, having received their results in 2015.

The Gambia developed several poverty reduction and economic development strategies to address several of the challenges in the country. Its National Development Plan identifies the government's priority areas and outlines an action plan to meet its objectives. Among others, the Plan strongly emphasizes gender mainstreaming and empowerment of women and youth and commits the government to develop more inclusive policies.[46]

2.2 Sexual and Reproductive Health Situation including Family Planning

The Gambian Government's continued efforts to expand coverage and improve the quality of health services have yielded mixed results. The Total Fertility Rate had increased from 5.4[47] to 5.6 [48] and increased slightly to 5.9[49] . The MMR dropped from 730/100,000 live births in 2001 to 433/100,000 livebirths in 2013[50] declining to 289/100,000 live births (DHS2019/20). However, contraceptive use for modern methods has dropped from 13.3 per cent[51] to 9.0 per cent[52] . Overall, 24% of currently married women have an unmet need for family planning. Nineteen percent of currently married women have a met need for family planning and this has doubled since 2013 when 9% of women had a met need for family planning. The total demand for family planning among currently married women is 43%, and the

[45] Ibid
[46] Gambian Ministry of Finance and Economic Affairs, PROGRAMME for Accelerated Growth and Employment
[47] Population and Housing Census (2013)
[48] GDHS 2013
[49] Ibid
[50] Ibid
[51] Multiple Indicator Cluster Survey 2010
[52] Ibid

total demand satisfied is 44%, almost entirely by modern methods (40%)[53] ,[54]. UNFPA is the main source of support for the procurement of contraceptives and works in close collaboration with the Reproductive and Child Health Unit of the Ministry of Health and Social Welfare (MoH&SW) and Non- Governmental Organizations (NGOs) for the provision of reproductive health commodities and building competencies of the health personnel in the delivery of reproductive health services.

2.3 Adolescents and Youth Reproductive Health

The Gambia has a youthful population with the 2013 Population Census results indicating that 42.7 per cent and 64 per cent of the population are below the ages of 15 and 24 years respectively, with young people aged 15-24 years representing 21.4 per cent of the population.Young people bear a disproportionate share of unemployment: 25 per cent of young men and 40 per cent of young women in The Gambia are not in the education system, working, or in-work training. This results in young people seeking alternative means of livelihood including irregular migration or indecent jobs. Early Marriage hinders the potential of girls aged 15-19 (23.8 per cent), with 18 per cent giving birth. Access to SRH services also remains a challenge in The Gambia due to the limited availability of the services and socio-cultural barriers to the uptake of some of the services. This contributes to the phenomenon of teenage pregnancy with twice as many girls aged 15-19 getting pregnant in rural areas than girls in urban areas (24 per cent versus 12 per cent). Female genital Mutilation is a very common traditional practice in The Gambia; with 75 per cent of women and girls, aged 15-49 years underwent FGM[55].

The Government of The Gambia has made it a priority to develop and implement a National Development Plan, which recognizes youth as one of eight priority pillars. The plan clearly outlines the need for the country to harness the demographic dividend of a youthful population. The government has made efforts in addressing gender inequality including criminalizing female genital mutilation (FGM) in 2015, and banning child or early and forced marriage in 2016.

2.4 The Role of External Assistance

As in most developing countries, the Gambia has benefited from the inflow of development assistance from bilateral and multilateral development institutions. According to the World Bank data, the amount of development assistance and official aid received by the Gambia in 2018 was USD233 million[56], grants (USD 126m) and technical cooperation (USD 34m). The top ten donors to The Gambia are Australia, EU institutions, Germany, Spain, France, UK, Japan, Netherlands, Sweden and the USA, with a total donation of USD 94,870,000.

2.5 UN Development Assistance Framework

The current United Nations Development Assistance Framework (UNDAF) outlines the strategic direction and results expected from cooperation between the Government of the Republic of The Gambia (GoTG)

[53] Ibid
[54] Ibid
[55] GDHS 2013
[56] World Bank: https://data.worldbank.org/country/gambia. Current

and the UN Country Team (UNCT) for the period 2017-2021. This instrument serves as a collective response of the UN system to support the national development initiatives of the Government as per the Vision 2020 document, the Programme for Accelerated Growth and Employment (PAGE II) as well as the Sustainable Development Goals (SDGs) Agenda 2030.

UNDAF 2017-2021 is underpinned by the central objective of poverty reduction and inclusive growth, ensuring that no one is left behind. In line with these core programming principles of "leaving no one behind" and on "sustainable development and resilience"; the new UNDAF has incorporated sections responding to humanitarian challenges and has also emphasized resilience building for government institutions that provide basic services, as well as on communities emerging from crisis.

The UNDAF has aligned with national priorities and its formulation process benefited from a joint Common Country Assessment (CCA), drawing on lessons and experiences of the MDGs and Vision 2020, as well as the previous two UNDAFs. The GoTG and the UNCT with the participation of line ministries, regional governors, National Assembly members, non-governmental organizations (NGOs), and other development partners, including international financial institutions and bilateral donors, jointly led the development of the framework. UN non-resident agencies also contributed to the UNDAF. The Gambia government contributes financially to the implementation of development interventions as well as covers part of the implementing costs incurred by UN partners.

The UNDAF covering the period of 2017-2021 sets four priority areas. UNDAF outcomes are aligned with the national priorities and strategic areas of support for the United Nations. The 8th Country Programme Outcomes are aligned with the priorities established in the national development plan, Vision 2020 and the SDGs Agenda 2030. The total amount of resources planned to be mobilized for the implementation of the UNDAF 2017-2021 was USD 209.131 million[57].

[57] Details can be found in the UNDAF 2017-2021 document.

● CHAPTER 3 : UNFPA STRATEGIC RESPONSE AND PROGRAMME

This chapter describes the UNFPA Strategic intent laid out in its Strategic Plans for 2014-2017 and 2018-2021 and UNFPA intended contributions to the UNDAF. It also describes the design of the evaluated UNFPA 8th CP including its Theory of Change reconstructed by the evaluation team along with a brief overview of strategies, goals and achievements of the previous programme cycle.

3.1 UNFPA Strategic Response

The UNFPA strategic plan 2014-2017 placed sexual and reproductive health and reproductive rights at the centre of the UNFPA work. Strategic plan 2014-2017 established that UNFPA had to concentrate on achieving four outcomes. UNFPA strategic plan 2018-2020 maintained the relevance of UNFPA goal set for 2014-2017 and positioned it as an effective entry point for contributing to the 2030 Agenda. The current strategic plan outcomes were more explicit on human rights.

The UNFPA strategic plan 2018-2021 is aligned with the 2030 Agenda for Sustainable Development as well as the other global frameworks underpinning the 2030 Agenda, including the Sendai Framework for Disaster Risk Reduction 2015-2030 of the Third United Nations World Conference on Disaster Risk Reduction, the 2015 Paris Agreement on climate change and the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development. The Strategic Plan 2018-2021 highlights that UNFPA embraces the vision outlined in the 2030 Agenda. In the period, leading up to 2030, UNFPA will organize its work around three transformative and people-centred results: (a) an end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) an end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. It has adopted the key principles of the 2030 Agenda, including (a) the protection and promotion of human rights; (b) the prioritization of “leaving no one behind” and reaching the furthest behind first; (c) strengthening cooperation and complementarity among development, humanitarian action and sustaining peace; (d) reducing risks and vulnerabilities and building resilience; ensuring gender-responsive approaches at all levels of programming; and (f) a commitment to improving accountability, transparency and efficiency.

3.2 UNFPA Programming

The strategic plans provide a framework for UNFPA programming. UNFPA interventions are determined by local needs and conditions. Country Programmes are at the forefront of implementing strategic plans. They respond to country needs and priorities, and the achievement of the Sustainable Development Goals. Country Programmes have to be aligned with the outcomes and outputs of the strategic plans. UNFPA has to address the four outcomes of its strategic plan in an integrated manner and to be guided by country priorities, the United Nations Development Assistance Framework, the revised business model and UNFPA modes of engagement.

Globally, UNFPA Strategic Plan identified and defined three broad Programmatic areas: sexual and reproductive health and rights, gender equality and women’s empowerment, and population and development. The UNFPA Strategic intent is laid out in its Strategic Plans (SPs) for 2014-2017 and 2018-2021 and it is intended to contribute to a Country’s UNDAF.

The UNFPA Strategic Plan for the period of 2014-2017, colloquially known as the "bull's eye", (Figure 1 below) reaffirms "the achievement of universal access to sexual and reproductive health, the organization of reproductive rights and the reduction in maternal mortality" as the goal of UNFPA with women, adolescents and youth as the key, beneficiaries of UNFPA work globally. Previous UNFPA Country Programmes in the country have followed this strategic direction.

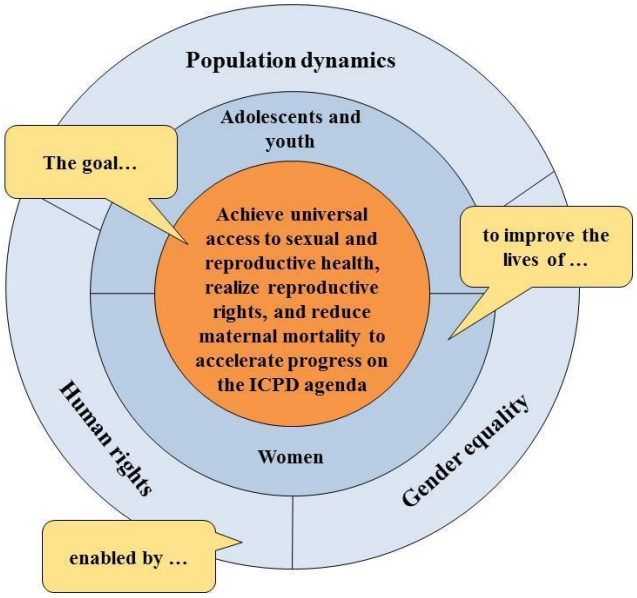


Figure 1: The bulls' eye – the goal of the UNFPA Strategic Plan 2014-2017

The current UNFPA SP 2018-2021 maintained the relevance of the goal set for 2014-2017 and positioned it as an effective entry point for the SDG 2030 Agenda. Thus, the SP 2018-2021 is aligned with the SDG 2030 Agenda as well as other international development frameworks underpinning the 2030 Agenda such as the Paris Agreement on Climate Change and the 2015 Addis Ababa Action Agenda of the 3rd International Conference on Financing for Development, among others.

3.3 UNFPA Previous Country Programme, Strategy, Goals and Achievements

UNFPA assistance to the Gambia began in 1972. The goal of the previous country programme, which covered the period 2007- 2011, was to contribute to an improved quality of life and standard of living for the population. The sixth country programme helped to: (a) strengthen the capacity of the Gambia Bureau of Statistics to conduct the 2013 population and housing census; (b) establish a national database for disseminating and archiving national indicators; (c) revise the national population policy, ensuring the incorporation of population issues into government policies and sectoral documents; and (d) institutionalize population and family life education in the formal and informal educational systems, resulting in a significant decline in teenage pregnancies in schools.

The seventh Country Programme 2013-2017 was based on the national priorities as reflected in Vision 2020, the national development plan, and the second poverty reduction and growth strategy. It contributed to addressing the priority areas of poverty reduction and social protection, basic social

services, governance, human rights and the environment. The programme focused on three components: reproductive health and rights, population and development, and gender equality, with a crosscutting issue of youth. The programme supported marginalized and vulnerable groups countrywide, especially the poorest women, youth and adolescents, living in hard-to-reach rural areas.

3.4 The Current 8th Country Programme

The 8th Country Programme 2017-2021, aims to support national efforts to capture a demographic dividend through high impact investments in sexual and reproductive health and the elimination of gender-based violence that hinder the potential of adolescents and youth, especially girls, to contribute to poverty reduction. Aligned with the national development plan, 2017-2021, the United Nations Development Assistance Framework, 2017-2021, and the Sahel regional response plan, – all guided by the Sustainable Development Goals – the Programme targeted highly vulnerable women and youth in the Lower River, North Bank, Central, and Upper River regions of The Gambia.

The 8th CP has two principal outcomes and five outputs aligned with the outcomes of the UNFPA Strategic Plan 2018-2021, the Vision 2020 and UNDAF 2017-2021. The CP identified 26 strategies that shall facilitate the achievement of the outputs. The implementation of the 8th CP was operationalized through five projects implemented jointly with national implementing partners.(Table 5).The National Population Commission Secretariat is charged with the responsibility of coordinating all the CP interventions. This body together with the Ministries of Health and Youth oversaw CP delivery with NEX, by competitively chosing partners as the preferred IPs. Implementing partners assume responsibility for implementing programme activities specified in the AWPs. Each IP puts in place mechanisms to monitor and report on the results of activities.

Table 5: Strategies selected to achieve The Gambia 8th Country Programme Outputs

8th Country Programme Output	Selected Strategies
Outcome I: Sexual and Reproductive Health	
Output 1: The increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives, and offer improved quality family planning services that are free of coercion, discrimination and violence.	(a) support the development and dissemination of tools and guidelines on integrated sexual and reproductive health, HIV, family planning, maternal health, midwifery and fistula for Programme planning and service e delivery; (b) formulate a revised national family planning policy; (c) strengthen family planning services and reproductive health commodity security through demand generation and systems strengthening at regional and community level; (d) upgrade youth centre service quality to meet World Health Organization guidelines for adolescent sexual and reproductive health, including HIV; (e) training of service providers on adolescent sexual and reproductive health; and (f) Strengthening national capacity to develop emergency preparedness plans, including the supply and provision of emergency reproductive health kits in humanitarian settings.
Output 2: Strengthened national capacity to deliver high-quality basic and comprehensive maternal health and emergency services.	(a) strengthen the national midwifery programme, including midwifery schools, to improve the continuum of care for maternal and new-borns; (b) strengthen the capacity of service providers to provide high-quality maternal health care; (c) institutionalize maternal death audits and reviews in all hospitals and secondary level health facilities; (d) reinforce sexual and reproductive health programme planning and services; (e) support the national statistics system to generate evidence on health issues through in-depth analysis of survey and census data;

	(f) build government capacity to use sex and age disaggregated data for planning and decision-making; and (g) Strengthen national capacity in fistula programming.
Outcome 2: Adolescents and Youth	
Output 3: Increased national capacity to conduct evidence-based advocacy and capacity building interventions to incorporate adolescents and youth sexual and reproductive health needs in national laws, policies and programmes.	(a) conduct population research and analyses to identify best options for harnessing the power of youth for a demographic dividend; (b) operationalize the national strategy for the development of statistics to ensure the provision of timely and accurate data; and (c) Partner with other stakeholders for integrated programming, including services and education to build youth resilience against the threat of radicalization.
Output 4: Increased national capacity to design and implement community and school-based sexuality education programmes that promote human rights and gender equality.	(a) review and update community and school-based sexuality education curricula in schools to meet international standards; (b) developing pre and in-service training of teachers on revised community and school-based sexuality education curriculum; (c) support and monitor an adolescent sexual and reproductive health peer education programme for in and out-of-school youth; (d) monitor uptake of sexual and reproductive health services at regional adolescent youth-friendly centres; and (e) Support youth networks that promote sexual and reproductive health and rights.
Output 3: Increased national capacity to design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of female genital mutilation, child marriage and gender-based violence	(a) strengthen the capacity of the Women's Bureau to coordinate gender-related programmes; (b) formulate a social behavioural change communication strategy regarding gender-based violence issues;

	(c) promote human rights, gender equality, women's and girls' empowerment, and gender-based violence prevention and response through programmes such as the joint UNFPA and UNICEF female genital mutilation programme and integrated community sexual and reproductive health programmes; (d) support policy makers and law enforcement agents to apply policies and laws on gender-based violence; and (e) Advocate for the implementation of existing laws against gender-based violence and the institutionalization of policies and programmes that engage with men and boys.

3.5 Theory of Change/Logic Models

Problem Statement: Despite past country programmes and government interventions, women, adolescents and youth continue to experience negative SRH outcomes leading to morbidity and high mortality while also experiencing an increase in the risk of gender-based violence and other harmful traditional practices.

Assumptions and Risks: Assumptions for the intervention are generic. These include the Government of The Gambia continues to provide funding for the procurement of medicines in the Essential Drugs list of the country, political stability, donor community positively responds to Government resource mobilization efforts for the funding of the NDP (2018-2021); legislation banning FGM and child marriage serves as a deterrent to the practices and no humanitarian emergency etc.

While the risks are broader structural, cultural, contextual barriers relating to sexual and reproductive health, and adolescents and youth development. The 26 inputs are in tandem with UNFPA general intervention strategies as articulated in the Strategic Plan 2014-2017. The modes of engagement include advocacy and policy, service delivery, capacity development and knowledge management. There are five outputs: two outputs for Outcome 1 and three outputs for outcome 2. The Outcomes expressed in this reconstructed Theory of Change articulate access to quality services for all women living in the Gambia, adolescents and youth, empowerment and risk reduction. The impact has to focus on the national priorities and UNDAF outcomes leading to the achievement of the SDG Agenda 2030.

As shown in Figures 2 and 3 below, the simplified logic models illustrate how planned activities in two focus areas are to achieve outputs that, in turn, will accomplish five major UNFPA SP Outcomes and contribute to the achievement of the UNDAF (2017-2021) outcomes and SDG Agenda 2030.

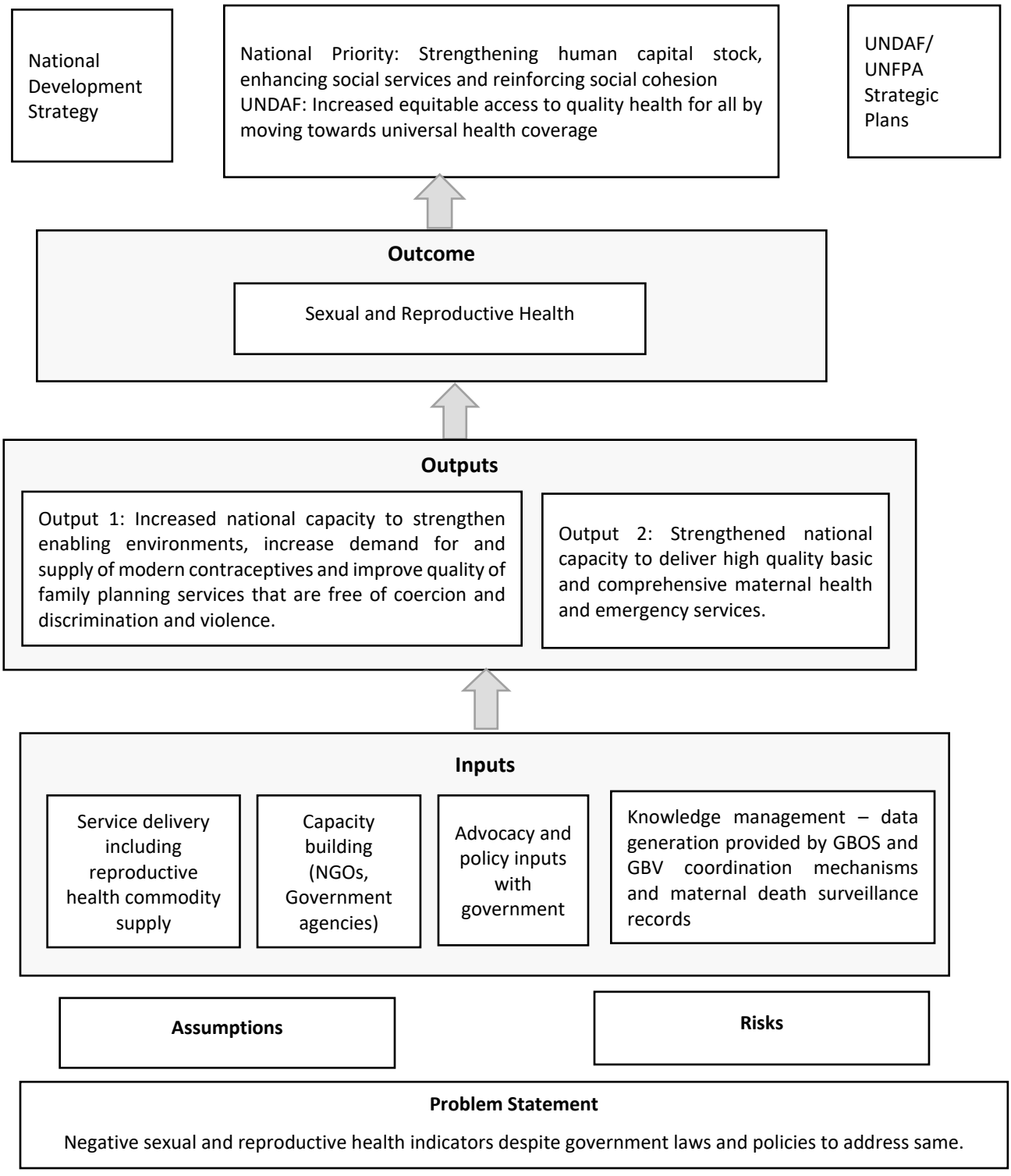


Figure 2: Logic Framework for SRH/FP Component of the 8th UNFPA Country Programme, The Gambia

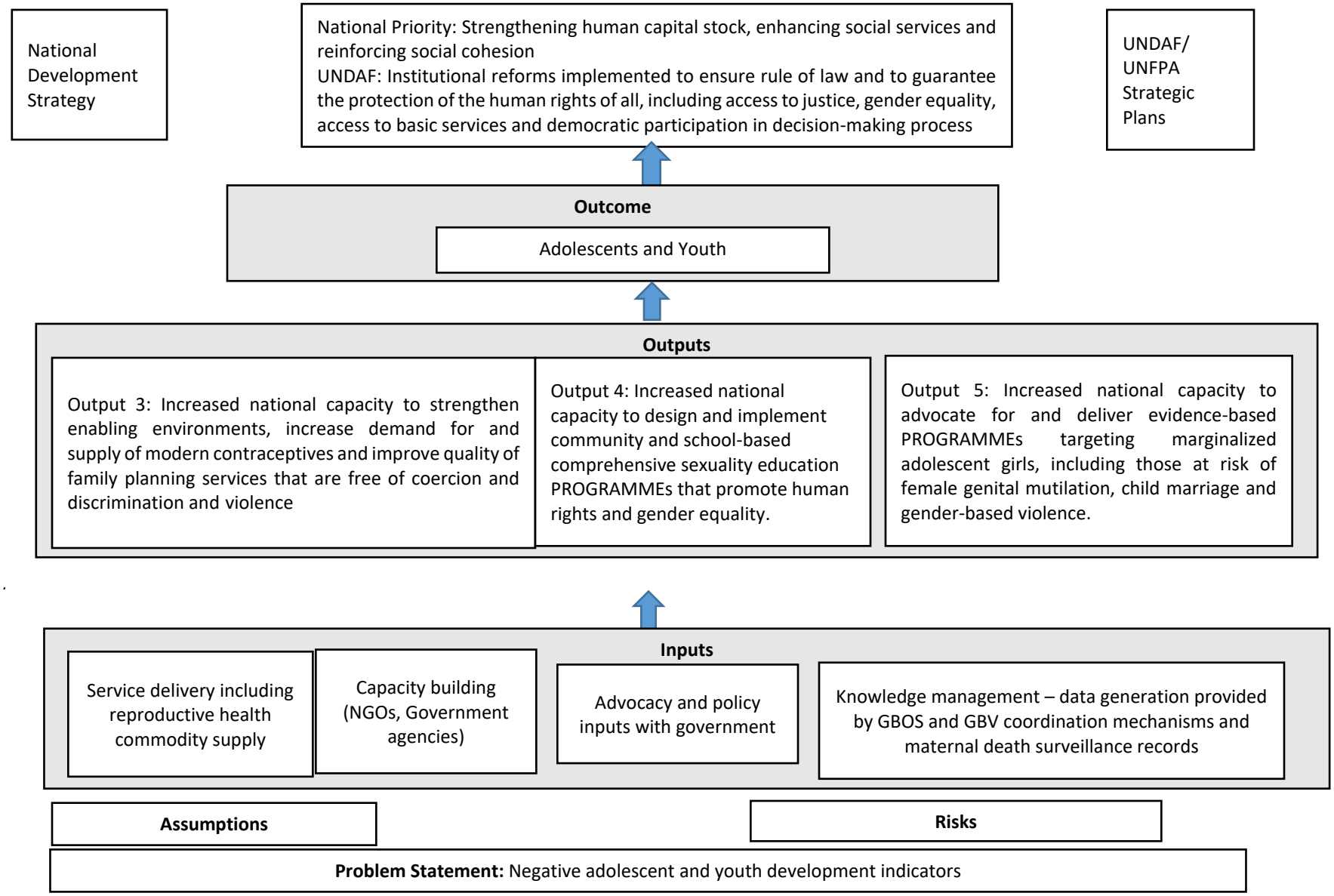


Figure 3: Logic Framework for Adolescent and Youth Development Component in the 8th UNFPA Country Programme, The Gambia.

3.6 The 8th Country Programmes Financial Structure

Table 6: Indicative Assistance by core programme area (Millions $)

Strategic Plan Outcome Components	**Regular resources**	**Other**	**Total**
Sexual and Reproductive health and rights	2.5 m	4.0 m	6.5 m
Adolescents and Youth	1.7 m	7.3 m	9.0 m
PROGRAMME coordination and assistance	0.6 m	0.0 m	0.6 m
Total	4.8 m	11.3 m	16.1 m

The total budget for the UNFPA 8th CP of Support to the Gambia was USD 16.1 million. The amount of USD 4.8 m was raised from UNFPA core resources while the balance of USD 11.3 million was mobilized through co-financing modalities. The CO was able to mobilise additional resources to the tune of USD 3,406,557 in the course of the implementation of the current programme interventions. The CO ceiling for the period 2017-2021 is presented (Tables 6 and 7). The sexual and reproductive health and rights programme area has an allocation of USD6.5m while the largest allocation went to the adolescents and youth component of USD9.0m and programme management and coordination and assistance (USD 0.6 million).

Table 7: Country Office Ceiling (Core and non-Course) Resources 2017-2021

Year	Core Funds	Non-Core Funds	Total
2017	847,000	714,099	1,561,099
2018	874,000	397,571	1,271,571
2019	889,395	2,329,438	3,218,833
2020	1,035,249	1,863,836	2,899,085
2021	889,394	1,838,410	2,727,804
Total	2,799,491	7,143,54	11,678,392

Figure 4 below the overall actual allocations of expenditure for different outputs in the cycle are FP/RHCS (27.1%), Youth (26.7%), gender (15.4%), CSE (8.3%) and 4.3% for project coordination. Figure 5 also shows that four outputs are expended at 90% and above. These are CSE ouput (99.5%), PCA (99.3%), FP/RHCS (93.5%) and gender (93.5%), while SRH and Youth output have the least implementation rates.

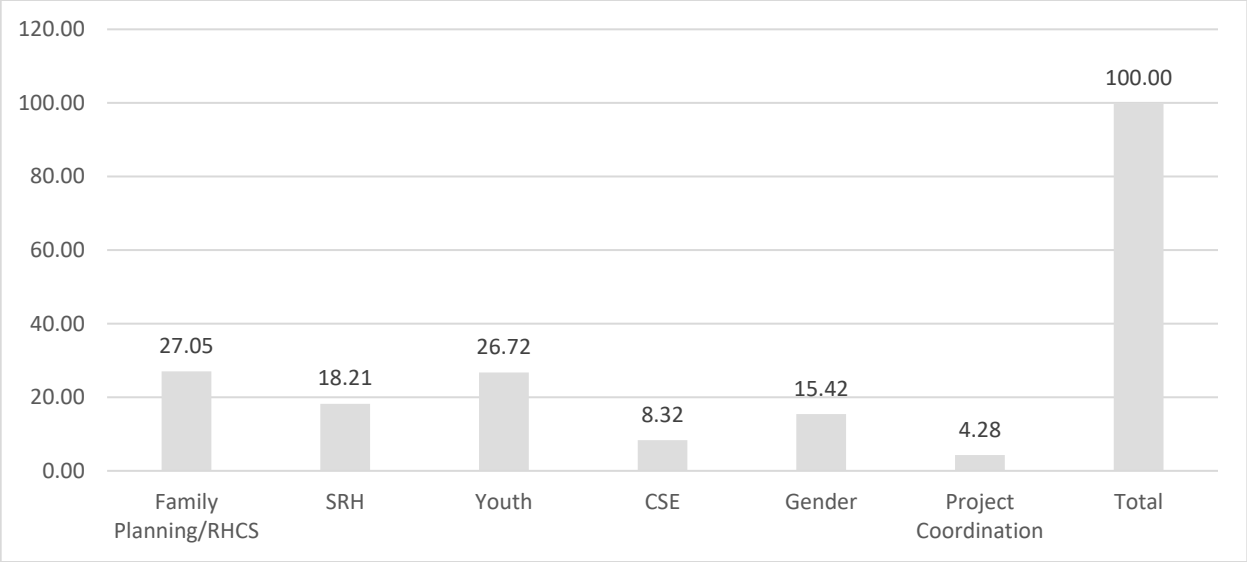


Figure 4: Percentage of total expenditure by Programme areas for 2017-2020

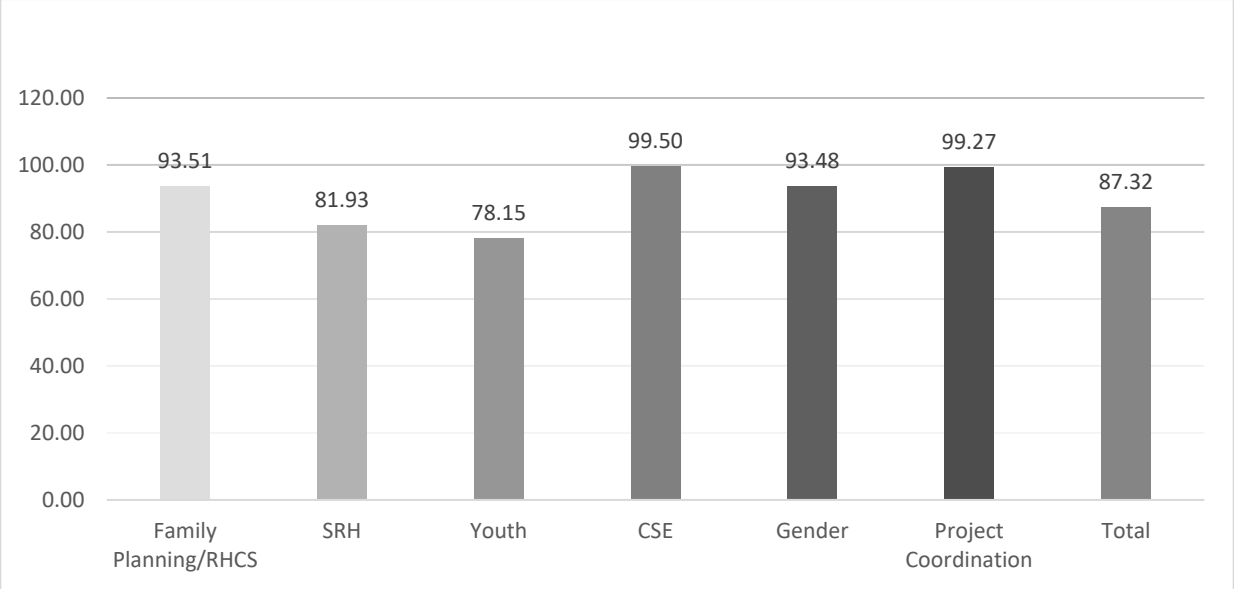


Figure 5: CP Resources Utilization by Output Implementation Rate

● CHAPTER 4 : FINDINGS

This chapter presents the findings of the evaluation for each of the six evaluation questions. There are two components, answering the evaluation questions at the strategic and Programmatic levels. CPE Component 1 analyses the two CP thematic areas against the evaluation criteria of relevance, effectiveness, efficiency and sustainability. Component 2 analyses the strategic positioning of UNFPA CO using criteria: *coordination* with the UNCT. Under each criterion, the findings are presented for the two (component areas of sexual and reproductive health , and adolescent and youth development

4.1 Relevance

Evaluation Question 1: To what extent was the eighth country programme aligned to the national and international development priorities and able to adapt to the emerging needs of diverse populations in general and in particular those of marginalized and vulnerable groups?

4.1.1 Sexual and Reproductive Health including Family Planning

Summary:

The 8th Country Programme activities in The Gambia are well aligned with the outcomes set in the country's National Development Plan, national policies and strategies such as the National Reproductive, Maternal, New Born, Child and Adolescent Health Policy (2017-2026), the National Health Policy (2012-2020), the National Gender Policy (2010-2020), the National Youth Policy (2009-2018), National Health Strategic Plan (2014-2020), National Population Policy (2007-2017 and the National Development Plan (2018-2021). The 8th CP is also aligned with UNFPA Strategic Plans of 2014-2017 and 2018-2021, ICPD PoA and Sustainable Development Goals 2030 Agenda. All these national and international frameworks contain clauses to promote and safeguard the sexual and reproductive health of all individuals in the Gambia. 8th CP interventions are adapted to the needs of the diverse population groups in the country, especially the marginalized and vulnerable populations.

Document reviews and stakeholders interviews showed that the 8th CP is also consistent with the national development strategies and policies, e. g. the National Development Plan, 2018-2021, National Health Strategic Plan, 2014-2020, Costed Implementation Plan for FP in the Gambia, 2019-2022, RMNCAH Strategic Plan, 2017-2021 and the National Family Planning Policy 2019-2026. The 8th CP is in line with international development agendas such as ICPD PoA, the Addis Ababa Declaration on Population and Development in Africa (AADPD) beyond 2014, the UNFPA Strategic Plan (2014-2017) and 2018-2021, the UNDAF (2017-2021) and the SDGs. Crosscutting issues of gender and human rights-based approaches were taken into account in the 8th CP design. In order to facilitate responsiveness of interventions for SRH-specific health indicators, alignment within local contexts and strategic priorities were taken into account. There were changes in the national needs because of the COVID-19 pandemic. Most of the activities were reprogrammed in response to COVID-19 restrictions.

The interviews conducted with the relevant stakeholders for the SRH/FP component and a review of programme documents (CPD 2017-2021, COAR 2017-2020, UN Common Country Assessment, 2020 and

the UNFPA Strategic Plan, 2014-2017) consistently show that UNFPA programmes are adapted to the needs of the marginalized and vulnerable groups such as women, children, adolescents, youth, the disabled and other populations. A Programme analyst opined that the interventions covered the needs of persons with disabilityq to access health facilities. *(KII, CO Programme analyst).*

According to the CPD 2017-2021, the SRH/FP issues in the 8th CP were identified based on the then recently conducted surveys and routinely collected data, such as the MICS 2010 and the DHS 2013. As part of the programming process, series of consultations were held with UNFPA, government, UN organizations, national stakeholders and other development partners, including the NGOs and civil society, to discuss and agree on the strategies and objectives of the 8th CP. Nationally validated baseline data[58] on SRH/FP were used for the development of the 8th CP Programme interventions.

4.1.2 Adolescents and Youth Development

Summary:

The 8th Country Programme activities in adolescents and youth component are well aligned with the outcomes set in the country's National Development Plan (2018-2021), such national policies as National Youth Policy (2009-2018), National Reproductive, Maternal, New Born, Child and Adolescent Health Policy (2017-2026), the National Health Policy (2012-2020), and National Health Strategic Plan (2014-2020.The 8th CP is also aligned with UNFPA Strategic Plans of 2014-2017 and 2018-2021, ICPD Programme of Action and Sustainable Development Goals 2030 Agenda. All these national and international frameworks contain clauses to promote and safeguard the sexual and reproductive health of adolescents and youths in the Gambia. The interventions are adapted to the needs of the adolescents and youth population groups in the country, especially the marginalized and vulnerable ones including persons with disability.

The Adolescent and Youth component was aligned to the following policies: National Youth Policy 2019-2028, Adolescent and Youth Health strategy (2016-2020), WHO Global Accelerated Action for the Health of Adolescents (2017), Gambia National Gender Policy (2010-2020), Gender and Women Empowerment Policy (2010-2020), Education Sector Policy (2016-2030). A stable and vibrant youth is a valuable asset because of their current and future contributions to national growth. To that end, existing youth policy focuses on youth investments for national growth, job creation for out-of-school youth, and empowering youth to work across cultural divides. The Gambia has a youthful population with 38.5 per cent between the ages 15 and 35, the official age bracket for youth. More significantly, the 2013 Census results indicated that 42.6 per cent and 64.1 per cent of the population are below the ages of 15 and 25 years respectively, with young people aged 15-24 years representing 21.4 per cent of the population. This shows a high level of societal dependence, which has serious consequences for development programming, including social security. In general, young people face significant obstacles in their search to become active and motivated citizens. One of the most important obstacles is a lack of expertise, information, and strategic education, which makes them less competitive at the national and international levels.[59]

[58] DHS 2013

[59] The Gambia NDP 2018-2021

The AY component was relevant to the needs of the adolescents and youth. The IPs interviewed during confirmed that the objectives and plans of the country programme were discussed before the commencement of the implementation. The targeted groups were the youths mainly the in-school and out-of-school, unemployed and school dropouts. Different implementing partners working in the area of adolescents and youth, including CO Programme associates wholly agreed that "*The need to consider AYD was because the government saw it as a top priority as at 2017. As the youth policy was revised in 2016, it was necessary to request funds from UNFPA to address the issues"* (IDI with Adolescent-based IPs). A youth-linked IP said, "the *UNFPA 8th CP contributed immensely in enhancing that SRH and AYD information circulated throughout the whole country. "We have new groups of teachers called the itinerant teachers who are responsible for specifically doing the sensitization activities in schools especially to persons with disability. Each region has a member of the itinerant teachers.During the COVID, some funds for other projects were diverted to COVID related activities"* (In-depth Interviews with Youth-linked IPs).

4.2 Effectiveness

Evaluation Question: 2. To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme. In particular: i) increased availability and use of integrated sexual and reproductive health services; ii) advanced gender equality, empowerment of women and girls and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth; and iv) strengthened national policies and international development agendas through the integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive rights, HIV and gender equality?

3. To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme.

Summary:

The SRH component of the 8th CP in the Gambia has achieved over 70% of the outputs and outcomes. There is an increase in availability and use of integrated sexual and reproductive services, as more health facilities are established and strengthenening of BeMONC and CeMONC services. The interventions yielded a strengthened capacity of health facilities to facilitate the provision of BeMONC and CeMONC from 4 in 2017 to 14 in 2020; strengthened the capacity of health facility staff as over 300 were trained in EMONC and family planning services during the period. Effectiveness is further shown in the provision of equipment and supplies and labour training resulting in an upsurge of health facility deliveries from 49,225 in 2017 to 63,022 in 2020. There is provision of family planning commodities and maternal life-saving medicines. Addressing gender equality and the empowerment of women (GEEW) is immersed in 8th CP engagement. Gender is mainstreamed across the two thematic areas in several modes of engagement as part of a human rights approach that underlies all programming. The focus on disability is less well developed but has increased during the CP with the intention to strengthen this focus in coming years. There is evidence of generation and use of data for CP programming.

4.2.1 Sexual and Reproductive Health

The SRH Component consists of Family Planning and Maternal Health and HIV interventions. The interventions contribute to increased availability and use of integrated sexual and reproductive health

services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality care and equity in access. Two outputs contribute to Outcome 1. Output 1: Increased national capacity to strengthen enabling environments, increase demand for, supply of modern contraceptives, and improve quality family planning services that are free of coercion, discrimination and violence. Output 2: Strengthened national capacity to deliver high quality basic and comprehensive maternal health and emergency services.

Output 1 focused on ensuring adequate stock of reproductive health, especially FP, commodities at health facilities and increased uptake of SRH (FP) services. As such, major investments were in increased government financial support for SRH, especially FP; and strengthening human resources for health to increase the coverage of service delivery points that are capable of providing quality FP services. This included providing technical and financial support towards the training of health workers at health facilities and the community, as well as advocating for a policy of task shifting in the area of SRH. Other investment includes technical capacity provided to develop the FP CIP, which has enhanced fundraising using the gap analysis. The CIP laid out the government's proposed strategies to increase access to FP, reduce unmet need and increase the modern CPR. This has increased the availability of commodities in rural and hard-to-reach areas. UNFPA invested in demand-creation for FP services, e.g. with community-based distributors (CBD) and the YAM (Youth Action Movement)[60].

UNFPA supported both national and local governments by building the capacity of health workers at all levels, through training and strengthening coordination and support supervision. Furthermore, UNFPA provided equipment and other support infrastructure required for emergency obstetric care, post-abortion care and obstetric fistula management. Five out of seven (71.4%) output indicators[61] were achieved in 2020 and have contributed to Outcome 1 results in the SRH Component. The CPR has more than doubled from 9%[62] to 18.9%[63], the percentage of deliveries by skilled birth attendants increased from 62%[64] to 83.8%[65] and the number of secondary health facilities providing CEmONC increased from 7 in 2017 to 10 in 2020[66]

One facilitating factor for the realization of the SRH results is the increased demand for and supply of modern contraceptives and improve quality of family planning services. The CPR has increased from 9% in 2017[67] to 18.9% in 2019/2020[68] . Another facilitating factor for the SRH results is the high quality basic and comprehensive maternal health and emergency services.The number of secondary health facilities

[60] National FP CIP, 2019-2022
[61] Summary of the 8th UNFPA Gambia CP Performance, 2017-2021
[62] DHS 2013
[63] DHS 2019/2020
[64] DHS 2013
[65] DHS 2019/2020
[66] Summary of the 8th UNFPA Gambia CP Performance, 2017-2020
[67] DHS 2013
[68] DHS 2019/2020

providing CEmONC services increased from 7 in 2017 to 10 in 2020; surpassing the target 9 for 2021. Deliveries attended by skilled birth attendants increased from 62% in 2017 to 83.8% in 2020. The achieved Output 2, indicators relate to the number of secondary public health facilities, supported by the programme that provides BEmONC services, which increased from 4 in 2017 to 17 in 2020; surpassing the target 14 for 2021.

Increased access and use of integrated sexual and reproductive health services

The evaluation findings from the 8th CPE showed that there is increased access and use of integrated sexual and reproductive health services. For example, deliveries by skilled birth attendants increased from a baseline of 62%[69] to 83.8% in 2020[70]. The CPR has more than doubled from 9%[71] to 18.9% in 2020[72]. In addition, the number of health facilities providing CEmONC services increased from 7 in 2017 to 10 in 2020, exceeding the target for 2021[73]. The use of women economic empowerment (Kabilo Baama) as an entry point to SRH information and services and male involvement in SRH has resulted in 256 deliveries in the Kaiaf Health Facility in the Lower River Region[74]. The training of 125 CBDs on FP technology also contributed to the increase in FP services and acceptors[75]. Document reviews and stakeholders interviewed showed that there has been a *significant increase in contraceptive uptake. There has been an increase in modern methods. New methods of contraceptives have been introduced. We used to use IUCD. But now we have introduced the Jadelle, Implanon and Noristerat. All these new methods of contraception that have been in place and are now running". (IDI with IPs and KII with CO, Documents review).*

Emergency Obstetric and Neonatal Care

Seventeen (17) health facilities have trained staff and the required facilities to provide BEmONC . This is due mainly to the huge investments of UNFPA in material, equipment and training of staff to enhance their skills. During the fieldwork, the Evaluation Team (ET) was shown materials and equipment for BEmONC in many UNFPA-supported health facilities including Bansang hospital, CRR and Basse district hospital, URR. However, Kuntaur Major Health Centre was refurbished and materials and equipment upgraded but there is no medical doctor to provide the services needed. The doctor left in early 2017 and since then the services stopped. Without ambulance, referrals requiring BEmONC services are made to Farafenni or Bansang hospitals. The ET visited the theatre and saw only long benches, cupboards and assorted surgical instruments on a long table in the middle of the theatre room. A resident nurse, out of frustration remarked: *"UNFPA provided all these equipment and material, but this theatre is a white elephant".*

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

[69] DHS, 2013
[70] DHS. 2019/2020
[71] DHS, 2013
[72] DHS; 2019/2020
[73] Eighth UNFPA Gambia CP Performance, 2017-2021
[74] COAR, 2018
[75] COAR, 2018

Under the SRH component, the GFPA implemented such activities as HIV/AIDS testing and counselling, STIs treatment, access to FP services and offered life skills to empower young people. These activities were implemented through the GFPA's two youth centres, NewFoy, Bundung, KMC and Bwiam in WCR. The activities were aimed at increasing young people's uptake of SRH services and information, particularly, on VCT and HIV/AIDS prevention[76].

Recreational materials were provided to enable youth volunteers to organize advocacy activities such as talks, lectures, competitions and meetings on FP, HIV/AIDS, STI prevention and the benefits of condom use, including emergency contraception[77]. In 2018, 5,478 young people[78] visited NewFoy, Bundung, KMC and Bwiam, WCR to participate in these activities. Beneficiaries noted, "U*NFPA is providing funds to keep the services going. VCT services are provided to young people in the community. There is a clinic where young people come for their SRH issues. Counselling is provided to young people to make informed choices. FP and contraceptive services are offered to young people. Information on SRH is offered because if you are empowered with information on SRH, you are empowered for life.For life skills, young people are trained on basic computing to first-time users"*,

Youth fora have recently been introduced to provide platform for youths to discuss common issues. An IP noted, *"Annual youth fora were introduced for young people from the different regions to meet and discuss their problems and how to address these problems.Two youth fora have been undertaken in the current CP and the resolutions emanating from the fora were shared with government through the National Population Commission Secretariat (NPCS), the coordinating institution of all population activities in the country"*. It is noteworthy that the interventions described above were only in the two GFPA youth centres. The original plan of six centres to provide youth-friendly SRH services, including HIV, is unlikely to be achieved by 2021. Only two centres out of six (33.3%) are functional and providing services[79].

Advancement of gender equality and the empowerment of all women and girls

Gender equality and the empowerment of all women and girls is both a key Programmatic area and a crosscutting issue[80]. UNFPA's work is also consistent with SDG 5[81].Several stakeholders interviewed confirmed that the 8th CP emphasized gender equality and human rights."*We focus on SDG 5"* with its focus on gender equality and empowerment of women.

The 8th CP was approached from the angle of gender equality and rights programming. The CP adopted the key principles of the 2030 Agenda[82] to integrate the gender dimension and human rights-based approach in the implementation and monitoring of the 8th CP and all its work with partners and communities. (Document reviews, KII with CO staff). Document reviews and stakeholders interviews

[76] GFPA AWP 2017-2020
[77] GFPA AWP 2017-2020
[78] COAR, 2018
[79] COAR, 2018
[80] UNFPA Strategic Plan, 2014-2017
[81] UN Agenda 2030
[82] UN Agenda 2030

revealed that UNFPA CO also contributed to the elimination of all forms of GBV/discrimination of women and girls. For example, the elimination of violence against women and girls programme provided an entry point for the provision of SRH, GBV, harmful practices (FGM and child marriage) and HIV services. UNFPA and other UN agencies in partnership with Government unequivocally put gender equality and the human rights-based approach at the core of SRH, GBV and harmful practices[83].

Increased use of Population Data in the Development of Evidence-Based National Development Plans, Policies and Programmes

UNFPA and partners made use of population data in the development of evidence-based national development plans, policies and Programme during the cycle. The nationally validated 2013 DHS and 2016 Integrated Household Survey (IHS) were used for the planning, design and programming of the 8th CP. Population data were used to determine the regional coverage in terms of persons per household size, the IHS was used to identify the poorest regions and the DHS was used for the design and programming of the SRH/HIV and FP interventions. In line with the UNFPA's principle of gender equality, disaggregated data were used to enable the identification of the specific needs of women and adolescent girls and boys. Similarly, the same data sources were used in the development of policies and plans such as the National Family Planning Policy 2019-2026, RMNCAH Strategic Plan, 2017-2021, National Health Strategic Plan, 2014-2020 and the Costed Implementation Plan for FP in the Gambia, 2019-2022.(Documents Review, IDI with GBoS and KII with CO).

Developed National Family Planning Policy, Costed Implementation Plan and Communication Strategy

This provides the enabling policy environment, financial costs and communication strategy, required for the implementation of the 8th CP in its entirety as anchored on the SRH/HIV component. The Gambia has one of the highest maternal mortality rates in sub-Saharan Africa – 289 per 100,000[84]. In a bid to reduce the high maternal mortality rate, the government has identified family planning as a key strategy articulated in the National Health Strategic Plan, 2014-2020 and the National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy, 2017-2021 for achieving this goal. In 2018, UNFPA supported the Ministry of Health to formulate and develop a National Family Planning Policy; including, for the first time, a Costed Implementation Plan (CIP) and a Communication Strategy.

There was tangible evidence in 2018 of the production, validation and existence of the Family Policy and the CIP and Communication Strategy[85]. The intervention is a facilitating factor and immensely contributed to the SRH/HIV outcome and outputs. For example, the CPR increased from 9% [86] to 18.9%[87] and the percentage of deliveries by skilled birth attendants increased from 62%[88] to 83.8%[89] largely as a result of the availability and accessibility of FP supplies, training of staff, implementation of the Kabilo Bamaa

[83] CCA, 2016
[84] DHS 2019/2020
[85] COAR, 2018
[86] DHS; 2013
[87] DHS, 2019/2020
[88] DHS, 2013
[89] DHS, 2019/2020

initiative (male involvement in FP and SRH issues), expanded and improved CBD Programme and an increase in the number of new FP acceptors; including the increase in the number of secondary health facilities providing CEmONC from 7 in 2017 to 10 in 2020[90].

Procurement of Family Planning Commodities and Maternal Life Medicines

Document reviews, interviews with implementation partners and national stakeholders and CO Programme analysts indicated that UNFPA is the sole funder of Family Planning commodities in the Gambia, and continues to support the procurement of Maternal Lifesaving medicines. However due to dwindling UNFPA funds, the government created an annual budget line and contributed $150,252 in 2019 and $215,000 by 2020 for the procurement of FP commodities and services; including training of service providers, equipment, consumables and monitoring and evaluation[91]. Both family planning and maternal lifesaving medicines contribute significantly to the reduction of maternal deaths. Through this intervention, the percentage of national health facilities with no stock-out of modern contraceptives in the last three months increased from 75% in 2017 to 97.8% in 2020[92]. The increased availability and accessibility of modern contraceptives also contribute to outcome 1 (particularly, the CPR; and outputs 1 & 2). However, there are inhibiting factors such as the inadequate budgetary allocation and lack of qualified human resources[93], the high-unmet need of FP among currently married women, 24%; and 45% among sexually active unmarried women[94], and the CPR, 18.9%[95], one of the lowest in sub-Saharan Africa.

Supply Component

The planned FP target – 100% of national health facilities with no stock-out of modern contraceptives in the last three months, has almost been met. At the start of the 8th CP, 75% of national health facilities had no stock-out of modern contraceptives in the last three months; compared to 97.8% by 2020. Given the achievement in 2020, the target of 100% would be met in 2021. The UNFPA has made huge investments in both the supply and demand components of FP commodities in this country. The following testimonies below attest to this: *"In the country costed plan, the government has committed to contribute to the purchase of contraceptives. This is handled at the government Central Medical Store (CMS). I do not know much about the government's commitment as I do not have access to the documentation. However, the evidence suggests that the UNFPA purchases about 90% of the contraceptives in this country. It could be even 100% by other estimates",* said an IP at the national level.

Figure 6 below, shows the amount of FP commodities procured[96] in US dollars from 2017-2020. From 2017 to 2019, procurement increased by 81.8%. However, there was a precipitous drop of 31% from 2019 to 2020. One of the reasons for the significant drop in procurement in 2020 can be attributed to the

[90] COAR, 2019
[91] CIP for the Gambia, 2019-2022
[92] Reproductive Health Commodities Services Report, 2020
[93] CIP for the Gambia, 2019-2022
[94] DHS, 2019/2020
[95] DHS, 2019/2020
[96] UNFPA Procurement Planning Tool, 2020

COVID-19 pandemic when CP needs changed and funds were reprogrammed for COVID-19 response. Overall, a total of USD 2,900,894.70 was spent on FP commodities from 2017-2020.

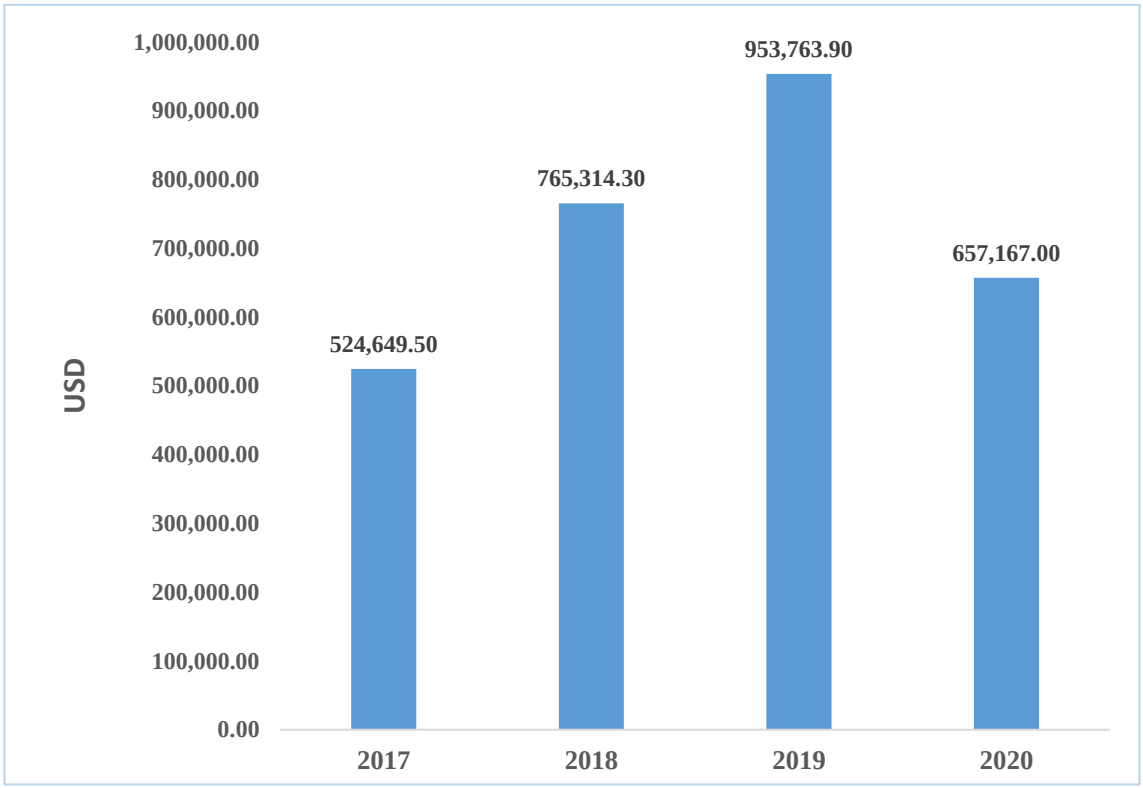


Figure 6: Family Planning Commodities Procured in USD, 2017-2020, The Gambia[97]

However, the limited financial resources have been identified as the major challenge with regards to the procurement of drugs and related issues.*"The allocated budget for drugs is grossly inadequate. Government contribution fluctuates year in year out due to exchange rate problems related to the dalasi. This makes any increment from Government insignificant. …..we are spending far less than the WHO recommendation of $5.00 per person per year."* (KII with CO).

Demand Component

With the UNFPA's huge investments to ensure adequate FP supply of commodities, human resource capacity, a functional supply chain system, major refurbishment of health facilities, provision of A/Cs and related equipment and material, the conditions for the demand of FP and contraceptives are generated. Research has shown that sustained high levels or increased levels of FP uptake are often realized through interventions for demand generation[98]. In fact, the demand for FP among currently married women increased from 34% in 2013 to 43% in 2019/2020 and 40% of the total demand is satisfied by modern methods.UNFPA Supplies supported the establishment of a Community-Based Family Planning

[97] Source: UNFPA Procurement Planning Tool,2020

[98] Independent Thematic Evaluation: UNFPA Support to Family Planning, 2008-2013

Programme in The Gambia and has since expanded and strengthened the CBD programme to bring services closer to over 150 underserved and hard to reach and deprived communities[99]. [100]:
Overall, contraceptive use has more than doubled from 2013 to 2019-2020. This can be primarily attributed to the increased use of modern methods from 8% in 2013 to 17% in 2019-20. UNFPA Supplies solely provides contraceptives. Out of 146 facilities, 64.4% of the facilities offer at least five modern contraceptive methods compared to 98.5% that offer at least three modern contraceptive methods. Out of 13,048 revisits registered, 79% was under the CBD programme.

From 2017 to 2019, there was a staggering rise of 35.4% in new family planning acceptors[101]; then it plummeted to 40.4% from 2019 to 2020. This steep decline, was solely due to the COVID-19 pandemic, because of misconceptions, fear among other things, the number of uptakes reduced significantly.

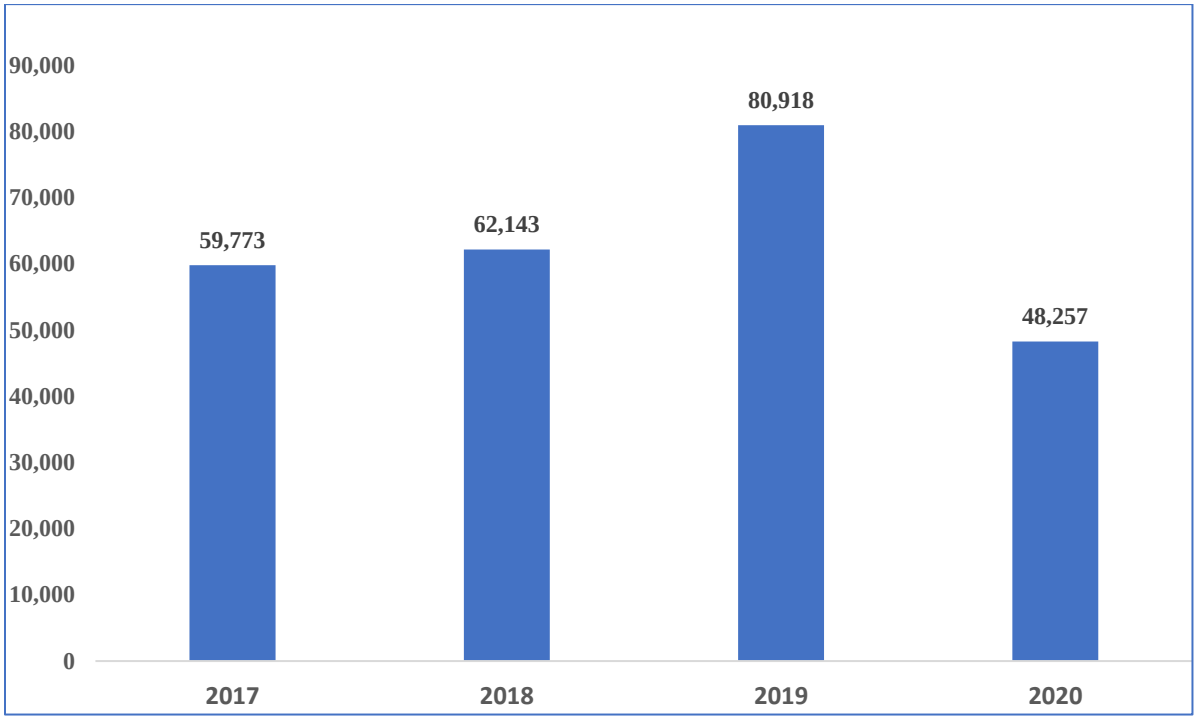


Figure 7: New Family Planning Acceptors, The Gambia, 2017-2020[102]

During the period under review, the CPR doubled from 9% in 2017[103] to 18.9% in 2020[104]. However, there was no change in the unmet need for family planning -- 25% in 2017[105] compared to 24% in 2020[106]. During

[99] National Family Planning Policy, 2019-2026
[100] National Family Planning Policy, 2019-2026
[101] DHIS II, 2020, MoH
[102] Source: DHS II, MoH, 2020
[103] DHS 2013
[104] DHS 2019/2020
[105] DHS 2013
[106] DHS 2019/2020

the fieldwork, most of the health facilities informed the ET that stock-outs were experienced. Despite the achievement in the FP Strategic Outcome, the CPR is still very low. Other challenges include (i) little or no change in unmet need for FP; (ii) religious and socio-cultural factors still affect the uptake of FP in many communities; (iii) stock-outs of FP commodities and supplies; (iv) human resource constraints i. e. limited number of CBDs who use motorcycles; (v) unavailability of vehicles for distribution and (vi) problems related to supply chain, for example, supply chain monitoring in real-time is a major challenge.

Support to Youth Friendly Sexual and Reproductive Health Services

In the 8th CP, the UNFPA committed to supporting 6 youth centres to provide youth-friendly SRH services; including HIV by 2021[107]. However, only two GFPA centres (New Foye, Bundung, KMC and Bwiam, WCR) have had support from 2017 to 2020. For example, 5,478[108] adolescents and youth were empowered to access SRH services and exercise their SRH rights. Additionally, 1,208 young people had VCT for HIV[109]. The uptake in adolescents and youth SRH/HIV services also have a combined effect on outcome 1 (outputs 1 & 2). The inhibiting factors include the high-risk behaviour of adolescents/youths leading to pre-marital sexual encounters, early marriage, unintended/unwanted pregnancies and unsafe abortions[110].

Support to the preparation of a national strategic emergency response plan

According to document reviews and key informant interviews, the CO provided support for the development of a national strategic emergency response plan put in place for an effective and well-coordinated response system in The Gambia, bringing together all the actors and activities in the central government, local governments, civil society organizations, private sector agencies and development partners to address the emergency issue of Covid-19. The emergency response plan contributed to and facilitated the implementation of the SRH/HIV outcome one (outputs 1 & 2) through the promotion of gender equality and the empowerment of all women and girls; including the prevention of gender-based violence, FGM and child marriages[111].

Capacity Building of Health Care workers on EMNCH/FP etc.

In 2018, the UNFPA supported the training of 40 health care workers on EMNCH/FP[112]. This intervention helped to enhance the skills and knowledge of the health care workers for high-quality service delivery of basic and comprehensive maternal health and emergency services.Trained staff are facilitating factors for the SRH/HIV component and contribute to outcome 1 (outputs 1 & 2). For example, with the increase in the number of secondary public facilities supported by the programme to provide basic emergency obstetric and neonatal care services from 4 in 2017 to 17 in 2020[113], exceeding the target; 14, for 2021, there was a greater need to build the capacity of the staff of the public health facilities to provide the BEmONC services.(Document reviews, IDI with IPs, KII with CO).

Strengthened the provision of BEmOC and CEmOC services (Equipment; Supplies etc.)

The UNFPA provided equipment and supplies including vital maternal life-saving drugs to the major and minor health facilities. In addition, BEmONC and CEmONC services were also provided to avert maternal deaths and improve pregnancy outcomes[114]. BEmOC and CEmOC services are provided in the 17 secondary public health facilities in the country. Stakeholders' interviews revealed that UNFPA CO bought

[107] CPD, 2017-2021
[108] COAR, 2018
[109] COAR, 2017
[110] COAR, 2017
[111] COAR, 2019
[112] Emergency, Maternal and New born Child Care/Family Planning (EMNCH/FP), RCH AWP, 2018
[113] Summary of the 8th UNFPA Gambia CP Performance, 2017-2021
[114] COAR, 2019

some materials and equipment for some of the tertiary hospitals and Health Centers in the country and drug stores.

Maternal Death Surveillance and Audit Review

Maternal and perinatal death audit and review is an intervention to reduce maternal and perinatal mortality and to improve the quality of care[115]. Maternal and perinatal death audit and review is widely recommended[116] as an intervention to reduce maternal and perinatal mortality, and to improve quality of care, and could be key to attaining the SDGs. The Gambia instituted maternal and perinatal death audit in 2010. Since then, the activity was undertaken by major health centres and hospitals and mainly sponsored by UNFPA and UNICEF. Hospitals and major health centres conduct reviews of maternal and neonatal deaths quarterly. Findings are shared with their catchment area populations to raise awareness on the causes of maternal and neonatal deaths and to enhance community participation and contribution to health. The Gambia instituted maternal and perinatal death audit since 2010. Major health centres and hospitals have since undertaken the activity with funding mainly from the UNFPA and UNICEF[117]. There is evidence of a national system for maternal death surveillance and response and the audit reports are available for all the regions of The Gambia. Hospitals and major health centres conduct reviews of maternal and neonatal deaths quarterly. Findings are shared with their catchment area populations to raise awareness on the causes of maternal and neonatal deaths and to enhance community participation and contribution to health service delivery. This activity has a hundred percent achievement.From 2017 to 2019, the UNFPA has funded 32 maternal death audits in hospitals and major health centres in the country[118]. The inhibiting factors of the maternal death audit include, but not limited to, delays in referral, women not sufficiently monitored in pregnancy, absence of basic laboratory tests such as urine, incomplete documentation and absence of a tracing vehicle[119]. These factors could also be the causes of maternal deaths. This activity has 100% been achieved. There is now in existence a functional system for maternal death surveillance and response in the Gambia, and the reports have been produced for all the regions. One of the major drawbacks of the reviews is the implementation of the recommendations[120].

Support to Obstetric Fistula Intervention e.g., awareness creation and the conduct of surgeries

The intervention is aimed at awareness creation and/or sensitization then followed by the conduct of surgeries. The intervention aimed to provide high quality basic and comprehensive maternal health and emergency services. Under the 8th CP, UNFPA committed to providing direct support for 150 fistula repair surgeries by 2021, however only 40 fistula surgeries were repaired[121]. As fistula is associated with shame and social stigma, many patients did not want to be identified for interview. Current data on the

[115] UN Agenda 2030
[116] Monitoring Obstetric Care: Handbook (WHO, UNFPA, UNICEF, AMDD), 2009
[117] COAR, 2019
[118] COAR, 2017; COAR, 2018; COAR, 2019
[119] Maternal Death Audit Report, 2020
[120] Report of Maternal Death Review Meeting, Q3, 2020
[121] Summary of the 8th UNFPA Gambia CP Performance, 2017-2021

magnitude and prevalence of obstetric fistula in the Gambia show that[122] the prevalence of fistula is estimated at 0.5 per 1,000 women aged 15-49 years.

The interventions contributed immensely to the attainment of the outcome/outputs of the Country Programme. For instance, the provision of both basic and comprehensive emergency obstetric care services in targeted areas enabled women to access much-needed health care. Overall, the evaluation examined the achievement of three output indicators and their underlying interventions. Three out of the six output indicators (50 percent) met the defined targets while (50 percent) did not. The details of the indicators, baseline and targets, interventions achievements are shown in the table below.

[122] Situational analysis of obstetric fistula in the Gambia, 2007

Table 8 :Summary of 8th UNFPA/The Gambia Country Programme Performance [123]

Output Indicators	Baseline/2017	Results 2020	Target/2021	Achieved
SEXUAL AND REPRODUCTIVE HEALTH				
Outcome 1.0 Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality care and equity in access.				
Outcome indicators.				
Number of secondary health facilities providing comprehensive emergency obstetric and new-born care services	7	10	9	Yes. Target was exceeded in 2020
Percentage of deliveries by skilled birth attendants	62 %	83.8%	90%	It is assumed that the target will be met by 2021
Contraceptive prevalence rate	9 %	18.9%	20%	It is assumed that the target will be met by 2021
Outputs 1. Increased national capacity to strengthen enabling environments, increase demand for, supply of modern contraceptives, and improve quality family planning services that are free of coercion, discrimination and violence.				
Existence of a national family planning policy	No	Yes	Yes	Achieved in 2020
Percentage of national health facilities with no stock-out of modern contraceptives in the last three months	75%	97.8%	100 %	It is assumed that the target will be met by 2021

[123] Source: Summary of the 8th UNFPA Gambia CP Performance, CPD, 2017-2021

Number of programme-supported youth centres providing services that meet WHO guidelines on youth friendly sexual and reproductive health services, including HIV	1	0	6	Not achieved as of 2020
Existence of a national strategic emergency response plan that addresses sexual and reproductive health and gender-based violence	No	Yes	Yes	Achieved. COVID-19 Response Plan
Output 2: Strengthened national capacity to deliver high quality basic and comprehensive maternal health and emergency services				
Number of secondary public health facilities, supported by the Programme that provide basic emergency obstetric and neonatal care services	4	17	14	Achieved in 2020. Exceeded target for 2021
Existence of a functional national system for maternal death surveillance and response	No	Yes	Yes	Achieved and audit reports are available
Number of fistula repair surgeries per year with direct support from UNFPA	0	31	150	Not Achieved. An improvement over the baseline.
Adolescent and Youth Development				
OUTCOME 2: **Increased priority on adolescents, especially on very young adolescent girls in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.**				
Output 1: Increased national capacity to conduct evidence-based advocacy and capacity building interventions to incorporate adolescents and youth sexual and reproductive health needs in national laws, policies and Programmes.				
Number of in-depth census thematic analytical reports and demographic and health survey reports produced and used for advocacy and programming purposes	0	1	3	Not achieved the 2021 target was not reached in 2020.

Output 2: Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality				
Existence of updated comprehensive sexuality education materials, including human rights and gender for primary and secondary schools	0	Yes	Yes	Report available but not yet in use, awaiting printing.
Number of teachers with improved skills to use the updated comprehensive sexuality education materials	0	599	250	Achieved in 2020. Exceeded target for 2021
Number of community-based peer health educators with relevant skills to sensitize the public on sexual and reproductive health issues, including family planning	0	520	350	Achieved in 2020. Exceeded target for 2021
Output 3: Increased national capacity to advocate for and deliver evidence-based programmes targeting marginalized adolescent girls, including those at risk of female genital mutilation, child marriage and gender-based violence				
Number of programme-supported institutions and civil society organisations strengthened to use evidence to advocate for social norm change on gender-based violence, including female genital mutilation, child marriage and fistula	1	5	5	Achieved in 2020. Met target for 2021.
Number of programme-supported civil society organisations with the capacity to design and implement programmes to prevent and respond to gender-based violence, including female genital mutilation, child marriage and fistula	3	3	6	Not achieved the 2021 target was not reached in 2020.
Number of adolescent boys and girls sensitized on gender equality and gender-based violence	0	1300	20,000	An improvement over the baseline, target not met in 2020.

Data availability and analysis

UNFPA Strategic Plan Outcome 4 focused on strengthening the national policies and international development agendas through the integration of evidence-based analysis of population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality. This implies improved data availability and analysis around population dynamics, RH (including family planning) and gender equality.[124] One of the core actions of the ICPD PoA is to strengthen systems to produce valid, reliable, timely, culturally relevant and internationally comparable population data for policy and programme development, implementation, monitoring and evaluation[125].

During the 8th CP cycle, UNFPA CO provided support for the DHS 2019/2020, advocated for the National Strategy for the Development of Statistics (NSDS) and in-depth analysis of the 2013 census dataset.[126] The Country Office also supported the training of a team of technicians on demographic profiling. A draft National Demographic Profile was produced by the team at the end of the training. The Country Office is providing funding for the revision and finalization of the profile before the end of 2021. It is providing support to facilitate the 2023 Population and Housing Census.

[124] UNFPA Strategic Plan 2014-2017
[125] ICPD PoA, 1995
[126] Ibid

4.2.2 Adolescents and Youth Development

Summary:

The adolescent and youth component has made contributions toward the development and implementation of a CSE curriculum, guidelines and manuals for Youth-Friendly Services Centers, Programmes to encourage demand and access for SRH services to at-risk youth and key populations. The 8th CP of UNFPA reached young people in different situations with SRH messages and services through different strategies including peer education, life skill training, and information and service delivery through selected youth friendly service centres**.** Community-based approach is used to promote the uptake of sexual and reproductive health services including family planning. CP supported sensitization on the need for women and youth involvement in decision-making processes. Traditional and religious leaders are recruited to draw awareness to the dangers of child marriage and female genital mutilation.

During the current country programme through AY interventions, the CO and partners have contributed to building a critical mass of peer educators both in and out of school. A total number of 920 peer educators have been trained and have over the years been sensitizing communities on SRH issues including family planning, FGM, child marriage and other issues relevant to the country programme. An additional 500 will be trained in 2021. The Gambia Government through the Ministry of Basic and Secondary education was supported to implement integrated Comprehensive Sexuality Education within the primary and secondary school curricula. The Country Office supported the training of 600 teachers for the teaching of CSE during the period under review and an additional 270 will be trained in 2021. The Country office and MoBSE have also finalized training manuals on CSE which are currently being printed for use in Gambian schools. Full implementation of the CSE programme as per the curriculum is expected to be a great part of the next Country Programme as life lessons were used during this current country programme to gradually introduce CSE. (Document reviews, IDI with IPIs, KII with CO).

AYSRH has been a major challenge due to limited adolescents and youth-friendly facilities, especially in public health facilities. Cognizant of this, the Country Office proposed to support youth centres to support the provision of AYSRH services. During the 8th Country Programme, UNFPA supported two youth facilities managed by GFPA which are fully functional in terms of services delivery and information dissemination. Two National Youth Council centres have also been supported. However, the latter two facilities are yet to have adequate capacity to be able to provide SRH services for young people. A tripartite agreement was reached to support service delivery at the NYC centres and the initiative will be rolled out this year (2021), as it was not possible to implement last year due to the Covid-19. Non-traditional partnerships are being explored to find more avenues of reaching youth with SRHR through the GRCS and Fantanka this year. There are partnerships with traditional and religious institutions.(Document reviews, stakeholders interviews). It is important to note that there has been an increase in AYSRH services . The total number of current users of family planning methods among the 15-24-year-olds increased from 149,354 in 2017 to 232,124 in 2020 whilst the number of new acceptors for the same age bracket increased from 21,513 to 110,053. (Document reviews).

There is a strong focus on gender equality and women's empowerment as critical enablers for the 8th Country Programme.The country office places a strong focus on implementing programmes for women and girls including out of school young women. The 8th CP enabled CSO capacity strengthening to design and implement programmes in line with the 8th CPD. Think Young Women, All Girls' Agenda, Paradise Foundation, GAMCOTRAP are amongst (young) women-led organizations whose capacities have been strengthened and have contributed significantly to achieving the outcomes of the CP. In terms of programming, the CO initiated innovation partnerships to ensure that no one is left behind and to provide SRH, including Family Planning, services and information to marginalized groups. In this area, the CO partnered with SOS Mothers' Clinic, GFPA, UNAIDS and other partners to implement a multi-disease campaign with the ultimate aim of providing access to FP services and information to marginalized women and girls in hard to reach communities.

A mentorship programme as a holistic capacity building initiative for girls, was initiated in Greater Banjul and recently piloted in rural Gambia with the ultimate aim of scaling up the initiative. Over 300 young women and girls, aged 12-18 have had their capacities built on various thematic areas including FGM, child marriage and SRH. In the same vein, 60 out of school young mothers in the West Coast Region received mentorship and self-esteem building, awareness-raising on SRH and other related issues during the same period. The development of the Country Programme takes into consideration the human rights requirements of adolescents and youth.UNFPA interventions on youth leadership and empowerment, health and wellbeing and advocacy on issues that affect youth such as child marriage, FGM are all from a human rights-based approach to programming.

The CO youth programmes on peacebuilding are all premised on human rights with a strong focus on gender equality and women's empowerment (GEWE).UNFPA interventions have supported the enforcement, popularization and monitoring of legislation enacted to protect the rights and wellbeing of women and girls including the legislations against the practices of FGM and child marriage as well as against sexual and gender-based violence. (IDI with IPs, KII with CO).

Some of the output indicators which met the defined targets during the 8th Country Programme are community-based peer health educators with relevant skills to sensitize the public on SRH issues including family planning, teachers with improved skills to use the updated comprehensive sexuality education materials, programme supported institutions and civil society organizations strengthened to use evidence to advocate for social norm change on gender-based violence including female genital mutilation, child marriage and fistula.[127] [128] [129] [130] (Document reviews).

Life Skills Education and Empowerment of Youth.

[127] Annual Work Plan 2017, UNFPA
[128] Annual Work Plan 2018, UNFPA
[129] Annual Work Plan 2019,2020 UNFPA
[130] ATLAS 2017, 2018, 2019

Key informant interviews with CO Programme Analysts and in-depth interviews with IPs revealed that in keeping with The Gambia Government's and UNFPA commitment to the SDGs, priority is given to Life Skills Education (LSE). The LSE Programme is intended to help learners acquire not only knowledge and skills, but also behaviours (adaptive and positive) relevant to their self-fulfilment in a changing social and economic environment. Key informants in the CO also revealed that the elimination of gender-based violence in and around schools, the installation of peacebuilding and tolerance, global citizenship and patriotism, population and family life, the environment, including climate change, and support in the form of guidance and counselling services in schools are all part of the Lifeskills education Programme.

The UNFPA during the 8th Country Programme conducted life skills education programme such as: Developing life lessons in (2017), curriculum revision in (2017), in-service training for SCE (2017), community outreach (2017),[131] distribution of life lessons (2018),[132] validation of CSE manuals for LBS, UBS and SSS (2019)[133] and finally COVID-19 education support (2020).[134] During the girl's mentorship programmes over 300 young women and girls aged 12-18 have had their capacities built on various thematic areas including FGM, child marriage and SRH. In the same vein, 60 out of school young mothers in the West Coast Region received mentorship and self-esteem building, awareness-raising on SRH and other related issues. (Document reviews, UNFPA CO KII and group discussions).

Comprehensive Sexuality Education

During the 8th Country Programme cycle, the UNFPA conducted activities such as: training peer health education and teachers coordination (2017), community radio programmes on FGM and reproductive health (2017),[135] Sensitization of students on sexual and reproductive health (2020).[136] A total number of 920 peer educators have been trained. The UNFPA country office supported the training of 600 teachers for the teaching of CSE manuals."*We are trying to introduce the CSE to schools by introducing life lessons. We are going to start printing of the completed manuals soon" (KII with UNFPA CO).*

Adolescents and Youth Sexual and Reproductive Health, Gender Equality and Human Rights

Key informants interviews revealed that the UNFPA CO supported and facilitated the National Youth Policy which is the fourth ten-year policy developed by the Government for the youth of the country. The National Policy has facilitated the implementation of various youth development and empowerment programmes and projects by a multitude of agencies skills training to provide requisite competencies for economic empowerment through business growth and job creation; promotion of good values, ethics, and good behaviour among the youth; youth engagement and provision of youth-friendly programmes through a variety of public, private, and civil society agencies. The National Youth Policy is designed to provide recommendations and guidance to all stakeholders interested in the implementation of youth

[131] Annual Work Plan 2017, UNFPA
[132] Annual Work Plan 2018, UNFPA
[133] ATLAS 2019, UNFPA
[134] Annual Work Plan 2020, UNFPA
[135] Annual Work Plan 2017, UNFPA
[136] Annual Work Plan 2020, UNFPA

development strategies, services, and initiatives. It also aims to assist the country in demonstrating its adherence to all international agreements and charters concerning youth that it has signed.[137] Through its support, the Gambia Family Planning Association established youth centres and supported the Youth Action Movement which is an important advocate of the GFPA for sexual and reproductive health information and service delivery. As a result of the activities, there is a reported increase in AYSRH services such as FP. The total number of current users among the 15-24-year-olds increased from 149,354 in 2017 to 232,124 in 2020 whilst the number of new acceptors for the same age bracket increased from 21,513 to 110,053. (Document reviews and KII with UNFPA CO).

Throughout the periods 2016 and 2017, there was an FP campaign to reach *"young people mostly out of school women and girls. The campaign does HIV testing, cervical cancer screening and testing the campaign also provided sexual and reproductive health information to 200 persons with disability and they are mostly women. 100 from persons living with physical disabilities, the deaf, visually impaired and the albinos"* (Document reviews and KII with UNFPA CO). Due to the advocacy and sensitization interventions, about 80% *of Gambians showed signs of awareness of family planning. Two hotlines were introduced for any case of GBV to be reported. The UNFPA 8th country programme has contributed immensely in the increase of the identification of cases relating to GBV and for building centres for survivors. Some of the challenges were cultural and religious barriers during interventions. In addition, policy dialogue is done. The "kaabilo baama" initiative, a community-based initiative, was also a success and won a WAHO award and funds were given to start something in the LRR. Interventions aimed at reducing child mortality in Kiang was also very successful."* (IDI with IPs).

Document reviews, stakeholders' interviews with IPs and Programme analysts showed that the Country Office took a multi-prong approach to promote the advancement of gender equality, women and girls' empowerment and the promotion of sexual and reproductive health and rights. Cognizant of the fact that attitudes related to gender issues are based on strong cultural believes and practices, the CO has been using diverse approaches to influence the necessary behavioural changes. In course of the 8th CP initiatives aimed at sensitizing the general public on the importance of gender equality have been supported. In some instances, women holding managerial positions in Government are used as role models to support the argument of empowering women and girls. Song and drama are also being used to communicate messages on women and girls' empowerment. In the rural Gambia, the programme has trained groups of traditional communicators on message development in relation to women empowerment. In all regions, the traditional communicators who entertain gatherings also deliver key messages on women empowerment through drama and songs.(Document reviews, KII with CO)

Peer Health Educators

To target young people, the CP has trained teams of peer health educators within both educational institutions and communities to share messages on women and girls empowerment. These peer health educators have been quite effective in message sharing amongst young people. The programme values the targeting of young people with such messages to ensure that they grow up with the right attitudes and values. It is believed that since the older generation may largely be a lost generation as far as some

[137] Gambia National Youth Policy (2019-2028)

of the practices that may be inimical to women and girls empowerment are concerned; inculcating positive gender attitudes in young people could yield the desired results in the long term. (Documents review, KII with CO).

Community-Based Initiatives

Recognizing the need for community involvement in the campaign for social norm changes, the Country Office has been supporting a community-based approach to promoting the uptake of sexual and reproductive health services, including family planning. The initiative locally called 'Kabilo Baama' was chosen because of the positive impact registered during the implementation of a pilot phase in Kiang East District, in the Lower River Region. The initiative identifies champions in selected villages comprising women and men who are trained on sexual and reproductive health issues, including family planning and sensitized on the importance of the uptake of such services in the promotion of maternal health. Early booking of pregnancies, regular antenatal clinic attendance and increased health facility deliveries have been observed in communities where the initiative have been supported. West African Health organization is supporting the rolling out of the initiative to other regions of the country aimed at improving maternal health. (Documents review, KII with CO).

Women's role in Decision-making

Through PBF supported projects, the CP has supported sensitization on the need for women and youth involvement in decision-making processes. Community inter-generational dialogue sessions have been supported to promote open dialogue on controversial gender issues. Mentorship Programmes have also been supported by the CP to provide young people with a platform to learn and build their confidence in partaking in decision-making processes.

In the area of family planning, the CP is supporting the Community-Based Distributors (CBDs) in promoting family planning and the distribution of contraceptives. The CBD initiative is being supported in hard-to-reach areas where women in selected communities are trained on contraceptive technology and provided with contraceptive pills and condoms for distribution within their communities. For now, the contraceptives being dispensed by the CBDs are limited to these because of the limited capacity of the CBDs to dispense other contraceptives. The CBDs are supervised by community health nurses. This initiative has immensely improved access to contraceptives for communities that are largely far from health facilities making it difficult for them to access services.

The use of traditional birth attendance (TBA) for deliveries has been largely phased out in The Gambia. Some ex-TBAs have now been re-designated as traditional birth champions (TBCs). The national health system is using the TBCs for the sensitization of their communities on the importance of the timely uptake of sexual and reproductive health services and they also advise expecting women on some of the danger signs in pregnancy and what they need to do if they observed such. The CP has been supporting the training of TBCs who play a critical role in the referral pathway for expecting women.

Child Marriage and Female Genital Mutilation Awareness

The 8th CP in The Gambia has also been supporting the campaign against child marriage and FGM. This campaign is being conducted through the use of peer health educators, traditional communicators and radio and television sensitization sessions. Influential community members are also being recruited by the programme and involved in the campaign. For FGM the CP has been supporting the celebration of the dropping of the knife during which circumcisers publicly declare their abandonment of the practice to convince communities of the need to abandon the practice. Several such events have been organized in all regions across the country. Some symbolic initiation rites have been introduced in some communities that abandoned FGM to replace FGM. (Documents reviews, KII with CO).

The rights-based approach to programming is deeply engrained in the 8th Country Programme. Delivery of sexual and reproductive health services supported by the CP ensures that clients make informed choices. The CP also ensures confidentiality in service delivery and clients are adequately informed of available options from which they could choose. In addition, the programme is designed to provide services to all persons in the country irrespective of location. Although work plans are not done at the regional level, the participation of Population Task Force (PTF) members ensures that the views of all the regions are represented in the planning process. PTFs are involved in the monitoring of planned activities in the regions. Involvement in the monitoring of activities at this level promotes accountability and more efficient utilization of programme resources. (Documents reviews, KII with CO).

Unintended Effects

COVID 19 and its restrictions has had a significant impact on the implementation of Country Programme activities. COVID-19 has caused disruptions in medical supply chains due to limited freight options, continues to weaken the fragile health system and disrupts routine services. Visits to health care facilities had declined during the peak of the pandemic due to communities being fearful of infection. The observed drop in the uptake of services has particularly affected maternal and child health services. The supply chain was severely affected which lead to stock-outs of certain commodities. Service providers were inundated with COVID-19 activities and could not deliver on their respective activities accordingly. Milestones had to be deferred to subsequent quarters as a result of the strict lockdown measures and restrictions in place. Schools were closed for almost seven months meaning milestones on comprehensive sexuality education could not be achieved. As there was a ban on gatherings, some of the pieces of training and community activities could not hold (Stakeholders interviews and Document review).

The Country Office had relatively adapted well to the emergency occasioned by the COVID-19 pandemic. With restrictions in large gatherings, the UNCT instituted measures to reduce the number of personnel in the UN house to promote social distancing and prevent infections. These measures necessitated a reduction of staff in the UN House at any given time with agencies forced to prepare weekly rosters for their staff to reduce their staff presence in the UN building. To facilitate work at home UNFPA provided staff with routers for ease of internet connectivity and work. This made it possible for a smooth exchange of mails, documents and meetings via ZOOM and WhatsApp. In terms of activity implementation, it was difficult to implement activities requiring the participation of large numbers of people. This necessitated the postponement and in a few cases, the cancellation of some activities in compliance with the Government restrictions on public gathers during the peak of the pandemic (KII with CO).

For the partners implementing CP activities, some activities requiring public gatherings had to be reprogrammed and the funds used to support the national response to the COVID-19. Where possible, IPs had to segregate target beneficiaries of some of their activities by implementing activities with small groups of beneficiaries at a time to comply with COVID restrictions. Many school-based activities at schools were closed for a period of six to eight months (KII with CO).

Due to the COVID-19 pandemic, several activities that required the attendance of large gatherings were cancelled and some school-based activities also cancelled. The targets set for these activities could therefore not be achieved. Some of the indicators that had to be postponed or cancelled include several Service Providers Trained on Psychosocial Counselling of FGM Victims; review CSE manuals to ensure alignment with ITGSE; donor visits to Gambia and Senegal and number of young people trained as peer educators (KII with CO).

4.3 Efficiency

Evaluation Question 4: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?

Summary:

The UNFPA CO is sufficiently resourced and staffed with appropriate skills and facilitated a good combination of the mode of operation. UNFPA is efficient in disbursing annual programme budgets to support the implementation of Annual Work Plans (AWPs) through contracts with Implementing Partners as well as with the use of National Execution (NEX) and Direct Execution (DEX) modalities. The 8th CP has been implemented by a team of competent staff with support from a number of national and international consultants, and the UNFPA Regional Office in Dakar, Senegal. Most of the intended results have been achieved with the approved budget. In some cases, GoTG provided additional resources, although this is not much.

Based on a review of financial documents, data from ATLAS and AWPs related to the implementation of activities, all IPs opined that UNFPA has made good use of its human, financial and technical resources to pursue the achievement of results, as defined in UNDAF and the CPD 2017-2021. The country programme has five outputs and each output has specific strategies and indicators. Altogether the Programme has 24 strategies and 15 main indicators. The results of the country Programme are measured through these main indicators attached to each output developed at the beginning of the Programme. These result indicators are aligned to the global UNFPA strategies 2013-2017 and 2018-2021.

To implement the strategies, the Country office develops annual work plans in collaboration with the IPs through the coordination of the National Population Commission Secretariat, the Ministries of Health and Youth. These annual work plans, after validation by both the IPs and UNFPA, are then entered into the Global Programming System (GPS) in detail (Output, activity, indicators). These plans have different

activities with respective activity indicators. Activity indicators are reported in each quarter they are planned to be implemented, through the eReporting system.

The CO follows the quarterly schedule for the release of funds to the partners. Funds are released to partners upon submission of quality and complete reports of the ending quarter and requests for the new quarter. The reports required in each quarter are: Quarterly Progress report: Workplan Monitoring Tool (Cover all activities in the ending Quarterly Workplan); Summary Activity reports (for all completed and partially completed activities; Field monitoring reports (for each of the visits made); FACE – Expenditure for the ending Quarter and request for new Quarter; Bank statement for ending quarter; Bank Reconciliation Statement – ending quarter; Quarterly Workplan for the new quarter (Activities including monitoring and coordination) and detailed budgets and Quarterly Monitoring Plan for the new quarter.

During reporting, IPs report the financial and programme implementation through the prescribed FACE forms, though electronically (eReporting). In this electronic report, the status of implementation and achievements are reported by the IP. If the activity is not implemented or the values of indicators are below or above those indicated during planning, the reason for not implementing; reasons for over-achieving or underachievement are explained.These reports come from implementing partners, scrutinized for the correctness and approved by the respective programme officers. Sometimes, reported results may not seem correct, are inconsistent or supporting documents are not uploaded or no progress is made. In such instances, the approver sends back the report to the IP, with comments and /amendments. Based on these procedures, output indicators are measured annually ie by the end of the calendar year. Each programme officer is responsible for the development and implementation of the unit he/ she leads.

After the planning and validation of the annual workplans, the respective programme officers develop milestones for each output and the draft work plans are entered into the global planning, monitoring and reporting system known as the Strategic Information System (SIS). Here, "*we have preloaded global outcomes and outputs where we can hook our respective country programme outputs and develop milestones during the planning stage. Then during the monitoring stage, we monitor the progress each responsible staff should report against the indicators and milestones he/she has put at the beginning of the fiscal year. The last stage is the reporting stage where annual results are reported under the achievement column, the challenges and lessons learned are also indicated under their respective columns. By generating the report one can gauge the performance of the country office against the CP. The SIS Dashboard is also used as an important tool for tracking programme, Operations and overall Management related milestones*". (CO, KII).

Annual Work Plans implementation

The evaluation team also analyzed the implementation of the workplans to establish whether the partners adhered to the AWP activities and delivery results. Implementation of the Country Programme is operationalized via Annual Work Plans. The analysis revealed that all the IPs adhered to the implementation of the activities stated in the AWPs. In case of changes and adjustments, the IP usually

discusses these with their assigned programme officer at UNFPA CO. The letters of authorizing such changes and adjustments were seen by the Evaluation Team.
The 8th CP is managed largely through NEX modalities.Led by the Assistant Representative, Programme officers are in charge of the quality of programming and programme implementation, resource mobilization and technical support at all levels, and provision of technical support in their respective thematic areas. CP oversight, Programme quality assurance and capacity building functions (a focus on monitoring, evaluation, HACT and corporate reporting) are managed by the M&E team and PST (Programme Support Team). Operations were managed by Finance, HR, Procurement, Protocol, and senior accountants who support HACT compliance.

At the country office, "*we have CP governance structures: senior management, programme review meeting, and other project-based arrangements. Outside the CO: UNDAF level review meetings and results groups, national-level coordination mechanisms with our IPs, and thematic based platforms: through Regional Programme Officers, Field Operations, regular management meetings and updates*" (CO, KII).

Country Programme resources and utilization rates

The 8th CP resources are of two streams, 'Regular Resources (RR)'- allocated to the Country Office from contributions of members states and 'Other Resources' that are mobilized in the course of the CP from different donors. The RR are allocated based on the commitment of the CP, based on the Resources and Results matrix. Other Resources mostly are earmarked funds that are mobilized for specific interventions and will be allocated and used for the specific interventions intended. Umbrella support mobilized as Other Resources follow the same principle as RR. At the time of the evaluation, the Country Office had a 16 member-staff including two international staff. They are qualified to hold their respective offices and add value to the CO operational efficiency.

Analysis of the structure of the Country Programme expenditure including Programme Management indicates that 23.6% of the budget was expended on FP/RHC; 30.3% on Adolescents and youth interventions including CSE, 15.9% on sexual and reproductive health interventions. Table 9 shows that the evaluation established that the fund utilisation rate for the CP resources was generally high as 87.3% Fund utilization rates for Outcome 1 and Outcome 2 are 88.38% and 80.24% respectively, while for each component outputs they are 93.51%, 81.93%, 78.15%, 99.50%, 93.48%, 99.27% and 87.32% respectively.

Table 9: Fund allocation and expenditure by Outcomes and Outputs from 2017-2021

Components	Budget USD	Expenditure USD	Percent	Implementation Rate
Outcome 1	3,994,287.00	3,490,304.00	34.2	88.4
Outcome 2	6,223,617.00	4,994,138.00	48.8	80.2
Total	10,217,904.00	8,484,443.00	83.0	84.3
Outputs				
SRH	1,334,116.00	1,092,985.00	15.9	81.9
FP/RHCS	1,736,226.00	1,623,497.00	23.6	93.5
Adolescents and Youth	2,052,272.00	1,603,791.00	23.3	78.2
CSE	502,183.00	4,996,890.00	7.3	99.5
Gender	990,193.00	925,645.00	13.5	93.5
Project Coordination	258,567.00	256,680.00	3.7	99.3
Total	6,873,557.00	6,002,288.00	87.3	87.3

Field monitoring: UNFPA and Partners conduct regular monitoring of the AWP implementation. The monitoring reports reviewed indicated the monitoring focuses on assessing progress in implementation of the work plans, assessment of progress in achieving the AWP results, supporting partners in the preparation of reports, monitoring fund utilization and accountability and supporting the partners to document good practices.

The component activities were implemented as planned, although some were not due to the Covid-19 restrictions. The average implementation rate for this is 95%. Stakeholders interviewed recognized the good and intensive participation of the CO in contributing to the development and policy dialogues in the country. UNFPA Procedures and policies enabled UNFPA CO to implement its activities. The IPs did not report any hindrance to their activities, although many of the IPs reported late disbursement of funds as a key challenge. There was no adverse comment on the technical capacities and competence of CO staff.

4.4 Sustainability:

Evaluation Question 5: To what extent has UNFPA been able to support implementing partners and beneficiaries (women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

Summary:

Interviews with government and non-governmental IPs indicate that interventions undertaken in this CP, will be sustained especially because most of these activities have become part and parcel of the activities of relevant Ministries and Agencies of GoTG.The 8th CP interventions are sustainable as long as the GoTG is a signatory to international development protocols; there are existing administrative structures to implement interventions, like the Ministries and Agencies; development of policies and strategies, as long as the CO supported the IPs and beneficiaries in developing capacities through training, interactions with experts in the interventions. Sustainability can be sustained as long as there is participatory stakeholders approach in selecting and defining priorities and needs in the country, guaranteeing ownership. While sustainability is possible in all the interventions, the quantum of activities may be reduced because of funding limitations.

Sustainability is usually perceived to mean three different things: 'overall programme sustainability, sustainability of each outcome or sustainability included within other outcome.[138]. Sustainability refers to the extent to which supported programme interventions are likely to continue without UNFPA's support or the willingness and capacity of implementing partners to maintain the provision of these services without further programme technical and financial support from UNFPA. Several key activities give the impression that the programme components will be durable. The components are relevant to the national priorities and population needs in The Gambia, creating an environment of national ownership of the UNFPA 8th CP. The fact that UNFPA is in strategic collaboration with key government ministries (such as the Ministry of Health) means that UNFPA support is strategically positioned in the long term development policy direction of GoTG.

A sense of ownership of the programme interventions was developed through the participatory approach of needs assessment, intensive consultations with stakeholders and joint programme planning with implementing partners helped develop a sense of ownership of programme interventions and goals. Sustainability of interventions is enhanced by capacity building and technical support to IPs and beneficiaries (women, adolescents and youth) has always been the hallmarks of UNFPA Programmes. UNFPA has supported the training of more than 300 service providers (nurses, midwives and other cadres

[138] Synthesis Report: Lessons learned from UNFPA CPE, Evaluation Office, New Yor

of staff)[139] for SRH service delivery; including HIV prevention and to deliver high-quality BEmONC and CEmONC services. Also, 125 CBDs[140] have been trained on FP technology. Furthermore, this ownership and direct implementation of UNFPA supported interventions has built IPs capacities and enhanced the likelihood of sustainability, provided IPs can maintain acquired results technically, institutionally and raise needed financial resources. Stakeholders' interviews suggested that the area that the CO should build the capacity of the IPs is in fundraising so that they would be able to source for funding elsewhere, and not be dependent on UNFPA alone.

The UNFPA also supports national efforts to increase the demand and supply of modern contraceptives, and improve quality FP services, through the procurement of FP commodities and supplies, provision of material and equipment, a supply chain system and major refurbishment of health facilities and the provision of A/Cs. Under the 8th CP, UNFPA supported the development and production of an FP Policy and a Costed Implementation Plan (CIP); including a national strategic emergency response plan that addresses SRH and GBV and a national system for maternal death surveillance and response. The UNFPA has supported FP service administrators and providers to improve their outreach to young people so that they would be comfortable using the services. This is the idea behind the youth centres, where adolescents can access SRH/FP services, have VCT for HIV and STIs etc.

The 8th CP was implemented by national partners under the leadership of the government with key strategic partnerships of the MDAs, NGOs and the communities. In UNFPA's view, National Execution (NEX) is a useful indicator for national ownership[141]. The interventions of the 8th UNFPA-Gambia CP were implemented using existing national, regional and district structures and mandates.During CP implementation, the UNFPA provided technical support to MDAs[142] such as the Ministry of Health, Ministry of Women's Affairs, Ministry of Basic and Secondary Education, National Population Commission Secretariat, Gambia Bureau of Statistics, RMNCAH, Central Medical Stores, Gambia Family Planning Association, Hospitals and Health Centres. Based on the technical capacity provided, these institutions can implement the interventions in future without the UNFPA. This is a way of fostering national ownership even if the UNFPA strengthened and build upon the existing structures.

The likelihood of sustainability is higher in thematic areas where UNFPA strategic interventions have gained Government endorsement and community acceptance such as in SRH and Youth. Where UNFPA strategic interventions are still mostly at the level of advocacy to break the cultural taboos, such as GBV, FGM, Child marriage, the potential of sustainability is still weak. Most of the IPs involved in these interventions admitted that cultural barriers to eradicating these issues still remain and may be difficult to eradicate. Sustainability is challenged by more than the mere availability of financial resources or risks of staff turnover. Factors that enhanced the likelihood of sustainability are political commitment and involvement of the community leaders and community members. Traditional and religious leaders are

[139] COAR, 2018
[140] COAR, 2018
[141] Synthesis Report: Lessons learned from UNFPA CPE, Evaluation Office, New York
[142] COAR, 2018

involved in the 8th CP.

Maternal death surveillance and response (MDSR) builds on the principles of public health surveillance and promotes routine identification and timely notification of maternal deaths. It is a form of continuous surveillance linking health information system and quality improvement processes from local to national level. It helps in the quantification and determination of causes and avoidability of maternal deaths. Each one of these untimely fatalities provides valuable information, which if acted on, can prevent future deaths.While it is noted by stakeholders in all the interviews that sustainability is not built in the programmes at inception, few of the NGO and government IPs have started to rethink and strategize the notion of sustainability of interventions. For example, one IP, a senior government official is quite optimistic about the success of the sustainability plan of his institution.

'The sustainability plan is for government to take over from the UNFPA and UNICEF. This is the agenda we are pushing. We have the Women Entrepreneurship Fund (WEF), where the government will commit D10 million every year. The government has already paid for this year. The WEF is in the NDP 2017-2022, so Government could not have denied our request. Now we are fighting to have the Children's Fund'. (Government IP, KII).

To ensure the sustainability of interventions, capacity building, establishing mechanisms and technical support to IPs and beneficiaries (women, adolescents and youth) have always been the hallmarks of UNFPA Programmes. For instance, in the 8th CP, UNFPA has supported the training of more than 300 service providers (nurses, midwives and other cadres of staff)[143] for SRH service delivery; including HIV prevention and to deliver high-quality BEmONC and CEmONC services. Also, 125 CBDs[144] have been trained on FP technology.

4.5 Coordination

Evaluation Question 6: To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?

Summary:

UNFPA cooperates and coordinates with UNCT agencies in the Gambia.There is a high level of coordination and cooperation between UNFPA and UNCT agencies in The Gambia. UNFPA contributed to several joint projects with other agencies including the assessment of MDSR, health facilities in response to Covid-19 emergency response and joint programme on ending FGM/GBV. Coordination with other agencies seems excellent and contributes to a good functioning mechanism of UNCT. Stakeholders appreciated the level of cooperation and coordination existing among the UNCT and the special role of UNFPA.

The assumption for this criterion was that the UNFPA CO has actively contributed to UNCT working groups and joint initiatives, and ensured it did not duplicate efforts and create synergies with other UN agencies,

[143] COAR, 2018
[144] COAR, 2018

where possible. UNFPA is a signatory of the UNDAF 2017-2021. The mandate of the UNFPA is fully reflected in the interest and priorities of the existing country UNDAF programme especially on pillar 2 of the UNDAF (Human Capital Development) which is focused on the provision of basic social services such as health, education, water and sanitation to the most vulnerable including women and children. The country has an overwhelmingly youthful population and gender issues are at the forefront of the Government's National Development Plan therefore UNFPA's presence and work in the country is highly desired. Since the UNDAF is derived from the NDP the work and mandate of UNFPA as mentioned previous is ever is relevant and important to the country.
The UNDAF reflects the interest, priorities and mandate of UNFPA-Gambia. UNFPA played an active role in the development of the UNDAF and contributed to the identification of UNDAF priorities which were aligned to national priorities as enshrined in the National Development Plan. During the current programme cycle, UNFPA contributed to the following: Support to Government in the preparation of the National Development Plan; Development of the UNDAF (2017-2021); UNDAF monitoring and report writing – Including visits to project sites and compilation and review of agency quarterly reports. (Document reviews, IDI with UNRCO).

There is close collaboration between UNFPA and other UN agencies especially those working on the UNDAF Human Capital Pillar (UNDP, UNICEF, ITC, WHO) as well as CSOs, Development partners such as the European Union and community groups. UNFPA community partners support in service delivery of UNFPAs programme implementation. UNFPA is a core member of the UNCT in The Gambia. UNFPA is the lead UNCT focal point for Protection against sexual exploitation and abuse (*PSEA*) and Gender Equality and women's empowerment. UNFPA led in the development of the PSEA workplan for the UNCT and supports the RC in monitoring UNDAF implementation across the UN system.UNFPA actively participates in other committees such as Operation Management Team, Results Groups such as UNCG which UNFPA chaired in the past (2019). UNFPA is Lead of the Youth and gender Interagency group.

The record of UNFPA participation in UNCT/RGs is excellent. The CO is always available to attend meetings even on short notice as well as providing good quality technical contribution when required.
UNFPA has assumed the following responsibilities in UNCT meetings, contribute and lead discussions on highly technical issues particularly when affecting women and youth, provide technical and secretariat support to the RCO when required, chaired the UNCG Results Group, Chaired the Sub-Group on Youth and Gender, participated in all Results Groups. Led /participated in joint resource mobilisation activities , led Results Groups, Supported the development of the current UNDAF, participated in UNCT retreats, supported the development of policies and guidelines, lead the Gender and Youth group, contributed to the joint resource mobilization efforts. UNFPA deals with very sensitive issues facing The Gambia, including Gender and sexual based violence and so interventions may be slow to roll out. Despite these challenges UNFPA was able to establish one-stop-shops for GBV during the COVID-19 pandemic. During 2020, UNFPA made great contribution to the Joint UN COVID19 response plan and led the psychosocial sub-group.

UNFPA is involved in Delivering as One joint planning process accompanying the UNDAF which is signed by all the resident UN agencies in Banjul. UNFPA works with UNICEF, Banjul on the Joint Programme on FGM and contributed $50,000 towards the conduct of the 2019/20 DHS. UNICEF also jointly implemented

the PBF funded Project on women and youth participation in decision-making processes. UNFPA CO also partnered with UNDP, WFP, UNICEF, UNFPA, FAO, UNCDF, WHO, IOM, UNAIDS, ITC, OHCHR to develop a concept note on Improving the livelihoods of vulnerable women and youth around the Senegambia Bridge, to localize the SDGs.

The WHO worked with UNFPA in the capacity strengthening of a health facility (Essau) to provide comprehensive obstetric, neonatal and maternal health services. The World Food Programme is jointly implementing a PBF funded project on Rule of Law. Until 2020, UNFPA also led the communications group. UNFPA supported the development of the UN Gender Scorecard for The Gambia. It is leading the development of the UNHSTF project. This is the United Nations Trust Fund for Human Security. UNFPA lead a Human security proposal development on ***Improving the livelihoods of vulnerable women and youth around the Senegambia Bridge*** in collaboration with RCO and partnership with government, CSOs and the private sector. Interviews with other UNCT agencies pointed towards UNFPA CO work hard within the UN framework to ensure that UNFPA inputs on UNDAF mandates. The UNFPA CO is an active member of the UNCT and chairs the working group on Gender and Youth. It plays an active role in UNDAF/Cooperation Framework. It is a member of Results Groups 1 (Governance and Economic Management) and 2 (Human Capital Development). The agency has been playing a pivotal role in UNDAF planning, monitoring and reporting. According to information collected from a sample of heads of other UN agencies in Banjul, UNFPA is seen as a valuable partner by all of the UN agencies, ready to coordinate and willing to cooperate with other UN agencies on shared interests.

4.6 Cross-Cutting Issues

4.6.1 Gender Mainstreaming and Human Rights

Document reviews and key informant interviews revealed that gender and human-right approaches were used in the design and implementation of the 8th CP.The Country Office took a multi-pronged approach to promote the advancement of gender equality, women and girls' empowerment and the promotion of sexual and reproductive health and rights. Cognizant of the fact that attitudes related to gender issues are based on strong cultural beliefs and practices, the CO has been using diverse approaches to influence the necessary behavioural changes. In the course of the 8th CP initiatives aimed at sensitizing the general public on the importance of gender equality have been supported. In some instances, women holding managerial positions in Government are used as role models to support the argument of empowering women and girls. Songs and drama are also being used to communicate messages on women and girls' empowerment. In the rural Gambia, the Country Programme has trained groups of traditional communicators on message development in relation to women empowerment. In all regions, the traditional communicators who entertain gatherings also deliver key messages on women empowerment through drama and songs. (Document reviews and KII with CO).

To target young people, the CP has trained teams of peer health educators both within educational institutions and communities to share messages on women and girls' empowerment. These peer health educators have been quite effective in message sharing amongst young people. The Programme values the targeting of young people with such messages to ensure that they grow up with the right attitudes

and values. It is believed that since the older generation may largely be a lost generation as far as some of the practices that may be inimical to women and girls empowerment are concerned, inculcating positive gender attitudes in young people could yield the desired results in the long term. (KII with CO; IDI with IPs).

According to Programme analysts, recognizing the need for community involvement in the campaign for changes in social norm, the Country Office has been supporting a community-based approach to promoting the uptake of sexual and reproductive health services, including family planning. The initiative locally called 'Kabilo Baama' was chosen because of the positive impact registered during the implementation of a pilot phase in Kiang East District, in the Lower River Region. The initiative identifies champions in selected villages comprising women and men who are trained on sexual and reproductive health issues, including family planning and sensitized on the importance of the uptake of such services in the promotion of maternal health. Early booking of pregnancies, regular antenatal clinic attendance and increased health facility deliveries have been observed in communities where the initiative have been supported. West African Health Organization is supporting the rolling out of the initiative to other regions of the country aimed at improving maternal health.

The rights-based approach to programming is deeply engrained in the Country Office programming. Delivery of sexual and reproductive health services supported by the CP ensures that clients make informed choices. The CP also ensures confidentiality in service delivery and clients are adequately informed of available options from which they could choose. In addition, the Programme is designed to provide services to all persons in the country irrespective of location.

4.6.2 Disability

In other to address the issue of inclusion and to achieve the goal of 'Leave no one behind', the CO partnered with The Gambia Federation of Persons Living with Disabilities and a young women-led SRH Organisation named Fantanka to provide economic capacity building for 100 persons living with disabilities. This initiative brought together the deaf and hard of hearing, the visually impaired, persons with physical disability and Albinos, one of the most marginalized groups to learn different skills that will contribute to their well-being. The CO would extend to the rural communities in 2021 targeting an additional 300 persons living with disabilities. Additionally, the CO office is finalizing a mobile phone application called Suma Tyme that is being built to ensure disability-friendliness with text-to-speech, closed captioning and sign language as key features. The App is expected to be launched in August 2021. Persons living with disability have been recruited as part of the youth technical team support content and appropriateness for the app.

4.6.3 Monitoring and Evaluation

The CP's progress is measured annually in line with the results-based management approach.The monitoring and evaluation systems are guided by UNFPA procedures and guidelines using integrated harmonized monitoring tools such as the work plans, work plan progress reports, monitoring visit reports, quarterly progress reports, FACE forms, quarterly monitoring in SIS and the Country Office Annual Reports

(COAR). Additionally, Programmatic and financial spot check visits are also conducted as part of the CP assurance activities.

At the beginning of the year, an implementation plan detailing all activities and dates of implementation is prepared. A monitoring and evaluation calendar is also prepared to specify planned field visits for staff. During the planning, milestones are identified and staggered for the different quarters. Programme progress and achievements are mainly reported through the workplan progress report and COAR. To track progress, IPs submit a workplan progress report in GPS and activity reports every quarter. Annual review meetings are held which are aimed at assessing programme performance. Joint Monitoring visits with all CP implementing partners are conducted bi-annually.
Monitoring of activities is done continuously. Workplans are used as a source of monitoring. The workplans are used to assess progress made towards achieving annual targets and the management of resources. Implementing partners must submit a work plan progress report quarterly. Monitoring activities include meeting with implementing partners, spot checks, field visits and joint monitoring.

The Monitoring and Evaluation framework of the 8th UNFPA/GoTG is anchored on the principles of results-based management which link the CP to the relevant M&E systems such as coordination and reporting programmes, review meetings, mid-year and annual review and planning meetings, data collection and management, field monitoring visits and evaluation. The M&E was guided by the UNFPA procedures and guidelines. The 8th CP designed a Monitoring and Evaluation System to provide the basis for CP Monitoring and Evaluation and to guide all programme M&E activities. It integrates the harmonised monitoring tools such as work plan, the CPAP tracking tools, the Standard Progress Report (SPR), Field Monitoring Visit Report, FACE form, COAR and others. It was aligned to the CPAP Results and Resources Framework.

The CP Results and Resources Framework defined a set of indicators with corresponding baselines, targets and means of Verification. Programme's progress and achievements are mainly reported through the following: Country Office Annual Reports (COAR), Standard Progress Report. In addition, the baseline and end-line data for several indicators were developed and targets set over the programme cycle. There were several indicators at outcome and output levels. At output levels, there are 15 indicators and 7 indicators with no baseline indicators. The seven indicators are from adolescent and youth outcome.

The programme indicators are measured through data collection by the IPs' programme and M&E staff on the field reviewed by the CO Programme analysts before sharing with the CO M&E Specialist for reporting. The weakness in this approach is that the data provided are not verifiable by the CO M&E Officer and IP Focal persons. *"Population Task Forces (PTFs) have monitoring and coordination roles at the regional and community levels. However, they were not as effective as they should have been during the implementation of the 8th Country Programme because of lack of capacity. They were last trained in 2015 and repeated efforts to build their capacities and that of other structures that played significant roles in the implementation of previous Country Programmes such as the Network of National Assembly Members, that of Religious Leaders, and that of Traditional Communicators remain futile as UNFPA continuously removed such trainings from the Secretariat's work plans year in year out, over the*

past years, negatively impacting the implementation of the 8th Country Programme. In fact, during the 3rd quarter joint monitoring field visit to all the six regions conducted from the 12th – 15th October 2020, the PTFs lamented the need for their capacities to be built to enable them perform their functions effectively". [IDI with IP).

Due to a limited number of CO staff, regular M&E field visits were difficult and scheduled visits were often cancelled. CO staff participation in field activity implementation is also curtailed by limited staff numbers hence opportunities for quality control activities is often missed. Another challenge to the monitoring of activities is the limited capacities of partner institutions in the area of M&E. Monitoring reports compiled by partners are often weak and often limited to activity descriptions but do not report on results achieved. Weaknesses in the area of M&E in most partner institutions is largely because only a few such partners have a designated M&E officer for effective monitoring of the CP interventions.

Cognizant of weaknesses in M&E in most partner institutions, the CO has repeatedly been organizing partner training in this area. The CO has also developed monitoring report tools to help improve the quality of monitoring reports. CO support to partners in this area has positively impacted the general realization of the importance of M&E as an integral part of the Country Programme. Guidance by the CO has also helped improve programming for results. The annual gap analysis which is aimed at gauging how far the CP has gone towards achieving CPD set targets has helped guide annual planning towards the achievement of set outcomes and outputs. Annualized set targets in work plans are aligned to CPD annualized indicator targets. (Table 10: Annex 5).

4.6.4 Data for Development

The CO support data collection to address the data gap in this country. This includes data on FP with regular health facility surveys, NIDI surveys as well as the conduct of DHS to support not only youth programming but all other aspects of the CP. CO also conducted baseline surveys especially for the PBF projects to support programme implementation.

4.6.5 Strategic Partnerships:

Interviews with CO Programme analysts and management revealed that CO's strategic partnership with Gambia Family Planning Association helped in the implementation of RHCS or UNFPA Supplies activities. This partnership started in the 1980s and aims at making SRH including FP information and services available and easily accessible to the rural population in The Gambia especially those communities that are far from existing service delivery points. The partnership continues to demonstrate successes in the area of sexual and reproductive health and rights in the various communities where the CBDs are located. This achievement could be attributed to the confidence, recognition and acceptability that these CBDs received in their communities. The communities appreciate the integrated services provided by CBDs at their doorsteps, which has boosted family planning acceptor rate and also male involvement in other SRH issues. CBDs continue to provide quality contraceptive services to all men and women who need them within their communities.

4.6.6 Innovation:

Document reviews, in-depth and key informant interviews reviewed some innovative practices adopted in the implementation of the 8th Country Programme. The involvement of religious leaders in the campaign against harmful practices that affect women and girls is a practice that if intensified can yield the desired results. This is because most of these practices are premised on religious arguments in that they are sanctioned by religion. The use of community-based distributors (CBDs) in the distribution of contraceptives has made FP services more accessible to hard-to-reach communities. CBDs are able to provide contraceptives to women within their communities in a confidential environment which is more acceptable in a largely conservative society when it comes to contraceptive use.

The community-based approach to promoting the uptake of sexual and reproductive health services through male involvement and women's economic empowerment (local name 'Kabilo Baama') was a very successful innovation and a best practice introduced in rural Gambia (Kiang Central and East, LRR). This initiative trained several men and women in the target communities on the benefits of the timely uptake of sexual and reproductive health services. The selected communities were sensitized on the importance of male involvement in maternal health issues and the need for their support to their partners to ensure improved sexual and reproductive health. Women of the target communities were provided with seed money to engage in income generation some of the proceeds of which are used to support women to attend maternal and child health clinics and also to supplement their food needs during pregnancy. Some of the gains associated with the initiative relate to the increased early booking of pregnancies, increased health facility deliveries and increased male involvement in maternal health issues. Overall health facilities within the catchment area reported a general decline in maternal deaths.

The Partnership with Bafrow in the conduct of fistula surgeries was remarkable. UNFPA provided funds to support fistula surgeries for affected women including rehabilitation and re-integration. This partnership also helped to pave the way for the initiation of a national Programme and during the last two years, all the surgeries conducted were conducted by MOH/EFSTH.

4.6.7 FGM data in Health Facilities' delivery registers

For better management of reproductive health complications among women, clinical data on FGM obstetrics and type of FGM (Type I, II, III, No FGM) are collected during deliveries. With UNFPA support, the registers are introduced in all Health Facilities (public and private), where deliveries are conducted.

Overall, an excision (Type II, 51.5%),) was the most common form of FGM the women have undergone followed by clitoridectomy (Type I, 35.9%), and infibulation (Type III, 5.2%). Among women who have undergone type III FGM, the practice was highest among the age group 15-19 years, 7.3% and 20-24 years, 5.9% and lowest among the 40-44 age group, 1.7%. The data suggest that all ethnic groups practice Type III FGM. Type III FGM is more common in the Central River Region (CRR), 8.9%, followed by Western Region 1 (WR 1), 7.2% and Western Region 2 (WR 2), 5.4%. It is least practised in the Upper River Region (URR), 0.5%. This may be due to under-reporting as the URR has the worst FGM register coverage rate of 4.2%.

The Register is an excellent tool for the monitoring and management of FGM-related reproductive health and obstetric complications in the Gambia.

4.7 Challenges

Both implementation partners and beneficiaries in separate interviews listed several challenges in the implementation of the 8th Country Programme. Challenges associated with SRH/FP include cultural and religious barriers and misconceptions about family planning affecting the uptake of services; poor understanding of contraceptive methods resulting in fear of long term effects; desire for large families to support farming activities or due to competition among co-wives in polygamous settings; shortage of qualified health service providers, insufficient capacity to provide services, inadequate infrastructure and supplies especially in the rural areas, and various misconceptions associated with FP.

Due to limited number of CO staff, regular M&E field visits were difficult and scheduled visits were often cancelled. Another challenge to the monitoring of activities is the limited capacities of partner institutions in the area of M&E. Monitoring reports compiled by partners are often weak and limited to activity descriptions but do not report on results achieved. Weaknesses in the area of M&E in most partner institutions is largely due to the fact that only a few of such partners would have a designated M&E officer for effective monitoring of the CP. Other challenges include cultural and religious barriers as some activities like FP promotion, the practise of FGM are seen as anti-cultural and anti-religious traditions of the people, inadequate human resources to implement activities. Other challenges include less male involvement leading to most women not getting the cooperation of their spouses to access SRH services; limited availability of youth friendly ASRH services within most health facilities, inadequate capacity of Youth Centers to provide ASRH services. Country Office has limited capacity to implement humanitarian responses especially the integration of GBV in humanitarian response. There is still high unmet need for FP due to geographical locations and negative socio-cultural factors that inhibit the uptake of FP services. High attrition of midwives from the public health facilities to private sector and the migration of midwives from rural to urban Gambia is compromising the quality of services in the rural areas. Getting fistula patients to access treatment is another challenge. Limited presence of donors in the country also poses a challenge to resource mobilisation.The greatest challenge in the course of the 8th CP is the Covid-19 pandemic restrictions which affected the implementation of most of the interventions.

Other challenges according to the CO include weak decentralised structures in The Gambia making it difficult to adequately monitor and coordinate activities implemented in the regions; late disbursement of funds; “negative societal perception in the regions as people in the regions tend to accuse the beneficiaries of trying to expose their children to issues against traditions and religion and some individuals see us as prostitutes” (IDI with IPs and Group discussion with Beneficiaries).

4.8 Lessons Learned

Quite a number of lessons were learned in the course of the implementation of the 8th Country Programme in The Gambia. At the strategic level, having a strong strategic partnerships with government and other national stakehors and UNCT agencies contributed to the positive outcomes of most of the

outputs. The concept and practice of Delivering as One is key to successful implementation of the 8th CP. In terms of the various interventions, the integrated strategy involving SRH/FP, GBV, HIV is very relevant, efficient and appreciated. This approach would not have been possible without the leadership of the UNFPA CO.

The CSE curriculum remains a masterpiece of intervention to address adolescents and youth SRH, but what remains to be seen is the efficiency and effectivenss in the classroom delivery of the curriculum by the trained teachers. Associated issue is how to reach out to the out-of-school adolescents using the same curriculum. The CSE goes beyond the school system to include stakeholders outside the school system. Provision of CSE curriculum is the best way to scale up CSE education.

The use of community based distributors is crucial in reaching the last mile. The institutionalization of maternal death audit reviews in health facilities facilitated the involvement of more stakeholders in SRH issues.The review ensures a holistic approach to tackling maternal and neonatal health issues. The use of health facilities registers to document incidences and types of female genital mutilation and the associated complications is a good lesson.

Partnership with major stakeholders is critical in mobilizing adequate resources for major research activities. Adequate and constant engagement with inter-agency processes, provides an avenue to support the RCO, builds a positive reputation for UNFPA and makes it a partner to trust in joint programming. Timely disbursement of funds is a prerequisite for timely implementation of planned activities, while late disbursement of funds hampers the successful implementation of the various interventions and could have impact on the effectiveness and efficiency of the Country Programme interventions.

● CHAPTER 5 : CONCLUSIONS

5.1 Strategic-Level Conclusions

Conclusion 1: C1:- UNFPA Country Programme 2017-2021 interventions are relevant to The Gambian context, priorities and population needs as identified in the national development plan, policies and strategies .The 8th CP is also relevant to international development agendas, particularly UNFPA Strategic Plans and sustainable development goals, Agenda 2030. For the country to achieve the SDGs and the zero mandates of UNFPA, it needs to forge stronger partnerships with UNCT, civil society organisations, development partners and academia and research entities in The Gambia to successfully implement its programme.

Origin: EQ1, EQ2, EQ3, EQ4

Evaluation Criteria: Relevance, Effectiveness, Efficiency

Associated Recommendation: R1

The 8th UNFPA-GoTG CP 2017-2021 is relevant and aligned with the national development strategies and policies, including the international development agenda**.** The 8th CP is aligned with the National Development Plan, 2018-2021, National Health Strategic Plan, 2014-2020, Costed Implementation Plan for FP in the Gambia, 2019-2022, RMNCAH Strategic Plan, 2017-2021 and the National Family Planning Policy 2019-2026. Internationally it is aligned with ICPD PoA, the Addis Ababa Declaration on Population and Development in Africa (AADPD), the UNFPA Strategic Plan (2014-2017) 2018-2021, the UNDAF and the SDGs. The CP8 main focus was the marginalized groups such as women, children adolescents, youth, the disabled and the vulnerable populations. Cross-cutting issues of gender and human rights were also taken into account in the 8th CP design. The 8th CP was responsive to changing national needs due to the COVID-19 pandemic. Some activities were re-Programmed for COVID-19 response.

Conclusion 2:C2:-UNFPA CO efficiently managed its available human, financial and administrative resources to deliver the various country Programme interventions, hence high implementation rates and no record of any qualified audit.

Origin: EQ4

Evaluation Criteria: Efficiency

Associated Recommendation: R3, R4

Overall, the activities implemented toward the achievement of outputs for the two Programme areas appeared to be reasonable for the amount of resources expended. UNFPA CO in The Gambia CO was generally efficient in disbursing annual Programme budgets to support the implementation of Annual Work Plans (AWPs) through contracts with Implementing Partners as well as National Execution (NEX). A team of competent staff at the CO has implemented the 8th CP with support from several national and international consultants, and the Regional Office, WCARO. The 8th CP was rated efficient given their timely preparation of annual work plans, relative high fund utilisation across components, outputs and implementation rates and the quality of its human resources at the CO. There was no qualified audit either at CO or IPs levels.

Conclusion 3:C3-: Sustainability: All the 8th CP interventions are expected to be sustainable because they are issues of concerns to the government and people of The Gambia. There are existing structures to handle them. As far as the country exists as a member of the international community and subscribes to

international development protocols and processes, it will be able to continue the implementation of those activities, though at a reduced level.

Origin: EQ 6; Evaluation Criteria: Sustainability

Associated Recommendation: R3

All IPs affirmed that Programme outputs are sustainable since all the components are issues that are relevant to national needs and there exist strategies and structures to address them. The Ministry of Health exists to address maternal health interventions; the Ministry of Youth also addresses youth policy and Programmes. Joint programming involving government, Programme approach of needs assessment, stakeholder consultations and validation, technical capacity building and system strengthening are factors that can promote sustainability of all the CP8 interventions.

Conclusion 4:C4:- Coordination: The UNFPA CO is contributing significantly to improving the UNCT coordination mechanism, especially in joint programming and implementation in The Gambia. UNFPA CO is involved in multi-layered coordination structures with national, non-governmental IPs and UNCT. The Government coordination mechanism is through the National Population Commission Secretariat.

Origin: EQ6

Evaluation Criteria: Coordination

Associated Recommendation:R4

The CPE shows that UNFPA in The Gambia is an active and constructive partner contributing to the functioning and coordination of UNCT activities within the UNDAF in the country. The CO received a good review from other UN agencies for its work within the UNDAF Outputs and Outcomes. UNFPA CO contributes to the functioning and consolidation of UNCT and government coordination mechanisms with a highly professional collegiality. Stakeholders expressed strong approval for the collaborative approach taken by UNFPA CO in the Gambia.

5.2 Programmatic Level Conclusions

Conclusion 5: C5: Sexual and Reproductive Health and Family Planning

The SRH component was aligned and relevant to National Health Policy and in line with UNFPA Strategic Plans 2014-2017, 2018-2021 and ICPD PoA and SDG. Interventions on human resources for health workers, fistula identification and repair, and family planning and reproductive health commodity services were in line with international and national priorities.

Origin: EQ 1; Evaluation Criteria: Relevance

Associated Recommendation: - R1

Conclusion 6: C6-: Adolescents and Youth Development

The adolescent and youth component, which includes capacity-building for both duty bearers and rights holders, is aligned to The Gambia's National Youth Policy and linked to major challenges of the youth. However, attention given to facilitating the creation of economic opportunities for young people has been limited during the 8th CP as opposed to the increasing size of the unemployed youth population in the country which in turn increases the vulnerability of several social problems.

Origin: EQ 1; Evaluation Criteria: Relevance

Associated Recommendation: - R1

Conclusion 7:C7:- Effectiveness

The evaluation has shown that overall a relatively high number of outputs and outcomes were achieved in all the components of the Programme. Access and use of integrated SRH and FP services and commodities have increased. Adolescents and youth have been empowered to access sexual and reproductive health services and exercise their sexual and reproductive rights. Youth centers are remodeled according to WHO standard. There is an advancement of gender equality and the empowerment of all women and girls**.** There is increased use of population data in the development of evidence-based national development plans, policies and Programmes.

Origin: EQ2, EQ3, EQ5; **Evaluation Criteria:** Effectiveness, sustainability

Associated Recommendation: R3

An increased number of health facilities are providing CEmONC services resulting in increased deliveries by skilled birth attendants. The use of women economic empowerment (Kabilo Baama) as an entry point to SRH information and services; and male involvement in SRH has contributed to institutional deliveries in many rural communities. The CPR has also more than doubled due mainly to the huge number of trained CBDs and significant increases in FP services and acceptors. However, there are shortfalls. The CPR is extremely low with significant unmet FP needs for both married and sexually active unmarried women.

With UNFPA funding, GFPA implements interventions that empower adolescents and youth and increase their uptake of SRH services and information, particularly, on VCT, STIs and HIV prevention, in two youth centers. These two youth centers are modelled and furnished as per the international standard stipulated by WHO. Each of the youth centers has a nurse and a clinic, where young people visit for their SRH issues. Counselling is provided to young people to make informed choices. There are youth fora introduced for young people from the different regions to meet and discuss their problems. Decisions arrived at this forum have been shared with the government through the National Population Commission Secretariat (NPCS). The promotion of gender equality and the empowerment of all women and girls is a central principle that permeates UNFPA's programming and interventions. This includes the collection and use of disaggregated data to facilitate the identification of the specific needs of women and girls. The inaccessibility of fistula repair surgeries is still a major challenge for most women and girls.

UNFPA is the front liner in the use of population data in the development of evidence-based national development plans, policies and programmes such as the National Family Planning Policy 2019-2026, RMNCAH Strategic Plan, 2017-2021, National Health Strategic Plan, 2014-2020 and the Costed Implementation Plan for FP in the Gambia, 2019-2022.

Conclusion 8:C8:- While an integrated approach to programming and implementation is adopted in this CP, the capacity of the IPs need further strengthening so that those aspects that have not been successful will be considered for further implementation in the next cycle. The integrated approach to programming adopted in the SRH component contributed to the success of the CP8, leading to meeting over 70% targets of the SRH and other indicators.

Origin: EQ2, EQ3, EQ4, EQ5

Evaluation Criteria: Effectiveness, efficiency, sustainability

Associated Recommendation: R3, R4

The support and introduction of Comprehensive Sexuality Education by UNFPA in the Gambia during the 8th country Programme is an added advantage to the education system of the Gambia. The effort of UNFPA in the support of CSE is been highly appreciated by IPs and beneficiaries. There has always been stigma

attached to learning and teaching about sex-related issues, both on the side of teachers and students in and out of school. Students from different regions proved to gain sexuality knowledge and look confident enough to discuss sexual issues openly following UNFPA supported sensitizations and teaching sessions.

Conclusion 9: C9:- Though gender and human-rights mainstreaming in all the components are emphasised especially at the CO level, their actual interpretation and inclusion in direct service delivery to the beneficiaries is not clear. Most IPs claimed gender and human-right mainstreaming but were not able to explain its meaning and application in their activities.

Origin: EQ2, EQ3

Evaluation Criteria: Effectiveness

Associated Recommendation:R3

The UNFPA during the 8th country supported immensely in the fight against GBV and the promotion of girls rights, but FGM, child marriage leading to incidence of fistula cases are still prevalent. In terms of awareness, sensitization of the public about child marriage, FGM, rape cases etc. especially in the rural Gambia led to 80% of Gambians showing signs of awareness. Two hotlines were introduced, with the partnership of UNFPA and the Ministry of Gender, Children and Social Welfare for any case of GBV to be reported. The UNFPA 8th country Programme has contributed immensely in the increase of the identification of cases relating to GBV and for building centers for victims.

Conclusion10:C10:- Innovative practices developed and employed in the implementation of the 8th CP interventions such as SRH/FP and adolescents and youth activities should be refined. Training of community based distributors (CBDs), promotion of male involvement, traditional and religious leaders' involvement have been effective and efficient strategy to raise community awareness, change attitudes among men and women, and increase uptake of SRHR and HIV services, although significant barriers to uptake of contraception remain as well as concerns regarding the supply chain.

Origin: EQ2, EQ3, EQ4, EQ5

Evaluation criteria: Effectiveness, efficiency and sustainability of results

Associated recommendation: R7

Community attitudes to key SRH issues such as fistula damage and repair, FGM/C and facility-based delivery have significantly improved with long-term training and also the engagement of the custodians of tradition. Involving men, traditional and religious leaders to change community attitudes is of particular importance regarding safe motherhood, to strengthen family planning uptake, to encourage HIV prevention, testing and treatment, and to reduce GBV. CBDs are also highly valued and their presence greatly facilitates access to FP.

Conclusion 11:C11:- The National strategic emergency response plan contributes to addressing any humanitarian crisis in the country. Its use during the Covid-19 pandemic lockdown was impressive.

Origin: Q2, EQ3, EQ4

Evaluation Criteria: Effectiveness, Efficiency

Associated Recommendation: R3

UNFPA 8th country Programme in The Gambia demonstrated a good emergency response strategy, during the COVID-19 pandemic. The Government of the Gambia with the support of the UNFPA played a very important role in the sensitization of the community members and school students in the awareness and impact of the virus and the preventive measures to avoid contamination. UNFPA Partnered with GSM

operators to send out SMS messages for sensitization. The UNFPA also worked with the Ministry of Education to prepare school grounds for students to return to school after a long break.

5.2.1 Programme Level: Sexual and Reproductive Health including Family Planning.

Conclusion 12: C12-: The CP has contributed to the H4 partnership, RMNCAH policy and programming, health work force capacity development and to integrated SRHR, RHCS and GBV service provision, all contributing to some positive outcomes in The Gambia.

Origin: EQ2, EQ3, EQ5; Evaluation criteria: effectiveness, sustainability

Associated recommendation: R6

In the 8th CP, UNFPA CO provided technical and financial support to areas within its mandate of RMNCAH through several joint Programmes. In particular, the integrated SRHR programming has been catalytic in promoting national ownership of and commitment to an integrated service approach.

Conclusion 13:C13:- During the 8th CP UNFPA has continued to address fistula repair although expected targets are not met due to lack of qualified surgeons to handle the cases. Stigma attached to fistula incidence is another reason for the low fistula repairs. The fistula camp is not sustainable when there are no capable hands to handle the treatment of cases.

Origin: EQ2, EQ3, EQ5; **Evaluation criteria**: effectiveness and sustainability

Associated recommendation: R6

The holding of fistula camps to undertake repairs, however, is not sustainable; training surgeons for provision of services in different provinces is more cost effective. The innovative practice of keeping register of women who have experienced FGM should be strengthened.

5.2.2 Programme Level: Adolescents and Youth Development

Conclusion 14:C14:-The 8th CP has strengthened policies, strategies and Programmes addressing the integrated SRHR needs, knowledge, demands, access to and service provision for young people, particularly adolescent girls and young women, but greater resource allocation is needed to intensify this focus in the coming CP.

Origin: EQ 1, EQ2, EQ3 and EQ4

Evaluation criteria: Relevance, effectiveness, sustainability

Associated recommendation: R11

The 8th CP has continued to address young people through all modes of engagement, contributing to policy and strategy development and addressing laws and attitudes that are barriers to adolescent SRHR service provision, in and out-of-school comprehensive sexuality education, child marriage, and training peer educators and mentors to build knowledge and demand for SRHR services. Overall, the interventions for young people are strategic, given their inadequate SRHR knowledge and uptake of contraception and other services, and the insufficiently enabling environment. Despite progress, SRHR indicators such as child marriage, FGM, GBV remain high and marginalized young people, including those with disabilities, need greater attention.

5.2.3 Programme Level: Cross-cutting Issues: Gender and Human Rights

Conclusion 15:C15:- Gender and human-right mainstreaming cuts across the two components of the 8th CP in The Gambia. Advocacy and raising awareness on such issues as FGM, child marriage, GBV reached the population. The community–based distributors, involvement of traditional and religious leaders, male involvement, contributed to the gender integration in the Programmes.

Origin: EQ 2, EQ3

Evaluation criteria: Effectiveness and efficiency

Associated Recommendation: R11

5.2.4 Programme Level: Data Availability and Use

Conclusion 16:C16:-

During 8th CP, data generation and utilization was completed, however, the implementing partners all noted that there is no stand-alone population programme. Capacity building of implementing partners in data generation, utilization and dissemination enhanced the integration of evidence-based analysis on population dynamics in development policies, plans and agendas, although the extent of continued application of training was not sufficiently assured. Despite the role of GBoS in making data available, there was no clear programme of advocacy for implementation and monitoring of the ICPD PoA in the country.

Origin: EQ2, EQ3, EQ 4; Evaluation criteria: Effectiveness and efficiency

Associated Recommendation: R11

The integration of evidence-based analysis on population dynamics in development plans such as the Gambia NDP, National Policies and strategies is a clear indication of the development of IP capacity regarding disaggregated data generation, utilization and, to some extent, dissemination. However, it is not clear whether the training is leading to sustained capacity development over time given that staff tend to move into different positions where their training may no longer be highly relevant.

● CHAPTER 6 : RECOMMENDATIONS

The recommendations are linked to, and flow logically from the conclusions as shown by the cross-referencing. The level of priority is indicated and operational implications (i.e. human, financial or technical) are described. With regards to timelines, these actionable recommendations will largely inform the extension of the 8th CP in 2021 and the next programming cycle (9th CP) in 2022.

6.1 Strategic Level

Recommendation 1:-Relevance: UNFPA should continue to maintain the relevant strategic partnerships with government, non-governmental agencies and development partners to respond to the country's national needs and priorities and get buy-in support from international and national development partners/stakeholders.

Priority: High

Audience/Action: UNFPA CO and GoTG

Origin: C1, EQ1

Operational Implications

- CO should continue to partner with strategic ministries and agencies in the country.
- Identify champions in the national political structures that will help to lobby the government to contribute meaningfully to the implementation of the next CP.
- Facilitate increased demand and use of evidence by policymakers and management in decision-making. Interventions should continue to be based on needs assessment and participatory consultations with stakeholders.
- UNFPA CO should pursue a range of strategic, innovative and operational partnerships to advance the priorities identified in the UNDAF to help drive the transformational change toward sustainable development.

Recommendation 2: UNFPA CO and its partners (particularly GoTG) should continue to align all the components with national priorities and international commitments related to maternal health, family planning, adolescents and youth, gender equality and women's empowerment as elaborated in ICPD Nairobi Commitments, SDGs and aim at addressing key issues at advocacy (fistula, FGM, GBV, family planning) and legislative levels that can potentially deal with the barriers in achieving the goals of each component towards achieving the three zeros.

Priority: High

Audience/Action: UNFPA CO, GoTG

Origin: EQ1, EQ3, EQ4

Operational Implications:

- Continue to address the root causes of negative maternal health outcomes such as early marriage, gender issues that promote GBV, cultural and religious biases against FP and sex education in the school system.
- Continue work on Maternal death and surveillance review
- More capacity building of health care workers especially doctors and midwifery to be able to handle the challenges associated with maternal health issues

- Play advocacy role and expand partnerships to address issues that hinder implementation of Programme activities
- Train more teachers and youth leaders to be able to deliver on CSE.
- Assess the quality of delivery by teachers already trained in the CSE content and delivery.

Recommendation 3:- The Next CP should adopt the same integrated programming approach across all the components. This is important to achieve the transformative development agenda meant to achieve the three zeros of the UNFPA and relevant SDGs by the end of 2030. The SDGs are integrated and indivisible and to achieve them, requires a more holistic and integrated approach that requires system thinking as opposed to silo-thinking.

Priority: High

Audience/Action: UNFPA CO and IPs

Origin: C2, C3, EQ2, EQ3, EQ4

Operational Implications:

- Conduct evaluability assessment at the onset of the Programme for each component in term of the output, assessing the availability of data, including baseline values
- Develop clear and detailed intervention logic model with Theory of Change, risk assumptions and mitigation plans appropriate to the country's context
- Prioritize input with clear-cut sustainability strategies in the work plan for all IPs.
- Identify areas that need to be revised or corrected in the CPAP framework.
- Conduct targeted capacity building of staff to meet the skill sets required to deliver results.

Recommendation 4: UNFPA should maintain its position regarding UNCT coordination and DaO and explore further opportunities for joint programming including joint financial resource mobilization as in the case of Peace Building Fund (PBF).

Priority: Medium;

Target level: UNFPA CO, UNCT , Regional Office and HQ

Origin:C4, EQ6

Operational implications:Joint programming and fully aligned indicators should lead to greater efficiencies in programming and in monitoring and evaluation.

6.2 Programme Level

Recommendation 5: Sexual and Reproductive Health/FP: CO should continue promoting integrated SRH interventions and adopting identified best practices such as the girls' mentorship Programme, involving religious and traditional leaders, Community-based distributors, FGM Health Register, and fistula identification and treatment, and capacity-building Programmes for the various IPs involved in maternal health care services.

Priority: High

Audience/Action: UNFPA CO, GoTG, IPs, NPCS

Origin: C1,C5, EQ2, EQ3

Operational Implications:

- Continue to adopt the integrated approach to SRH programming in all aspects of the country Programme

- Address the challenges to successful implementation of all the activities as identified.
- Technical and personnel resources will be needed to continue to implement this Programme successfully.

Recommendation 6: UNFPA should continue to train CBDs address barriers to contraceptive uptake and to strengthen the supply chain further; and, depending on resources, UNFPA should consider widening the provinces and/or districts covered or intensifying programming within existing provinces and districts, as well as earmarking funds for refresher courses and further basic benefits.

Priority: High;

Audience/Action:UNFPA CO, GoTG

Origin: R7

Operational implications:

- Training further community health volunteers and providing refresher courses and basic equipment have cost implications that appear justified given the commitment of these community volunteers and sustainability of results.
- Provide CBDs with communication gadgets for communicating with supervisors to strengthen access and supplies management.
- The barriers to contraceptive uptake need to be better understood and addressed, as well as further strengthening of the supply chain, potentially with operational research to address gaps in information, south to south learning and intensified efforts to replicate approaches that have shown results.

Recommendation 7: Adolescents and Youth Development: In the next CP, UNFPA CO and its partners should continue supporting youth empowerment initiatives and engagement in the community education on reproductive health and social-economic issues. UNFPA should actively engage the roles of the Ministry of Basic and Secondary Education and Ministry of Youth and Sports in ensuring full implementation of the CSE among the in-school and out-of-school adolescents. There has always been stigma attached to learning and teaching about sex-related issues, both on the side of teachers and students in and out of school.

Priority: High

Audience/Action: UNFPA CO, GoTG

Origin: C1, C5, EQ2, EQ3

Operational Implications:

- Continue to build the capacity of more teachers and youths to be UNFPA and government partners in the delivery of CSE. Develop a strategy of advocacy and capacity-building for the Ministries in charge of Education and Youths
- To address the stigma in the teaching of CSE, the Ministry of Basic and Secondary Education has decided to rename CSE to Comprehensive Health Education (CHE), to make the teaching of the subject more acceptable by society.
- Establish a platform that allows youth to lead and participate in the sustainable development agenda
- Support the provision of vehicles to the IPs for easy access and frequent visits to the hard to reach areas.

- Invest in further refurbishing of more youth-friendly centres to be of WHO-recommended standard

Recommendation 8: Integrated SRHR/HIV/GBV programming for young people, especially vulnerable and marginalized adolescent girls and young women, needs to be scaled up with increased budgets for stronger results for young women and men, building on the 8th CP experience regarding benefits and limitations to adolescent spaces in health facilities and the relative benefits, limitations and sustainability of peer education and CSE.

Priority: High

Audience/Action: UNFPA CO, WCARO and HQ

Origin: EQ2, EQ3, EQ4, EQ5

Operational implications:

- Provide some core funding for this thematic area given its importance and the scale and extensive needs of the youthful population in the Gambia.
- Attention should be given to ensuring that approaches to AY SRHR are sustainable and achieving the intended results in a cost-effective manner.

Recommendation 9: UNFPA should intensify and expand the focus on FGM, child marriage, fistula management in the next CP, building on the strategic partnerships and gains in current programming, and should plan and budget for partnerships that worked well, like the partnership with community and religious leaders.

Priority: High;

Audience/Action: UNFPA CO, WCARO and HQ

Origin: EQ2, EQ3, EQ4, EQ5

Operational implications:Strategic partnerships should continue with clearly delineated and complementary roles between stakeholders, and sufficient budget allocation. Resource mobilization jointly with other key partners is underway and should be continued to scale the Programme in the extension of this CP and into the next CP. Office capacity is already in place and relationships built with key partners to achieve this, and additional core funding should be considered.

Recommendation 10: Consideration should be given to increased integration of AY, SRHR and the gender focus within the CO, and whether to expand the dedicated staff complement for AY given the importance of addressing the considerable SRHR (and other) needs of this large population cohort.

Priority: Medium;

Audience/Action: UNFPA CO, WCARO and HQ

Origin: EQ2, EQ3, EQ4, EQ5

Operational implications: Review of the relevant office team structures, communication channels and linkages could lead to greater synergies in managing the various Programme areas relating to AY. This should be undertaken and lead to consideration of whether the dedicated staff complement should be expanded for this critical thematic area (which could have cost implications).

Recommendation 11: Gender Equality and Women's Empowerment: Though this cuts across the two components, it is important to be separated and made a stand-alone component of the next CP. **A**vailable data should be used to advocate for the advancement of gender equality, jointly with other UNCT agencies**.** Male involvement and the involvement of traditional and religious leaders should be well integrated in the issues of GBV, FGM, child marriage and fistulae treatment. The next CP should implement

interventions that have transformative impact on gender roles through a Programme that will address institutional, social-cultural dynamics that influence the behaviours and vulnerabilities of women and girls, men and boys in The Gambia

Priority: High

Audience/Action: UNFPA CO, GoTG, UNCT

Origin: C1, C3, C7; EQ2, EQ3

Operational Implications:

- Identify gender barriers to achieving the GBV and harmful traditional practices, especially in FGM, early child marriage, fistulae, and family planning.
- Use an interconnected strategy which includes preventing violence, strengthening legal and policy frameworks
- Continue response services to GBV survivors and their families that work
- Identify how to prevent GBV before it happens
- Develop plans for addressing each gender barrier through community and male involvement
- Monitor the progress at implementing at national and regional levels.
- Continue to mainstream gender across all outcomes.
- Capacity-build IPs on the concepts and practice of gender and human-rights mainstreaming across components.
- Make One-Stop-Centres functional, attractive, and acceptable by the community.
- Learn from innovative practices that worked both in the 8th CP and elsewhere.
- Technical implication of this involves additional staff and to implement planned activities, additional resources will be needed.

Recommendation 12: Data Availability and Use: UNFPA should continue to strengthen the capacity of the GBoS to generate, produce and disseminate reliable and timely data to inform, monitor and evaluate policy and Programme implementation. There should be an active population component which should play a more meaningful role in providing fresh ideas to policymakers on what should be done on various population-related matters through continuous policy engagement.

Priority: High

Audience/Action: UNFPA CO, GoTG, GBoS, NPCS

Origin: C2, C3, C4, EQ2, EQ3

Operational Implications:

- Given the technical expertise of UNFPA in data issues, it should be a source of knowledge and fresh ideas to GBoS and other related agencies
- UNFPA should continue to strengthen the capacity of the GBoS to generate and produce reliable and timely data to inform, monitor and evaluate policies and Programmes
- Broker technical advice from National demographers and population scientists through the development and making use of knowledge products as well as advocacy on specific policy issues by academics
- Support generation of disaggregated data during different stages of national development or as the needs change.
- UNFPA should advocate for the scheduled conduct of Demographic and Health Surveys on a regular basis.

- Revitalize the National Population Commission Secretariat to deliver on its mandate in the coordination of CP and overall population development mandate.

Recommendation 13: UNFPA should promote close collaboration between all stakeholders and government to ensure the continued and strengthened linkages of the next national development plan with the SDGs, including support to strengthen user-friendly formats to disseminate in-depth analysis of population dynamics, and with further indicators including regarding people with disabilities.

Priority: High;

Audience/Action: UNFPA CO, GoTG, UNCT

Origin: EQ6

Operational implications: Promotion of close collaboration for the next national development plan and continued development of user-friendly formats may have cost and human resource implications. High level engagement will be needed, as well technical capacity to design further materials for effective dissemination of data to influence decision-making and planning, and to include further indicators.

Recommendation 14: Monitoring and Evaluation: National coordination and monitoring of the CP seems weak because the NPCS is not maximally empowered and functional in the discharge of its responsibility. The M&E has to be taken in an integrated systematic way and coordinated by the NPCS. Through this, an effective performance monitoring, coordination, accountability and learning can be achieved.

Priority: High

Audience/Action: UNFPA CO, NPCS

Origin: C2, C3, C4, EQ2, EQ3

Operational Implications:

- The NPCS should carry out its role of coordinating M&E effectively by strengthening the unit to perform efficiently through funding to carry out their activities as required in the CP.
- Empower the NPCS with all the logistics needed to carry out its coordinating and monitoring responsibility.
- M&E activities should have a separate Work Plan covering all the activities in the Programme areas. This may mean pulling out and consolidating M&E activities from the three Programme areas.

Recommendation 15: Further capacity needs to be built in both implementing partners and within the CO typology to ensure timely and acceptable reporting to facilitate resource disbursement, with the new reporting modalities introduced in the 8th CP fully and efficiently operationalised; consideration is needed on how to resolve the situation where delays in implementation lead to return of funds.

Priority: High

Audience/Action: UNFPA CO, WCARO, HQ

Origin: EQ5

Operational implications: The new systems should lead to increased efficiencies in reporting and financial disbursement once fully understood and operationalised, with no further operational or cost implications beyond the need for continued mentoring of implementing partners and the CO.

● REFERENCES

Gambia Bureau of Statistics (2016), National Strategy for the Development of Statistics (NSDS), 2017-2022, Ministry of Finance and Economic Affairs, Banjul, The Gambia.

Gambia Bureau of Statistics (2017), Integrated Household Survey, 2015/16: Prevalence and depth of poverty Vol. III, Ministry of Finance and Economic Affairs, Banjul, The Gambia.

Gambia Bureau of Statistics (2017), Integrated Household Survey, 2015/16: Socio-economic Characteristics Vol. II, Ministry of Finance and Economic Affairs, Banjul, The Gambia.

Gambia Bureau of Statistics (GBOS) and ICF International. 2014. The Gambia Demographic and Health Survey 2013. Banjul, The Gambia, and Rockville, Maryland, USA: GBOS and ICF International.

Gambia Bureau of Statistics (GBoS), Ministry of Health (MoH) [The Gambia], and ICF. 2020.

The Gambia Demographic and Health Survey 2019-20: Key Indicators Report. Banjul, The Gambia and Rockville, Maryland, USA: The Gambia Bureau of Statistics, Ministry of Health, and ICF.

Gambia Bureau of Statistics (GBOS). 2011. The Gambia Multiple Indicator Cluster Survey 2010, Banjul, The Gambia: The Gambia.

GFPA, Annual Work Plans, 2017-2020, Banjul, The Gambia.

Government of The Gambia (2011), National Health Policy, 2012-2020, Banjul, The Gambia.

Government of The Gambia (2013), National Health Strategic Plan, 2014-2020, Banjul, The Gambia.

Government of The Gambia (2013), National Policy Guidelines on HIV and AIDS, 2014-2020, Banjul, The Gambia.

Government of The Gambia (2014), National Strategic Plan for HIV and AIDS, 2015-2019.

Government of The Gambia (2016), RMNCAH Strategic Plan, 2017-2021, Banjul, The Gambia.

Government of The Gambia (2017), National Development Plan, 2018-2021, Banjul, The Gambia.

Government of The Gambia (2018), Costed Implementation Plan (CIP) for Family Planning in the Gambia, 2019-2022, Banjul, The Gambia.

Government of The Gambia (2018), National Family Planning Policy, 2019-2026, Banjul, The Gambia.

Government of The Gambia (2018), National Report on the Five-Year Review of the Implementation of the Addis Ababa Declaration on Population and Development Beyond 2014, Banjul, The Gambia.

Ministry of Health (2013), National Health Strategic Plan, 2014-2020, Banjul, The Gambia

Ministry of Health and Social Welfare and UNFPA (2017): Female Genital Mutilation in 37 Health Facilities 2013-2016: An assessment of data quality, obstetric and delivery complications and their management.

Ministry of Health (2020), DHIS II Report, Banjul, The Gambia.

UN (2016), The Gambia UNDAF 2017-2021, Banjul, The Gambia.

UN Common Country Assessment, 2016.

UN, 2030 Sustainable Development Goals, New York.

UNFPA (2007), Independent Thematic Evaluation: UNFPA Support to Family Planning, 2008-2013.

UNFPA (2010), Reproductive Health Commodity Security Strategic Plan, 2011-2022.

UNFPA (2014), Setting standards for Emergency Obstetric and New born Care.

UNFPA (2020), ATLAS Financial Dashboard Summary, UNFPA CPE, 2017-2020.

UNFPA (2020), Procurement Planning Tool, Banjul, The Gambia.

UNFPA Evaluation Office (n.d) Synthesis Report: Lessons learned from UNFPA CPE, Evaluation Office, New York.

UNFPA Strategic Plan, 2014-2017, New York, USA.

UNFPA, COAR 2017-2020, Banjul, The Gambia.

UNFPA, CPD 2017-2021, Banjul, The Gambia.

WHO (2016), Strengthening Country Capacity on Maternal and Perinatal Death Surveillance and Response.

WHO (2017), Maternal and Perinatal Death Surveillance and Response (MPDSR) Guidelines.

WHO (2019), Consolidated Guidelines on Self-Care Interventions for Health: Sexual and Reproductive Health Rights, New York.

● ANNEXURES

Annex 1: Terms of Reference for United Nations Population Fund (UNFPA) The Gambia 8th Country PROGRAMME (2017-2021) Country PROGRAMME Evaluation, September 2020

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. . The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the PROGRAMME of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality".[145] In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one will be left behind and that the furthest behind will be reached first.

The cooperation between UNFPA and The Gambia commenced in 1972 with the first PROGRAMME cycle. Successive Country PROGRAMMEs have been aligned to national priorities as articulated in national development plans and related development plan documents. The eight CP priorities were aligned to those of the National development plan (2017-2021), vision 2020, the UNDAF (2017-2021), the Sahel Regional Response plan and the UNFPA Strategic Plan (2018-2021)

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated at least once every two PROGRAMME cycles. The last CPE for The Gambia was in 2010 with a "POOR" Evaluation Quality Assurance score. The 2020 CPE will provide an independent assessment of the relevance and performance of the UNFPA 8th CP (2017-2021) in The Gambia and offer an analysis of various facilitating and constraining factors influencing PROGRAMME delivery and the achievement of intended results. The CPE will also draw key lessons and provide a set of actionable recommendations for the next PROGRAMME cycle.

The evaluation will be implemented in line with guidelines in the *Handbook on How to Design and Conduct Country PROGRAMME Evaluations at UNFPA* (UNFPA Evaluation Handbook), which is available at: https://www.unfpa.org/EvaluationHandbook

The main audience and primary users of the evaluation are: (i) The UNFPA The Gambia CO; (ii) Government of The Gambia; (iii) the United Nations Country Team (UNCT) in The Gambia; (iv) UNFPA West and Central Africa Regional Office, (WCARO); (v) and donors operating in The Gambia. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) Implementing partners of the UNFPA The Gambia CO; (ii) UNFPA headquarters divisions, branches and offices; (iii) the UNFPA Executive Board; (iv) academia; (v) local civil society organizations and international NGOs; and (vi) beneficiaries of UNFPA support (in particular women and adolescents and youth). The evaluation results will be disseminated to these audiences as appropriate, using traditional and new channels of communication and technology.

2. Country Context

[145] UNFPA Strategic Plan 2018-2021.

The Gambia is one of the smallest mainland West African countries, of about 2 million inhabitants, with a land area of 10,120 square kilometers. With a population density of 176 persons per square kilometer, the country is amongst the most densely populated in sub-Saharan Africa. Currently, the population growth rate is estimated at 3.1 per cent per annum with a higher population concentration in urban areas.

The Gambia is among the poorest countries in the world with (48.2 per cent) of the population living below the poverty line of $1.25/day, with a Gross National Income (GNI) per capita of US$ 430 in 2016.

The Gambia ranks 174 out of 189 countries on the 2019 human development index with a national unemployment rate of 35.2 per cent (GLFS,2018). Unemployment rates are higher amongst females compared to males. Youth aged between 15- 35 years constitute the largest group, suffering extreme unemployment at 41.5 per cent. The unemployment rate is higher in rural (69.4 per cent) than in the urban areas (30.6 per cent) (GLFS, 2018).

Approximately 42 per cent of the population is below 15 years of age, 23.4 per cent are between 10 and 19 years and 21.4 per cent are between 15 and 24 years (GDHS,2013). High fertility rates being experienced in the country could be attributed to the youthful age structure of the population and the low use of contraceptives among women of childbearing age.

Maternal Mortality Rates (MMR) remain amongst the highest in the world estimated at 433/100,000 live births, with infant mortality estimated at 34/1,000 live births and under-five mortality at 54/1,000 live births (GDHS, 2013). Low contraceptive prevalence rate, access to skilled birth attendants, high fertility rate amongst adolescents are some of the contributing factors to high maternal mortality. With the Contraceptive Prevalence Rate (CPR) of about 9 per cent and unmet need for family planning of 24 per cent, the country has a crude birth rate of 40.5 per cent and Total Fertility Rate (TFR) of 4.4. CPR is higher in urban areas 20 per cent compared to rural areas 13 per cent with variations in the different LGAs (GDHS, 2019). With social and economic consequences, adolescent fertility continues to be a growing problem in The Gambia.

The national HIV prevalence rate is 1.9 per cent. Rate of infection is higher amongst male youths (0.5) compared to female youths (0.3) with regional disparities. HIV spreads mainly through heterosexual transmission. Stigma and discrimination are some of the contributing factors that deter people from seeking services, with only 3.8 per cent of males and 10.1 per cent of females aged 15-24 years, tested for HIV, having received their results in 2015.

Sexual and Reproductive Health

The Ministry of Health and Social Welfare (MoH) is responsible for the protection and improvement of the health of the population. The public sector has a three-tier health service delivery system comprising the primary, secondary and the tertiary levels. Government's continued efforts to expand coverage and improve the quality of health services have yielded mixed results. Total Fertility Rate had increased from 5.4 (Population and Housing Census (PHC), 2003) to 5.6 (GDHS, 2013) and increased slightly to 5.9 (PHC, 2013). The MMR dropped from 730/100,000 live births in 2001 to 433/100,000 live births in 2013 (GDHS, 2013). However, the contraceptive use for modern methods has dropped from 13.3 per cent (MICS 2010) to 9.0 per cent (GDHS 2013). Also there is still a high unmet need for family planning which increased from 22 per cent in 2010 (MICS 2010) to 25 per cent in 2013 (GDHS 2013). Research findings indicate that 82.7 per cent of deliveries in the country were carried out by skilled birth attendants (MICS 2018).

UNFPA is the main source of support for the procurement of contraceptives and works in close collaboration with the Reproductive and Child Health Unit of Ministry of Health and Social Welfare (MoH&SW) and Non- Governmental

Organisations (NGOs) for the provision of reproductive health commodities and building competencies of the health personnel in the delivery of reproductive health services.

Adolescents and Youth

The Gambia has a youthful population with the 2013 Population Census results indicating that 42.7 per cent and 64 per cent of the population are below the ages of 15 and 24 years respectively, with young people aged 15-24 years representing 21.4 per cent of the population. Young people bear a disproportionate share of unemployment, 25 per cent of young men and 40 per cent of young women in The Gambia are not in the education system, working, or in work training. This results in young people seeking alternative means of livelihood including irregular migration or indecent jobs. Early Marriage hinders the potential of girls aged 15-19 (23.8 per cent), with 18 per cent giving birth. Access to SRH services also remains a challenge in The Gambia due to limited availability of the services and socio-cultural barriers to the uptake of some of the services. This contributes to the phenomenon of teenage pregnancy with twice as many girls aged 15-19 getting pregnant in rural areas than girls in urban areas (24 per cent versus 12 per cent). Female genital Mutilation is a very common traditional practice in The Gambia, with 54.8% of women and girls aged 15-49 years underwent FGM, (GDHS,2013).

The Government of The Gambia has made it a priority to develop and implement a National Development Plan which recognizes youth as one of eight priority pillars. The plan clearly outlines the need for the country to harness the demographic dividend of a youthful population. The government has made efforts in addressing gender inequality including the criminalizing female genital mutilation (FGM) in 2015, and banning child, early and forced marriage in 2016.

COVID 19 in The Gambia

The COVID-19 pandemic has touched every corner of the world with The Gambia being no exception. The Gambia registered its first case of COVID-19 in March 2020. The number of coronavirus cases has surged exponentially over the past two months with evidence of passive community transmission. COVID-19 has caused disruptions in medical supply chains and straining financial and human resources. COVID continues to weaken the fragile health system and disrupts routine services after reported high infection rates amongst the frontline workers. Visits to health care facilities are declining due to communities being fearful of infection. The observed drop in the uptake of services has particularly affected maternal and child health services. Health officials are increasingly getting worried that this drop may potentially affect pregnancy outcomes and maternal and child health in general.

The Gambia has been under a state of public emergency for several months with the land borders and air space closed. There are restrictions on markets and places of worship. Due to the large number of cases, the president has declared a curfew throughout the country lasting from 5.00 am to 10.00pme.

The challenges and restrictions posed by COVID will make it difficult to conduct large scale face to face meetings and interactions with beneficiaries during the evaluation. With the current COVID induced travel restrictions, the international consultant to be hired for the evaluation may have to work virtually with the local evaluation team if travel restrictions are not eased.

3. UNFPA Country PROGRAMME

The UNFPA Gambia CO delivers its country PROGRAMME through the following modes of engagement: (i) capacity development (ii) advocacy and policy dialogue, (iii) knowledge management, and (iv) partnerships and coordination.

The **overall goal** of the UNFPA Gambia 8th CP (2017-2021) is **universal access to sexual and reproductive health, realization of reproductive rights and reduced maternal mortality**, as articulated in the UNFPA Strategic Plans SP (2014-2017) and (2018-2021). The 8th CP contributed to the following SP 2014-2017 outcomes:

- **Outcome 1:** Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access**.**
- **Outcome 2 :** Increased priority on adolescents, especially young adolescent girls, in national development policies and PROGRAMMEs, particularly the increased availability of comprehensive sexuality education and sexual and reproductive health**.**

Then following the SP 2018-2021, the 2 thematic areas of the 8th CP (2017-2021) was aligned to the new SP and contributes to the following outcomes, sexual and reproductive health and reproductive rights and empowering youth with the following 5 outputs:

Outcome 1: Sexual and Reproductive Health

Output 1: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives, and offer improved quality family planning services that are free of coercion, discrimination and violence.

Output 2: Strengthened national capacity to deliver high-quality basic and comprehensive maternal health and emergency services.

Outcome 2: Adolescents and Youth

Output 1: Increased national capacity to conduct evidence-based advocacy and capacity building interventions to incorporate adolescents and youth sexual and reproductive health needs in national laws, policies and PROGRAMMEs.

Output 2: Increased national capacity to design and implement community and school-based sexuality education PROGRAMMEs that promote human rights and gender equality.

Output 3: Increased national capacity to design and implement comprehensive PROGRAMMEs to reach marginalized adolescent girls, including those at risk of female genital mutilation, child marriage and gender-based violence.

In addition, the UNFPA Gambia CO takes part in activities of the UNCT under the leadership of the United Nations Resident Coordinator, with the objective to ensure inter-agency coordination and efficient delivery of tangible results in support of the national development agenda and the SDGs.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

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

4.2. Objectives

The **purpose** of this CPE is:

i. to provide the UNFPA CO in The Gambia, national stakeholders, the UNFPA WCARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Gambia 8th CP (2017-2021).
ii. to broaden the evidence base for the design of the next PROGRAMME cycle.

The **objectives** of this CPE are:

i. Provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country PROGRAMME.
ii. Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the UNCT with a view to enhancing the United Nations collective contribution to national development results.
iii. Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next PROGRAMME cycle.

4.3. Scope

Geographical Scope

The Country PROGRAMME mainly targeted highly vulnerable women and youth in the Lower River, North Bank, Central, and Upper River regions. However sexual and reproductive health services, including family planning, was supported in all regions. The CPE will cover all the Programmematic geographic areas.

Thematic Scope

The evaluation will cover all the following thematic areas of the 8th CP: Sexual and reproductive health, including family planning, Adolescents and Youth, child marriage, Gender-Based violence and Female Genital Mutilation. In addition, the evaluation will cover cross-cutting issues such as human rights and gender equality, disability, as well as transversal aspects of coordination; monitoring and evaluation (M&E); innovation; data for development; and strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: January 2017 to September 2020.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency and sustainability. It will also use the evaluation criterion of coordination to assess cooperation and partnerships of UNFPA within the UNCT and whether UNFPA interventions promote synergy and avoid gaps and duplication.

5.2. Preliminary Evaluation Questions

The country PROGRAMME evaluation is expected to provide answers to a number of evaluation questions which are derived from the above criteria. The evaluation questions will delineate the thematic scope of the CPE and are meant to formulate key areas of inquiry that are of interest to various stakeholders, thereby optimizing the focus and utility of the CPE.

The evaluation questions presented below are indicative and the evaluators are expected to develop a final set of evaluation questions based on these preliminary questions, in consultation with the Evaluation Manager at the UNFPA Gambia CO and the Evaluation Reference Group (ERG).

Relevance

1. To what extent was the 8th country PROGRAMME aligned to the national development priorities and able to adapt to the emerging needs of diverse populations in general and in particular those of marginalized and vulnerable groups.

Effectiveness

2. To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country PROGRAMME? In particular: i) increased availability and use of integrated sexual and reproductive health services; ii) advanced gender equality, empowerment of women and girls and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth; and iv) strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive rights, HIV and gender equality?
3. To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country PROGRAMME?

Efficiency

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

Sustainability

5. To what extent has UNFPA been able to support implementing partners and beneficiaries (women and adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

Coordination

6. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?

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

6. Methodology and Approach

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 CO in Gambia are expected to contribute to a series of results (outputs and outcomes) that lead to the overall goal of UNFPA. The theory of change also identifies the causal mechanisms, risks 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, as it focuses on the analysis of causal links (assumptions) between changes at different levels of the results chain described by the theory of change, and explores how these assumptions and contextual factors affected 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 Gambia 8th CP (2017-2021) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA Gambia CO was during the period of the 8th CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors might have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Gambia 8th CP (2017-2021) made.

As we are currently experiencing a surge in the number of COVID cases, this evaluation will be guided by the eleven guiding principles for conducting an evaluation during a pandemic. These stress the need to adapt throughout the evaluation process, being flexible and adapt the objectives, scopes and methods of the evaluation, which will require effective work planning and design adjustments on an ongoing and continuous basis.

Participatory approach

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

The Evaluation Manager in the UNFPA Gambia CO will establish an ERG comprised of key stakeholders of the CP including: Government (officials from the Ministry of Health, Ministry of Women's Affairs Children and Social Welfare of The Gambia, Ministry of Basic and Secondary Education); NGOs, Implementing Partners; and the CO PROGRAMME team (PROGRAMME Analyst Gender, PROGRAMME Analyst Youth Adolescents, PROGRAMME Analyst SRH, PROGRAMME Analyst RHCS, PROGRAMME Analyst Partnership). 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 through field visits, as appropriate. The qualitative data will be complemented with quantitative data to minimize bias. 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.

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 gender and human rights principles throughout the evaluation process, including, to the extent possible, participation and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries (women and adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

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

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*[146]*, Ethical Guidelines for Evaluation*[147]*, Code of Conduct for Evaluation in the UN System*[148]*, and Guidance on Integrating Human Rights and Gender Equality in Evaluations*[149]. When contracted by the UNFPA CO Gambia, the evaluators will be requested to sign the UNEG *Code of Conduct* 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 Gambia. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed work plan.

The evaluation team is strongly encouraged to refer to the Handbook at all times and use the provided tools and templates at all stages of the evaluation process.

The evaluation matrix

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

In the design phase, the matrix helps evaluators to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and direct observation at sites visited. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected for all evaluation questions and that data is documented in a structured and organized way. At the end of the field phase, the matrix

[146] http://www.unevaluation.org/document/detail/1914
[147] http://www.unevaluation.org/document/detail/102
[148] http://www.unevaluation.org/document/detail/100
[149] http://www.unevaluation.org/document/detail/980

is useful to verify whether sufficient evidence has been collected to answer all evaluation questions and identify data gaps that require additional data collection. In the reporting phase, the evaluation matrix facilitates the drafting of findings per evaluation question and the identification and articulation of conclusions and recommendations that cut across different evaluation questions.

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

Finalization of the evaluation questions and assumptions

Based on the preliminary evaluation questions presented in the present terms of reference (see section 5.2), the evaluators are required to finalize the set of questions that will guide the evaluation. The final set of evaluation questions will need to clearly reflect the evaluation criteria and key areas of inquiry (highlighted in the preliminary evaluation questions). The evaluation questions should also draw from the theory of change underlying the CP. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

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

Sampling strategy

The UNFPA Gambia 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 Gambia CO has produced a stakeholder mapping to identify the whole range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

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

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Gambia CO will provide the evaluators with information on the accessibility of different locations, including logistical requirements and security risks and concerns. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA in terms of thematic focus of programming and context.

The final sample of stakeholders to be consulted and sites to be visited will be determined in consultation with the Evaluation Manager based on the review of the design report.

Data collection

Due to the current pandemic, data collection will be done using a hybrid model combining remote and on-site data collection methods where possible. Remote data collection will be done whilst the risks of the pandemic are still high, followed by on-site data collection when travel restrictions are eased or lifted.

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

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and beneficiaries (women and adolescents and youth) and direct observation during visits to PROGRAMME sites.

Secondary data will be collected through desk review**,** primarily focusing on annual and mid-year reviews of the CP, progress reports and monitoring data, evaluations and research studies (incl. previous CPEs, assessments of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations etc.), housing census and population data, and records and data repositories of the UNFPA Gambia CO and its implementing partners, such as health clinics/centers. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Gambia CO during the period of the 8th CP (2017-2021).

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

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

Data analysis

The evaluation matrix will be the major framework for analyzing data. Once all data will have been entered into the evaluation matrix for each evaluation question, the evaluators should identify common themes, patterns and relationships in the data, as well as areas that should be further explored to answer the evaluation questions (see Handbook, sections 5.1 and 5.2, pp. 115-117).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data, including (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2., pp. 94-95);
- Regular exchange with the Evaluation Manager at the CO;
- Internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence (an important internal validation mechanism will take place when the evaluation team gets together to prepare the debriefing with the CO and the ERG); and
- The debriefing meeting with the CO and the ERG at the end of the field phase where the evaluation team present the preliminary findings and emerging conclusions.

Additional validation mechanisms may be established, as appropriate. Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of data and verify the robustness of findings at each stage in the evaluation, so they can determine whether they should further pursue specific hypotheses or disregard them when there are indications that these are weak (contradictory findings or lack of evidence).

The validation mechanisms will be presented in the design report.

7. Evaluation Process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and facilitation of use and dissemination phase. Quality assurance must be performed by the Evaluation Manager and the evaluation team leader throughout all phases to ensure the production of a credible, useful and timely evaluation

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

The Evaluation Manager at the UNFPA Gambia CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Drafting the terms of reference (ToR) for the CPE with support from the WCARO M&E Adviser and in consultation with the ERG, and approval of the draft ToR by the Evaluation Office.
- Selection of consultants by the CO, pre-qualification of the consultants selected by the Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.
- Compilation of background information and documents on the country context and CP for desk review by the evaluation team.
- Preparation of a first stakeholder map (Annex B) and list of Atlas projects (Annex D).
- Development of a communication plan by the Evaluation Manager in consultation with the communications officer at the UNFPA Gambia CO to support dissemination and facilitate the use of evaluation results. This plan should be updated as the evaluation process evolves, so it is ready for immediate implementation when the final evaluation report is issued.

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

The evaluation team will conduct the design phase in consultation with the Evaluation Manager and the ERG. This phase includes:

- Desk review of initial background information and documents on the country context and CP, as well as other relevant documentation.
- Review and refinement of the theory of change underlying the CP (Annex A).
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a comprehensive stakeholder map and sampling strategy to select sites to be visited and stakeholders to be consulted in Gambia through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete work plan for the field and reporting phases (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, assumptions, indicators, data collection methods and sources of information).

Considering the COVID19 context, in the course of the design of the evaluation, face to face or virtual meetings (depending on restriction measures) will be held with the ERG to review draft documents and advise on improvements in the interest of improving the evaluation.

At the end of the design phase, the evaluation team will develop a **design report** that includes the results of the above-listed steps and tasks. The design report will be developed in consultation with the Evaluation Manager, the ERG and the WCARO M&E Adviser. The template for the design report is provided in Annex E.

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

The evaluation team will undertake a field mission to Gambia to collect the data required to answer the evaluation questions. Where face-to-face interviews are impossible (including in connection with COVID 19 potential restrictions), questions would be sent by email to potential respondents for completion. Towards the end of the field phase, the evaluation team will also conduct a preliminary analysis of the data to identify emerging findings and conclusions to be validated with 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. The preliminary time frame allocated to the field mission is three weeks. During the design phase the Evaluation Manager will determine the optimal duration of the field mission in consultation with the evaluation team during the design phase. The field phase includes:

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

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the preliminary findings and emerging conclusions from the data collection. The meeting will serve as an important validation mechanism and will enable the evaluation team to develop credible and relevant findings, conclusions and recommendations.

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

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

This draft evaluation report will be submitted to the Evaluation Manager for quality assurance purposes. Prior to the submission of the draft report, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (Annex F). The Evaluation Manager and WCARO M&E Adviser will subsequently prepare an EQA of the draft evaluation report, using the EQA grid. If the quality of the report is satisfactory (form and substance), the draft report will be circulated to the ERG for comments and feedback. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a new version.

The Evaluation Manager will collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the Evaluation Manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Conclusions need to clearly reference the specific evaluation questions from which they have been derived, while recommendations need to reference the conclusions from which they stem.

The evaluation report is considered final once it is formally approved by the Evaluation Manager at the UNFPA Gambia CO.

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

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

The Evaluation Manager, together with the CO communications officer, will implement the communication plan to share the evaluation results with the CO, WCARO ERG, implementing partners and other stakeholders. The Evaluation Manager will also ensure that the final evaluation report is circulated to relevant business units in the CO, invite them to submit a management response, and consolidate all responses in a final management response document (see Annex G). The UNFPA Gambia CO will subsequently submit the management response to the UNFPA Policy and Strategy Division in HQ.

In this phase, the Evaluation Manager, in collaboration with the communications officer at the UNFPA Gambia CO, will also develop an evaluation brief that makes the results of the CPE more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the independent EQA of the final report will be published on the UNFPA evaluation database by the Evaluation Office. The final evaluation report will also be made available to the UNFPA Executive Board and will be published on the UNFPA Gambia CO website.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report, not exceeding 30 pages should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) a stakeholders' map; (ii) an evaluation matrix (incl. the final set of evaluation questions, indicators, data sources and data collection methods); (iii) the evaluation approach and methodology, with a detailed description of the agenda for the field phase; (iv) and data collection tools and techniques (incl. interview and group discussion protocols). For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the Evaluation Manager and the Regional M&E Adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO.** The presentation provides an overview of key preliminary findings and emerging conclusions of the evaluation. It will be delivered at the end of the field phase to present and discuss the preliminary evaluation results with UNFPA Gambia CO staff (incl. senior management).
- **Draft and final evaluation reports.** The final evaluation report *(maximum 70 pages plus annexes)* will include evidence-based findings and conclusions, as well as a full set of practical and actionable recommendations to inform the next PROGRAMME cycle. A draft report precedes the final evaluation report and provides the basis for the review of the CO, ERG members, the Evaluation Manager and the Regional M&E Adviser. The final evaluation report will address the comments and feedback provided by the UNFPA Gambia CO, the ERG, the Evaluation Manager and the WCARO M&E Adviser. For guidance on the outline of the final evaluation report (see Annex H).
- **PowerPoint presentation of the evaluation results.** The presentation will provide an overview of the findings, conclusions and recommendations to be used for dissemination purposes.

Based on these deliverables, the Evaluation Manager, in collaboration with the communications officer at the UNFPA CO in Gambia will develop an:

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

All the deliverables will be developed in English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to monitor the quality of centralized and decentralized evaluations at UNFPA through two processes: quality assurance and quality assessment. While quality assurance occurs throughout the evaluation process and covers all deliverables, quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report only.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the UNFPA Evaluation Office developed as part of the EQAA system of the evaluation function at UNFPA (see https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F) which defines a set of criteria against which draft and final evaluation reports are assessed to ensure the independence, impartiality, credibility and utility of evaluations. The EQA criteria will be systematically applied to this CPE.

The Evaluation Manager is primarily responsible for quality assurance of the key deliverables of the evaluation. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions and that the deliverables submitted to UNFPA comply with the quality assessment criteria outlined in the EQA grid.[150] The evaluation quality assessment checklist (see below), which is based on the EQA grid, is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report.

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

1. Structure and Clarity of the Report To ensure the report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards and following the editorial guidelines of the UNFPA Evaluation Office (Annex I).
2. Executive Summary To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.
3. Design and Methodology To provide a clear explanation of the methods and tools used, including the rationale for the methodological approach. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.).
4. Reliability of Data To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. reports) data established and limitations made explicit.
5. Findings and Analysis To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.
6. Validity of Conclusions To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritized and clustered and include: summary, origin (which evaluation question(s) the conclusion is based on), and detailed conclusions.
7. Usefulness and Clarity of Recommendations To ensure recommendations flow logically from conclusions, are targeted, realistic and operationally feasible, and are presented in order of priority. Recommendations include: summary, priority level (very high/high/medium), target (administrative unit(s) to which the recommendation is addressed), origin (which conclusion(s) the recommendation is based on), and operational implications.
8. SWAP – Gender To ensure the evaluation approach is aligned with SWAP (guidance on the SWAP Evaluation Performance Indicator and its application to evaluation can be found at http://www.unevaluation.org/document/detail/1452 - UNEG guidance on integrating gender and human rights more broadly can be found here: http://www.uneval.org/document/detail/980).

The EQAA process for this CPE will be multi-layered and will involve: (i) the Evaluation Manager at the UNFPA Gambia CO, (ii) the WCARO M&E Adviser, and (iii) the UNFPA Evaluation Office.

The roles and responsibilities of the Evaluation Manager, the WCARO M&E Adviser and the UNFPA Evaluation Office with regard to quality assurance and assessment are detailed in section 11. Management of the Evaluation below.

10. Indicative Timeframe and Work Plan

The table below indicates the specific phases of the evaluation and their timelines. A detailed table with activities and deliverables and their timelines (due dates/durations) at all stages of the evaluation is attached in the annex. It also indicates where guidance and relevant tools and templates can be found in the UNFPA Evaluation Handbook.

Evaluation Phases	Timelines
Preparatory phase	August -September 2020
Design Phase	September -October 2020
Field Phase	November-December 2020
Reporting Phase	December- January 2020
Facilitation of Use and Dissemination Phase	January – April 2021

11. Management of the Evaluation

The evaluation will be managed by the Evaluation Manager within the UNFPA Gambia CO, with guidance and support from the Regional Monitoring and Evaluation (M&E) Adviser at the WCARO, 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 the terms of reference.

The **Evaluation Manager** at the UNFPA Gambia CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The Evaluation Manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of the use of the evaluation results. She/he will also coordinate the exchanges between the evaluation team and the ERG. The major task of the Evaluation Manager is to ensure the quality, independence and impartiality of the evaluation is in line with the UNEG norms and standards and ethical guidelines for evaluation. The Evaluation Manager has the following roles and responsibilities:

- Compile a preliminary list of background information and documentation on both the country context and the UNFPA CP and file them in a Google drive to be shared with the evaluation team upon recruitment.
- Prepare a first stakeholder map and a list of Atlas projects and share them with the evaluation team.
- Prepare the ToR for the evaluation in line with the ready-to-use ToR from the Evaluation Office, with support from the Regional M&E Adviser, and submit the ToR to the Evaluation Office for approval.
- Establish the ERG.
- Note taker during ERG meetings which are chaired by the CO representative or assistant representative
- On behalf of the CO representative, convenes meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the Regional M&E Adviser.
- Identify potential candidates to conduct the evaluation, complete the consultant assessment matrix to assess their qualifications, and propose a final selection of evaluators with support from the Regional M&E Adviser, to be submitted to the Evaluation Office for pre-qualification.
- Provide evaluators with logistical support in making arrangements for data collection (site visits, interviews, group discussions etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of the deliverables submitted by the evaluators throughout the evaluation process (notably the design report and draft and final evaluation reports) and approve final versions.

- Coordinate feedback and comments on the deliverables produced by the evaluation team throughout the evaluation process.
- Conduct an EQA (and complete the EQA grid) of the draft evaluation report in collaboration with the WCARO M&E Adviser.
- Develop a communication plan (in coordination with the CO communication officer) to guide the dissemination of the evaluation results, and update the plan as the evaluation process evolves.
- Lead and participate in the preparation of the management response.
- Submit the final evaluation report, EQA and management response to the Regional M&E Adviser and the Evaluation Office.

At all stages of the evaluation process, the Evaluation Manager will require support from staff of the UNFPA Gambia CO. Specifically, the roles and responsibilities of the **Country Office staff** are:

- Contribute to the preparation of the ToR, specifically: the stakeholder mapping and the compilation of initial background information and documentation, and provide input to the evaluation questions.
- Be available for meetings with/interviews by the evaluation team.
- Provide support to the Evaluation Manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **Evaluation Reference Group (ERG)** which is composed of relevant UNFPA staff from the Gambia CO, WCARO representatives of the Government of Gambia, non-governmental implementing partners, as well as other relevant key stakeholders (see Handbook, section 2.3., p.37). The ERG will serve as an entity to ensure the relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and undertake quality assurance from a technical perspective. The ERG has the following roles and responsibilities:

- Provide feedback and comments on the design report.
- Provide comments and substantive feedback from a technical perspective on the draft and final evaluation reports.
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.
- Assist in identifying key stakeholders to be consulted during the evaluation process.
- Participate in review meetings with the evaluation team as required.
- Contribute to learning, knowledge sharing and dissemination of evaluation results, as well as the completion and follow-up on the management response.

The **Regional M&E Adviser** at UNFPA WCARO will provide guidance and backstopping support to the Evaluation Manager at all stages of the evaluation process. The roles and responsibilities of the WCARO M&E Adviser are:

- Provide feedback and comments on the draft ToR and submit the final draft version to the Evaluation Office for approval.
- Support the Evaluation Manager in identifying potential candidates and assessing the qualifications of consultants, review the completed consultant assessment matrix and proposed final selection of evaluators and submit it to the Evaluation Office for pre-qualification.
- Review the design report and provide comments to the Evaluation Manager.
- Review the draft evaluation report and jointly prepare an EQA of the draft final evaluation report with the Evaluation Manager.

- Support the Evaluation Manager in the final review of the final evaluation report.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

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

- Commission the independent, external EQA of the final evaluation report.
- Publish final evaluation report, EQA and management response in the evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader (international) with overall responsibility for carrying out the evaluation exercise, and (ii) two team members (national), including a young or emerging evaluator who will provide support throughout the evaluation process. A 3 to 4 months' contract will be allocated to the young/emerging evaluator for this purpose.

Each of the evaluation team members (international and national) will provide technical expertise in one of the relevant thematic areas of programming. Given the challenges with COVID, the international consultant will be working virtually and manage a local team on the ground however, if the situation improves the international consultant can be on the ground. The team leader shall also perform the role of technical expert for at least one, but preferably two thematic areas of programming under the 8th UNFPA CP in Gambia.

The evaluation team leader will be recruited internationally, while the evaluation team members will be locally recruited to promote national evaluation capacity development and to ensure adequate knowledge of the country context. The evaluation will place particular emphasis on national evaluation capacity development by providing a young or emerging evaluator an opportunity to gain practical evaluation experience. The evaluation team leader must have solid knowledge and experience in conducting evaluations of development interventions. In addition, the evaluation team leader must demonstrate the willingness and capacity to supervise a young or emerging evaluator and to create space for her/his meaningful participation. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and be able to work in a multidisciplinary team in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

i. Evaluation team leader (international):

The evaluation team leader will hold the overall responsibility for the methodological design and implementation of the evaluation. She/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. She/he will lead and coordinate the work of the evaluation team and ensure the quality of all deliverables at all stages of the evaluation process. The Evaluation Manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, the evaluation approach, methodology, work plan and agenda for the field phase, the draft and final evaluation reports, and the PowerPoint presentation of the evaluation results. She/he will lead the presentation of the design report and the debriefing meeting with the CO and ERG at the end of the field phase. The team leader will also be responsible for liaising with the Evaluation Manager. **Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for SRHR and gender equality and women's empowerment programming of the CP.**

The evaluation team leader will provide expertise on: (i) integrated SRH services, HIV and other sexually transmitted infections, maternal health, and family planning; and/or (ii) 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 gender-based violence and harmful practices. She/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 expected deliverables in her/his thematic areas of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for

the field phase, participating in meetings with the Evaluation Manager, UNFPA Gambia CO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

ii. ***Evaluation team member: Population & Development and Youth Expert (national)***

The population and development and adolescent and youth expert will provide expertise on: (i) population and development issues, such as census, ageing, migration, population dynamics, the demographic dividend, and national statistical systems; and (ii) 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 She/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 expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Gambia CO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

iii. Evaluation team member: Young or emerging evaluator (national)

The young or emerging evaluator will work with the M&E officer and the evaluation team in all phases of the evaluation process. The young or emerging evaluator will support the M&E officer during the preparatory phase throughout up to the post evaluation stage (management response.) She/he can also support the PROGRAMME monitoring elements. She/he will work with the team to provide support in developing the methodological design of the evaluation by contributing to the review of initial background information and documents and the operationalization of the evaluation approach and methodology through the validation of the theory of change, the finalization of the evaluation questions, and the development of the evaluation matrix, methods, tools and indicators. The young or emerging evaluator will also participate in data collection by supporting the conduct of site visits, interviews and focus group discussions, as advised by the evaluation team leader. In addition, she/he will contribute to data analysis and the drafting of the evaluation report, including the formulation of recommendations. In addition, she/he will provide administrative support throughout the evaluation process and participate in meetings with the Evaluation Manager, UNFPA Gambia CO staff and the ERG.

The modality and participation of the two evaluation team members (in particular the young or emerging evaluator) in the evaluation process, including data collection and analysis, as well as provision of technical inputs to the drafting of the design and draft and final evaluation reports will be agreed with the evaluation team leader and these tasks performed under her/his supervision and guidance.

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 Evaluation, Women/Gender Studies, Human Rights Law, Social Sciences, Development Studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Substantive knowledge of sexual and reproductive health and rights.

- Substantive knowledge on gender equality and the empowerment of women and girls, gender-based violence and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold standards for quality evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate and supervise the work of the evaluation team.
- Ability and commitment to provide ongoing capacity building, support and guidance to a young or emerging evaluator and to create an enabling environment for meaningful participation.
- Experience working with a multidisciplinary team of experts, including with young or emerging evaluators.
- Excellent analytical skills and demonstrated ability to formulate evidence-based conclusions and realistic and actionable recommendations.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Gambia.
- Fluent in written and spoken English.

Population & Development and Youth expert

The competencies, skills and experience of the and population and development and adolescents and youth expert should include:

- Master's degree in Demography, Population Studies, Statistics, Public Health, Epidemiology, Development Studies, 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.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Substantive knowledge of adolescent and youth issues, in particular sexual and reproductive health and rights of adolescents and youth.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- 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 quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Ability and commitment to share responsibility with a young or emerging evaluator and establish an equal partnership to promote meaningful participation.
- Experience working with a multidisciplinary team of experts, including with young or emerging evaluators.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Gambia
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English

Young or emerging evaluator

The competencies, skills and experience of the young or emerging evaluator should include:

- Bachelor's degree in Public Health, Demography or Population Studies, Social Sciences, Development Studies or a related field.
- In possession of a certificate in evaluation or equivalent qualification.
- Under 35 years of age.
- Less than five years of work experience in conducting evaluation or M&E in the field of international development.
- Solid analytical and problem-solving skills.
- Ability to work with a multidisciplinary team of experts.
- Experience preparing agendas, organizing workshops and meetings, and taking minutes.
- Strong communication skills (written and spoken).
- Sound command of information and communication technology and data visualization tools.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

13. Budget and Payment Modalities

The evaluators 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 per cent
Upon satisfactory completion of the draft final evaluation report	40 per cent
Upon approval of the final evaluation report and PowerPoint for dissemination of evaluation results	40 per cent

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	Team Members (Thematic Expert and Young or Emerging Evaluator)	Young or Emerging Evaluator
Design phase	*7*	*5*	*3 to 4 months*
Field phase	*17*	*17*	
Reporting phase	*15*	*13*	
Facilitation of use and dissemination phase	*1*	*0*	
Management response	*0*	*0*	
TOTAL (days)	*40*	*35*	*60 to 80 days*

The exact number of workdays and distribution of the workload will be proposed by the evaluation team in the design report, subject to approval by UNFPA Evaluation Manager.

Annex 2: Evaluation Matrix

EQ1. To what extent is the UNFPA Country Programme adapted to **i) the needs of diverse populations, including the needs of the marginalised and vulnerable groups,** **ii) National development strategies and policies,** **iii) Priorities articulated in international frameworks and agreements, in particular the ICPD PoA, SDGs**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Needs of targeted beneficiaries (diverse populations including marginalised and vulnerable populations) were identified and taken into account in the 8th CP	● Mechanism or process employed to systematically identify needs of targeted populations ● Involvement of targeted populations in expressing their own needs and appropriate responses that meet their needs ● Extent to which interventions were consistent with needs of targeted populations	● Programme documents – Annual work plans ● Surveys and assessment reports ● Key informant feedback	● Key informant interviews ● Focus group discussions ● In-depth documents review
8th CP was adapted to or aligned to national development strategies and policies	● Programme outputs/ interventions are consistent to or support implementation of national policies and strategies ● CP interventions were discussed and agreed with national partners	● CP and AWPs ● National policies and strategies for SRH and Adolescents and Youth ● Reports, minutes of meetings with partners ● Interviews with key informants	● In-depth documents review ● Key informant interviews
CP outcomes and outputs as well as interventions are consistent with SDGs, ICPD POA and new way of working	● CP strategies and interventions support or contribute to achievement of specific SDGs and ICPD POA ● ICDP POA goals are reflected and advanced in the CP outputs and interventions ● UNFPA CO mode of engagement is consistent with business model relevant to The Gambia as articulated in UNFPA Strategy.	● CP and AWPs ● SDGs and ICDP POA documents ● Key informant interviews	● In-depth documents review ● Key informant interviews

	● The UNFPA CO way of working for 8th CP is reflected in the implementation approaches adopted at all levels (National to Community)		

Sexual and Reproductive Health/Family Planning Component

The 8th CP is consistent with the National Development Plan, 2018-2021, and other sectoral development strategies and policies, including the international development agenda, e.g., ICPD PoA, the Addis Ababa Declaration on Population and Development in Africa (AADPD) beyond 2014, the UNFPA Strategic Plan, 2014-2017, the UNDAF and the SDGs. The SRH and rights of women, children, adolescents and youth, including cross-cutting issues e. g. gender and human rights-based approaches were taken into account in the CP design. However, there were changes in the national needs as a result of the COVID-19 pandemic. Most of the activities were reProgrammed for COVID-19 response.

Adolescents and Youth Development Component

The Adolescent and Youth output 2 of the CP8 is consistent with the following policies: National Youth Policy (2016), Gambia National Gender Policy (2010-2020), Gender and Women Empowerment Policy (2010-2020), Education Sector Policy (2016-2030), National Youth Policy 2019-2028, Adolescent and youth Health strategy (2016-2020), WHO Global Accelerated Action for the Health of Adolescents (2017). However, there were changes in the national needs due to impact of the COVID-19 pandemic. Most of the activities were reProgrammed for COVID-19 response.

EQ2. To what extent have the 8th CP interventions contributed to the achievement of the expected results (outputs and outcomes) of the CP in particular

i) Increased access 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;

iv) Increased use of population data in the development of evidence-based national development plans, policies and Programmes?

To what extent has UNFPA successfully integrated gender and human rights perspectives in the d design, implementation and monitoring of the country Programme.

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Planned outputs were achieved and contributed to outcome results in SRHR and ASRH	● Evidence of achievement of CP output targets ● Utilization of the outputs of the CP to contribute to outcome results	● CP Results Framework with clear targets ● Annual reports (SI Reports) ● AWPs ● Monitoring reports ● Reports of evaluations of components of SRHR and ASRH ● Key informant interviews (UNFPA staff	● In-depth documents review ● Key informant interviews ● Focus group discussions

		and implementing partners ● Beneficiaries	
Gender and human rights-based approaches were explicitly integrated into the 8th CP	● Evidence of systematic gender analysis to inform the design of the 8th CP ● Evidence of consideration of gender dynamics in the design and implementation of interventions by UNFPA and implementing partners ● Capacity development in gender integration into programming ● Evidence of gender lens applied in monitoring, data disaggregation and data use ● Evidence of human rights-based approaches applied in programming for CP (Human rights barriers identified and addressed)	● CP document, Results framework, Programme and project reports ● Key informant interviews with UNFPA staff, Implementing partners ● Key informant interviews with other UN Agencies	● In-depth documents review ● Key informant interviews ● Focus group discussions

Sexual and Reproductive Health/Family Planning Component

Deliveries by skilled birth attendants increased from a baseline of 62% to 83.8% in 2020; and the CPR has more than doubled from 9% to 18.9% in 2020. The use of women economic empowerment (Kabilo Baama) as an entry point to SRH information and services and male involvement in SRH has resulted in 256 deliveries in the Kaiaf Health Facility in the Lower River Region. In 2018, a total of 5,478 young people visited New Foye, Bundung, KMC and Bwiam, WCR; youth centres to access FP services and to participate in life skills activities to empower young people. In line with the principle of gender equality, disaggregated data were used to enable the identification of the specific needs of women and adolescent girls and boys. The inaccessibility of fistula repair surgeries is still a challenge for most women and girls.

Given that a high number of the Gambian population live in remote rural areas that are disadvantage in terms of FP coverage, warrant the need to expand and strengthen CBD Programmes to bring services closer to underserved communities. Supporting equitable access to modern contraceptives and last mile is on the premise of promoting contraceptive methods within the reproductive ages in hard to reach and deprived communities. Access factor, combined with poor women's ability to travel outside the home because of low socioeconomic status, contributes to the record low national contraceptive prevalence rate.

UNFPA Supplies supported in the establishment of a Community Based Family Planning Program in The Gambia, and has since expanded and strengthened the CBD Programmes to bring services closer to over 150 (One Hundred and Fifty) underserved and hard to reach and deprived communities. The CBD program is being run by an NGO called Gambia Family Planning Association (GFPA). In the course of the year 2020, GFPA registered 6,123 New Acceptors of which 75% was under the CBD Programme. Out of 13,048 revisits registered, 79% was under the CBD Programme.
One of our strongest intervention was the development of a National Family Planning Policy for the Ministry of Health. The National Family Planning Policy aims to give greater visibility to family planning as a strategy for national development and as a key tool for improving the health of mothers and families. It complements and aligns with the National Reproductive, Maternal, New born, Child and Adolescent Health Policy (2017-2026) and the National Health Policy (2012-2020), the National Gender Policy (2010-2020) and the National Youth Policy

(2009-2018), National Health Strategic Plan 2014-2020, National Population Policy 2007-2017, National Development Plan 2018-2021, which all contain clauses to safeguard the sexual and reproductive health of all individuals in The Gambia.

This Family Planning Policy aligns with the various Gambian policies and strategic plans including the National RMNCAH Policy (2017-2026), the National Health Policy (2012-2020) and the National Health Sector Strategic Plan (2014-2020). Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility. All people have the right to plan their families thus FP is a human right that is guided by the following: I. Non-discriminatory FP information and services;II. Availability of FP information and services III. Accessible information and services ;IV. Acceptable information and services;V. Quality ; VI. Informed decision-making; VII. Privacy and confidentiality; VIII. Participation and IX. Accountability

Our strategic partnership with Gambia Family Planning Association helped in the implementation of RHCS or UNFPA Supplies activities. This partnership started in the 1980s and aims at making SRH including FP information and services available and easily accessible to the rural population in The Gambia especially those communities that are far from existing service facilities. The partnership continues to demonstrate successes in the area of sexual and reproductive health and rights in the various communities were the CBDs are located. This achievement could be attributed to the confidence, recognition and acceptability that these CBDs received in their communities. The communities appreciated the integrated services provided by CBBs at their doorsteps, which has boosted family planning acceptor rate and also male involvement in other SRH issues. CBDs continue to provide quality contraceptive services to all Men and Women who need them within their communities.

Monitoring is usually undertaken at different levels

- On quarterly basis, we do go as a team to conduct monitoring activities in the field, and this include going out to health facilities and the community Based Distributors to monitor their stock level of commodities, challenges being experience and also have the opportunity to verify some of the reports that are shared with the office. We do go along with a check list to help us cover all the important areas during the visits.
- Another level is the submission of Monthly Stock reports from the MOH on stock movements vis a vie goods received, goods distributed, damages if any, expiry, stock balance, stock out etc.
- Quarterly Program Report is being sent to the Regional Office and this is also related to the monitoring exercise and data from the DHIS2 software being compiled through the Logistics Management Information System (LMIS)
- Spot checks, meetings etc.

The Central Medical Store is using the M-Supply software which is web base, and when goods are received in country and when distribution is done to the Regional stores, hospital and some of the facilities in the Greater Banjul. The other regions are using the "CHANNEL" software, which is only used within their regions and it is not web base. Some of the Data Entry Clerks at some of the facilities are using computer tablets with "SIM" chips that provides "Real Time" data and others are not. Some data entry clerks do compile data on daily or weekly basis from stock cards and summary sheets which are sent to the regional directorate for onward processing to Central Medical store or the HMIS unit to the DHIS2 platform. The DHIS2 platform is very helpful in data collection and reporting. As a good number of us can access it, one is able to generate data by health facilities, regions on monthly, quarterly, yearly etc.

The Community Based Distribution Programme is a best practice. These are volunteers that are selected by their communities through rigorous consultations by the Aerial Managers of those regions and the communities. Mostly it is the VDC that identifies volunteers based on the criteria of selection that is agreed upon. As unemployment rate is quite high, there are many young school leavers that are unemployed but willing to serve their communities. Virtually all of them can read and write and willing to serve their communities. However,

since they are young people, we realized that the turn out rate is quite high as they also go to look for greener pasture. Despite these challenges, they help to bring health care services to the door steps of their communities. During their trainings, they are equipped with some knowledge on contraception and its ramifications, SRH issues, Youth and adolescent health including HIV and STI etc. and they are able to administer some of the commodities like pills, condoms and can refer clients that they are unable to handle.

Though lot of gains are being registered under the CBD Programme, however, the turn out rate was also compromising some of the gains registered and the projected introduced the provision of Hand Milling Machines for both meat and Fish. This help in them generating some little income out of the milling machines and that helped in minimizing the high turnout rate. As most of these communities are hard to reach and deprived with poor road networks, their services are putting lot of smile in the faces of the members for health care service delivery in those communities.

The interventions contributed immensely to the attainment of the outcome/outputs of the Country Programme. For instance, the provision of both basic and comprehensive emergency obstetric care services in targeted areas enable women to access much needed health care. This have
The provision of comprehensive emergency obstetric care services in at Essau District Hospital and Soma District Hospital enable more women from these regions to access services which were not available before. Women in the past have to travel kilometres to access emergency obstetric care services but because of UNFPA intervention these important services are available at their door steps.
Most of the intervention supported by UNFPA mainly targets women. The provision of SRH services helped improved women health and enable them to have more time for other activities such as farming, business and other empowerment activities. The interventions are gender sensitive with some segmenting the audience. For instances women of reproductive age are targeted in some intervention. Adolescent Girls are also targeted for some interventions. In the area of marginalized women UNFPA have worked with Disable association but there is room for improvement in this area.
Yes UNFPA was involve in the formulation of National Development Plan and ensure that reproductive health are reflected in the national document. We were also involved in the formulation of The National RMNCAH Policy and Strategic Plan. Issues of SRH,HIV and Gender issues were all captured in these documents.
All SRH interventions integrated gender and human rights. Services are given regardless of sex, sexual orientation,
In the area of working with disability our interventions targets everyone. UNFPA have worked with Disable association but there is room for improvement in this area. There is need for targeted interventions
The Partnership with Bafrow in the conduct of fistula surgeries was remarkable. UNFPA provide funds to support fistula surgeries for affected women including rehabilitation and re-integration. This partnership also helped to pave the way for initiation of a national program and during the last two years all the surgeries conducted was done by MOH/EFSTH.
A monitoring check list develop and this was use to collect information. The check list will among other things will look at staff compliment, RH commodities, review registers, and personnel trained. Stock of RH Commodities, number of maternal deaths during the quarter, FGM data among others. Kabilo Bamaa initiative and the FGM/Health implication intervention leading to the development of an integrated register

Adolescents and Youths development component

Existence of updated comprehensive sexuality education materials, including human rights and gender for primary and secondary schools, Number of teachers with improved skills to use the updated comprehensive sexuality education materials was 599 in which the target was 350, 520 community-based peer health educators with relevant skills to sensitize the public on sexual and reproductive health issues, including family planning were all achieved during the 8th CP.
COVID 19 and its restrictions has had a significant impact on the implementation of Country Programme activities. COVID-19 has caused disruptions in medical supply chains due to limited freight options, continues to weaken the fragile health system and disrupts routine services. Visits to health care facilities had declined during the peak of the pandemic due to communities being fearful of infection. The observed drop in the uptake of services has particularly affected maternal and child health services. The supply chain was severely affected

which lead to stock outs of certain commodities. Service providers were inundated with COVID-19 activities and could not deliver on their respective activities accordingly. Milestones had to be deferred to subsequent quarters as a result of the strict lockdown measures and restrictions in place. Schools were closed for almost seven months meaning milestones on comprehensive sexuality education could not be achieved. As there was a ban on gatherings, some of the trainings and community activities could not hold. Due to imposed travel restrictions and intermittent border closures, international consultants could not travel to the country and thus affected some of the planned activities such as session on CHMP under UNFPA supplies. .

Below are some of the indicators that had to be postponed or cancelled.

- Number of Service Providers Trained on Psychosocial Counselling of FGM Victims
- Review CSE manuals to ensure alignment with ITGSE
- Donor visits to Gambia and Senegal
- Number of young people trained as peer educators

Due to the COVID-19 pandemic a number of activities that required the attendance of large gatherings were cancelled and some school-based activities also cancelled. The targets set for these activities could therefore not be achieved.

Innovation:

The involvement of religious leaders in the campaign against harmful practices that affect women and girls is a practice that if intensified can yield the desired results. This is because most of these practices are premised on religious arguments in that they are sanctioned by religion.

Use of community-based distributors (CBDs) in the distribution of contraceptives, have made FP services more accessible to hard-to-reach communities. CBDs are able to provide contraceptives to women within their communities in a confidential environment which is more acceptable in a largely conservative society when it comes to contraceptive use.

The community-based approach to promoting the uptake of sexual and reproductive health services through male involvement and women's economic empowerment (local name 'Kabilo Baama') was a very successful innovation and a best practice introduced in rural Gambia (Kiang Central and East, LRR). This initiative trained a number of men and women in the target communities on the benefits of the timely uptake of sexual and reproductive health services. The selected communities were sensitized on the importance of male involvement in maternal health issues and the need for their support to their partners to ensure improved sexual and reproductive health. Women of the target communities were provided with seed money to engage in income generation some of the proceeds of which is used to support women to attend maternal and child health clinics and also to supplement their food needs during pregnancy. Some of the gains associated with the initiative relate to increased early booking of pregnancies, increased health facility deliveries and increased male involvement in maternal health issues. Overall health facilities within the catchment area of the health facilities have reported a general decline in maternal deaths in the area.

MONITORING & EVALUATION

Programme progress are measured annually, in line with the results-based management approach. This is linked to the M&E systems such as coordination and reporting Programmes, review meetings, mid-year and annual review meetings, planning meetings, data collection, implementation support field visits and evaluation.

The monitoring and evaluation systems is guided by UNFPA procedures and guidelines using integrated harmonized monitoring tools such as the work plans, work plan progress reports, monitoring visit reports, quarterly progress reports, FACE forms, quarterly monitoring in SIS and the Country Office Annual Reports (COAR). Additionally, programmatic and financial spot check visits are also conducted as part of the CP assurance activities.

At the beginning of the year an implementation plan detailing all activities and dates of implementation is prepared. A monitoring and evaluation calendar is also prepared specifying planned field visits for staff. During the planning, milestones are identified and staggered for the different quarters. Programme progress and achievements are mainly reported through the workplan progress report and COAR. To track progress, IPs submit a workplan progress report in GPS and activity reports every quarter. Annual review meetings are held which are aimed at assessing Programme performance. Joint Monitoring visits with all CP implementing partners are conducted bi-annually.

Monitoring of activities is done on a continuous basis. Workplans are used as a source of monitoring. The workplans assess progress made towards achieving annual targets and also assess the management of resources. Implementing partners must submit a work plan progress report quarterly. Monitoring activities includes meeting with implementing partners, spot checks, field visits and joint monitoring.

Cognizant of weaknesses in M&E in most partner institutions, the CO has repeatedly been organizing partner training in this area. The CO has also developed monitoring report tools to help improve the quality of monitoring reports. CO support to partners in this area has positively impacted on the general realization of the importance of M&E as an integral part of the Country Programme. Guidance by the CO has also helped improve programming for results. The annual gap analysis which is aimed at gauging how far the CP has gone towards achieving CPD set targets has helped guide annual planning towards the achievement of set outcomes and outputs. Annualize set targets in work plans are aligned to annualized CPD targets.

Challenges

Due to limited number of CO staff, regular M&E field visits were difficult and scheduled visits were often cancelled. CO staff participation in field activity implementation is also curtailed by limited staff numbers hence opportunities for quality control activities is often missed. Another challenge to the monitoring of activities is the limited capacities of partner institutions in the area of M&E. Monitoring reports compiled by partners are often weak and often limited to activity descriptions but do not report on results achieved. Weaknesses in the area of M&E in most partner institutions is largely due to the fact that only a few of such partners would have a designated M&E officer for effective monitoring of the Programme.

EQ3. 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 country Programme?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
SRHR and ASRH implementers received resources as planned, to expected level, on time and in a consistent manner	● Funds were disbursed on time and of expected amount to implementing partners ● Funding level was adequate to enable IPs undertaken planned activities	● AWPs and Annual progress reports and implementing partners' reports ● Key informant interviews (UNFPA staff and implementing partners	● In-depth documents review ● Key informant interviews

Both UNFPA and Implementing partners had adequate human resources capacity to implement SRHR and ASRH interventions	● UNFPA CO staffing level matched the competency and workload for SRH and ASRH ● Mechanisms were put in place to address emerging capacity gaps ● Extent to which TA was used to deliver the 8th CP ● Implementing partners HR capacity matched the competencies and number required to deliver CP supported interventions	● AWP and progress and project reports ● IP Micro-assessment reports ● Key informant interviews with UNFPA Staff and Implementing Partners	● In-depth documents review ● Key informant interviews
UNFPA Policies, procedures and tools contributed to achievement of CP results	● Types of policies, procedures and tools established by UNFPA ● Extent to which these policies, procedures and tools were used and to what effect	● Key informant interviews with UNFPA staff and implementing partners ● Documents of policies, procedures and tools	● In-depth documents review ● Key informant interviews

Sexual and Reproductive Health/Family Planning

Data from ATLAS and AWPs related to the implementation of activities within Outputs 1 and 2 of Outcome 1 of the SRH/HIV component and based on interviews conducted with key stakeholders, it can be firmly concluded that UNFPA has made good use of its human, financial and technical resources to pursue the achievement of results, as defined in the UNDAF and the CPD 2017-2021. In 2017, 2018 and to some extent in 2020, close to 100% of the funds have been utilised. However, 2019 witnessed a comparatively lower, between 5.3 to 5.6 percentage points, fund utilisation respectively for 2017 and 2018. The late disbursement of funds is a problem. Implementation of activities usually starts in the second quarter i. e. April of every year.

All salaries are paid by the GFPA and we run other Programmes with the Global Fund, who pay 50% of their Programme cost. The UNFPA pays salaries for the youth component. The clinic-based services with 30-40 staff are also paid by the GFPA. The GFPA also provides antenatal services to pregnant women, infant welfare services and has a ward for delivery. From these services, minimal fees are charged and proceeds are used to pay local commitments such as salaries, water and electricity.

The GFPA has cordial relationship with the UNFPA, particularly with regards to the AWPs and the disbursement of funds. For the GFPA, except for the first quarter, where we have witnessed delays, in general, the funds have been remitted on time. The GFPA has been submitting reports on time. The GFPA National Programme Officer communicates well with the UNFPA and provides timely feedback. The UNFPA has been forthcoming. I will rate them 90%.

The clinics are headed by SRNs. Youth Programme officer has a diploma in gender-based issues. The CHNs are all nurse midwives. The area managers are community health nurses. The 2020 accounts are yet to be audited. The GFPA has been rated low risk. This does not mean that the GFPA should not be audited. However, the UNFPA has not audited the GFPA since 2017. We are expecting the audit of the accounts anytime from now.

Apart from support in the areas where collaboration is needed and the recognition accorded to the GFPA, there is no financial contribution from the government to the GFPA. However, duty free for imported commodities is provided on time.

Adolescents and Youth Development

The UNFPA CO have been doing well in the aspect of communication and in the provision of funds for the activities of the 8th country program. Reports shows financial resources if been put in proper use by the UNFPA CO, the human resources is sufficient to perform activities of the CO Hence, there is always a challenge in the **untimely distribution of funds to** implement these activities according to the implementing partners. Most IPs said, all the first quarter plans are always moved to the second and third quarters, which affects the effectiveness of their activities.

EQ4. To what extent has UNFPA been able to support implementing partners and beneficiaries (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**
IPs and beneficiaries capacities built with support of 8th CP contribute to sustainability of CP benefits	● Evidence of capacity built among IPs and beneficiaries ● Extent to which capacities developed will ensure durable effects of 8th CP	● AWPs and Programme and project reports ● Key informant interviews with UNFPA staff, Implementing Partners, and other key stakeholders ● Focus group discussions with beneficiaries	● In-depth documents review ● Key informant interviews ● Focus group discussions
Types of mechanisms put in place by 8th CP to ensure durable effects of the CP	● Evidence of mechanisms (policies, strategies, infrastructure, networks etc.) established by the CP	● AWPs and Programme and project reports ● Key informant interviews with UNFPA staff, Implementing Partners, and other key stakeholders ● Focus group discussions with beneficiaries	● In-depth documents review ● Key informant interviews ● Focus group discussions

Sexual and Reproductive Health/Family Planning

In order to ensure sustainability of interventions for the beneficiaries (women, adolescents and youth), the UNFPA has supported the training of more than 300 service providers (nurses, mid-wives and other cadre of staff) for SRH service delivery; including HIV prevention and to deliver high quality BEmONC and CEmONC services. Also, 125 CBDs have been trained on FP technology. The national efforts to increase the demand and supply of modern contraceptives, and improve quality FP services, through the procurement of FP

commodities and supplies, provision of material and equipment, a supply chain system and major refurbishment of health facilities and the provision of A/Cs have been supported. The UNFPA also supported the development and production of a FP Policy and a Costed Implementation Plan (CIP); including a national strategic emergency response plan that addresses SRH and GBV and a national system for maternal death surveillance and response.

Adolescents and Youth Development Component

UNFPA since inception, continue to fund most of the activities, which at this moment looks impossible to carry out annual programs without their help. Although, more talks are ongoing to bring the attention of the government of The Gambia to provide more funding. Grinding machines were provided by UNFPA to the people of a large number of communities, to use it as a source of earning income and to help sustain themselves. Sustainability plans are in place to retain the activities done on FGMC, GBV and child marriage. Some of these interventions are, building fund raising centres for generating income, and plans are on the way to involve the government to put in more funds.

EQ5. To what extent has UNFPA contributed to the functioning and consolidation of UNCT coordination mechanisms in The Gambia?

Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
UNFPA was actively involved in coordination structures for SRHR and ASRH within the UN	● Evidence of UNFPA membership and participation in SRHR/ASRH related coordination structures ● Evidence of collaboration and joint programming with other UN Agencies in SRHR and ASRH	● Documents – minutes of coordination structures ● Key informant interviews with UNFPA staff and other UN agencies	● In-depth documents review ● Key informant interviews
Data and Information collected	As UNFPA is a signatory to the UNDAF, their major partner in implementing the Country Programme is government. However, there is close collaboration between UNFPA and other UN agencies especially those working on the UNDAF Human Capital Pillar (UNDP, UNICEF, ITC, WHO) as well as CSOs, Development partners such as the European Union and community groups. UNFPA community partners support in service delivery of UNFPAs Programme implementation. UNFPA is a core member of the UNCT in The Gambia. UNFPA is the lead UNCT focal point for Protection against sexual exploitation and abuse (*PSEA*) and Gender Equality and women's empowerment. UNFPA led in the development of the PSEA workplan for the UNCT and supports the RC in monitoring the implementation across the UN system.UNFPA actively participates in other committees such as OMT, Results Groups such as UNCG which their chaired in the past (2019). UNFPA is Lead of the Youth and gender Interagency group During 2020, great contribution to the Joint UN COVID19 response plan and led the psychosocial sub-group		

	The record of UNFPA participation in UNCT/ RGs is excellent they are always available to attend meetings even on short notice as well as providing good quality technical contribution when required. UNFPA has assumed the following responsibilities in UNCT meetings, contribute and lead discussions on highly technical issues particularly when affecting women and youth, provide technical and secretariat support to the RCO when required, chaired the UNCG Results Group, Chaired the Sub-Group on Youth and Gender, participated in all Results Groups. Led /participated in joint resource mobilisation activities Led Results Groups, Supported the development of the current UNDAF, participated in UNCT retreats, supported the development of policies and guidelines, lead the Gender and Youth group, contributed to the joint resource mobilization efforts. UNFPA deals with very sensitive issues facing The Gambia, including Gender and sexual based violence and so interventions may be slow to roll out. Despite these challenges UNFPA was able to establish one-stop-shops for GBV during the COVID-19 pandemic. Very Relevant. The mandate of the UNFPA is fully reflected in the interest and priorities of the existing country UNDAF Programme especially on pillar 2 of the UNDAF (Human Capital Development) which is focused on the provision of basic social services to such as health, education, water and sanitation to the most vulnerable including women and children. The country has an overwhelmingly youthful population and gender issues are at the forefront of the Government's National Development Plan therefore UNFPA's presence and work in the country is highly desired. The country has an overwhelmingly youthful population and gender issues are at the forefront of the Government's National Development Plan (NDP) therefore UNFPA's presence and work in the country is highly desired. Since the UNDAF is derived from the NDP the work and mandate of UNFPA as mentioned previous is ever is relevant and important to the country. Conduct situation reports prior to the launch of the next CP to better understand the plight of women and youth in the country which will better inform the content of the next CP. Actively participate in the development of the new Cooperation Framework Continue to actively participate in UNCT meetings and activities as this is provide them with a Birdseye view of not only their work but the work of other UN agencies including the World Bank and IMF and how they can forge stronger partnerships with them. Participate in the Development Partners Group (DPG) meetings

Annex 3: Data Collection Tools

Interview Guides

Tool 1

Key Informant Interview Guide for UNFPA Country Office Staff

NB: Use these questions for all the PROGRAMME officers' in-charge of each component area in the Country Office. Thus

Focal Points and PROGRAMME Officer: SRH AND ASRH

General introduction and closing - 1. Human connection

- Spend a few minutes to understand how the interviewee is today. Is the interview convenient or problematic in any way? Is s/he really busy and we should make the interview shorter than agreed?
- Explain briefly something about yourself, where do you come from, other interviews you are doing that also frame this present interview, etc.
- Thank the interviewee for the time dedicated to this interview.

2. Inform the interviewee of the objective and context of the interview

- Purpose of the evaluation – clarify briefly the purpose of the evaluation
- Confirm the time available for the interview
- Stress the confidentiality of the sources or the information collected.
- Explain what the objective of the interview (context) is. This not only shows respect, but is also useful for the evaluator, as it helps the interviewee to answer in a more relevant manner

3. Opening general questions: refining our understanding of the interviewee's role

Before addressing the objectives of the interview, the valuator needs to ensure that s/he understands the role of the interviewee vis-à-vis the organization, the PROGRAMME, etc., so as to adjust the questions in the most effective way.

4. Ending the interview

- If some aspect of the interview was unclear, confirm with interviewee before finishing. Confirm that nothing that the interviewee may consider important has been missed: "have I missed any important point?"
- Finish the interview, confirming any follow-up considerations – e.g., if documents need to be sent and by when, if the evaluator needs to provide any feedback. Etc.
- Mention when the report will be issued and who will receive it.
- If relevant, ask the interviewee for suggestions/facilitation about other key persons (referred to during the meeting) that could also be interviewed.
- Thank the interviewee again for the time dedicated to this interview.

Introduction: Describe the UNFPA 8th Country PROGRAMME and your involvement in it?

Relevance

- What are the national needs and priorities in The Gambia in terms of the development agenda?
- Were the objectives and strategies of the Country PROGRAMME discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the Sexual and Reproductive Health (SRH) and adolescents and youth Gender Equality (GE) including GBV components?
- To what extent is UNFPA support to The Gambia aligned to the objectives in The Gambia national development strategies and responding to national priorities?

- To what extent is the UNFPA support in the field of SRH, AYD adapted to the needs of
    - Population of The Gambia
    - Needs of the government
    - In line with priorities set by the international and national development frameworks?
- Does the 8th Country PROGRAMME (CP) address these needs and priorities of the The Gambia population? What aspects of the national and sectoral policies are covered in the 8th CP?
- Are there any changes in national needs and global priorities along the line? How did UNFPA Country Office (CO) respond to these?

Effectiveness

- Looking at the implementation so far, to what extent has 8th CP reached the intended beneficiaries?
- Are outputs/targets achieved or likely to be achieved??
- To what extent has the 8th CP contributed to improving the quality and affordability of SRH services provided particularly for the different components of the cluster?
    - To what extent have the interventions achieved their targets?
    - To what extent were the targeted groups of beneficiaries reached through the CP support?
- Overall, how effective is the 8th CP in The Gambia?
- What are the facilitating factors for the realization of the SRH/AYD results?
- What are some of the challenges or limiting factors that, may have affected the achievement of and implementation of the PROGRAMME? How were these challenges addressed?
- To what extent have the PROGRAMME results reached the intended beneficiary groups? Have there been any tangible changes as a result of interventions? [mothers, adolescents, FP users?)
- What have been unintended effects – positive or negative, direct or indirect? Why were they generated and what are the likely consequences?
- Share with us the approaches used to deliver SRH. AYSRH? What was the most appropriate and why?

Efficiency

How adequate were he available resources (funds, logistics, staff) used to carry out activities in the CP?

- Explain the resources management process of your PROGRAMME area?
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 8th CP implementation and achievement of results?
- How many consultants have worked on the 8th CP since inception in 2019?
  - International consultants?
  - National consultants?
  What was/is their output?
  How useful is their outputs in the implementation of the 8th CP?
- Do you think UNFPA CO administration and financial procedures are appropriate for the 8th CP implementation?
- How timely were resources for interventions disbursed for implementation?
- Were there any delays? If yes, why? And how did you solve the problem?
- Any new activities added to the current PROGRAMME activities?
- Are there occasions when the budget was not enough or you overspent?
- Are there any PROGRAMMEs cancelled or postponed? Why?
- Have the PROGRAMME finances been audited? Any funding deficit?
- Any additional funding from the Government of The Gambia and other partners?

- What lessons has your Unit learnt in implementing the 8th CP?
- Any challenges encountered so far?
- What is the plan for the future phase?

Sustainability

To what extent has the CP been able to support partners and beneficiaries in developing capacities of The Gambians and establishing mechanisms to ensure ownership and durability of effects?

To what extent has national capacity been developed so that UNFPA may realistically plan progressive disengagement

- 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?
- What are the plans for sustainability of the PROGRAMMEs?
- What are the main factors affecting sustainability
- Have PROGRAMMEs been integrated in institutional government plans?

Coordination and Partnership

- Is there any Inter-Agency Technical Working Group on this 8th CP, involving other UN Country Team?
- What is the role of UNFPA CO in the United Nations Country Team coordination in The Gambia? What partnerships exist? Any specific contributions to the achievement of results? Any Challenges?
- How could these challenges be overcome?
- What role has UNFPA played in the South-South Cooperation? Any specific contributions? Any lessons learned? Any challenges?

Cross-cutting Issues:

- Were there any partnerships, coordination, monitoring and evaluation capacity challenges that facilitated the delivery of the 8th CP results?
- How did you take care of gender equality, human rights, and youth vulnerabilities in your programming? Evidence?

Lessons Learnt and recommendation

- What was the most and least successful approach in the delivery of the SRH, AYSRH, Gender and PD components? What are the lessons learnt?
- What do you consider the most innovative approach in delivering PROGRAMME outputs? Why?
- What are the best practices from the 8th CP that should be continued in the next CP cycle or replicated elsewhere?
- What recommendations for the next CP?

Tool 2

<u>Key Informant Interview Guide for Implementing Partners (SRH/AYD)</u>

National Stakeholders: National and States and NGO IPs

Place: To be used in Banjul and Regional Capitals where interventions are held

General introduction and closing - 1. Human connection

- Spend a few minutes to understand how the interviewee is today. Is the interview convenient or problematic in any way? Is s/he really busy and we should make the interview shorter than agreed?
- Explain briefly something about yourself, where do you come from, other interviews you are doing that also frame this present interview, etc.
- Thank the interviewee for the time dedicated to this interview.

2. Inform the interviewee of the objective and context of the interview

- Purpose of the evaluation – clarify briefly the purpose of the evaluation
- Confirm the time available for the interview
- Stress the confidentiality of the sources or the information collected.
- Explain what the objective of the interview (context) is. This not only shows respect, but is also useful for the evaluator, as it helps the interviewee to answer in a more relevant manner

3. Opening general questions: refining our understanding of the interviewee's role

Before addressing the objectives of the interview, the valuator needs to ensure that s/he understands the role of the interviewee vis-à-vis the organization, the PROGRAMME, etc., so as to adjust the questions in the most effective way.

4. Ending the interview

- If some aspect of the interview was unclear, confirm with interviewee before finishing. Confirm that nothing that the interviewee may consider important has been missed: "have I missed any important point?"
- Finish the interview, confirming any follow-up considerations – e.g., if documents need to be sent and by when, if the evaluator needs to provide any feedback. Etc.
- Mention when the report will be issued and who will receive it.
- If relevant, ask the interviewee for suggestions/facilitation about other key persons (referred to during the meeting) that could also be interviewed.
- Thank the interviewee again for the time dedicated to this interview.

Relevance

- What are the national needs and priorities in The Gambia in terms of the development agenda? Does the 8th Country PROGRAMME (CP) address these needs and priorities of the South African population at district, provincial and national levels? What aspects of the national and sectoral policies are covered in the 8th CP?
- Were the objectives and strategies of the Country PROGRAMME discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the Sexual and Reproductive Health (SRH)?
- Are there any changes in national needs and global priorities along the line? How did UNFPA Country Office (CO) respond to these?

Effectiveness

- Looking at the implementation so far, to what extent has 8th CP reached the intended beneficiaries? Are outputs/targets achieved?
- What are the facilitating factors for the realization of the SRH/AYD results?
- What are some of the challenges or limiting factors that may have affected the achievement of and implementation of the PROGRAMME? How were these challenges addressed?

- To what extent have the PROGRAMME results reached the intended beneficiary groups? Have there been any tangible changes as a result of interventions? [mothers, adolescents, FP users, fistulae and GBV victims?)
- What have been unintended effects – positive or negative, direct or indirect? Why were they generated and what are the likely consequences?
- Share with us the approaches used to deliver SRH. AYSRH? What was the most appropriate and why?
- Overall, how effective is the 8th CP in The Gambia?

Efficiency

- To what extent were the activities managed in a manner that would ensure the delivery of high quality results?
- Explain the resources management process of the PROGRAMME
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 8th CP implementation and achievement of results?
- Do you think UNFPA CO administration and financial procedures are appropriate for the 8th CP implementation?
- What would have been done differently with the same resources to achieve the stated results?
- How about the PROGRAMME approach, partner and stakeholder engagement, was it appropriate for CP implementation and achievement of results?
- How timely did the resources for this particular intervention come to your office?
- Were there any delays? If yes, why? And how did you solve the problem?
- Any new activities added to the current PROGRAMME activities?
- Are there occasions when the budget was not enough or you overspent?
- Are there any PROGRAMMEs cancelled or postponed? Why?
- Any additional funding from the Government of The Gambia and other partners?

Sustainability

- 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? Has the CP been able to support National institutional beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
- Have PROGRAMME activities been integrated in institutional government plans?
- Does your institution have the capacity to continue the PROGRAMME interventions without any donor support?

Coordination and Partnership

- What is the role of UNFPA CO in the United Nations Country Team coordination? What partnerships exist? Any specific contributions to the achievement of results? Any Challenges?
- How could these challenges be overcome?

Cross-cutting Issues:

- Were there any partnerships, coordination, monitoring and evaluation capacity challenges that facilitated the delivery of the 8th CP results?

- How did you take care of gender equality, human rights, and youth vulnerabilities in your programming? Evidence?

Lessons Learnt and recommendation

- What was the most and least successful approach in the delivery of the SRH, AYSRH, Gender and PD components? What are the lessons learnt?
- What do you consider the most innovative approach in delivering PROGRAMME outputs? Why?
- What are the best practices from the 8th CP that should be continued in the next CP cycle or replicated elsewhere?
- What recommendations for the next CP?

Tool 3

Focus Group Discussions Guide for Beneficiaries (SRH/AYD

Place: Beneficiaries in Banjul and Intervention locations

Relevance

- What are the national needs and priorities in The Gambia in terms of the development agenda? How important is the 8th Country PROGRAMME (CP) to these needs and priorities at district, provincial and national levels?
- Does the 8th CP address the needs in: Sexual and Reproductive Health (SRH), Adolescents, Youth and Gender (AYD)

- **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?
- Overall, how effective is the 8th CP in The Gambia?

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?

Tool 4

Focus Group Discussion – Adolescents and Youths

Introduction: I am part of a team to evaluate GoSS/UNFPA 8th Country PROGRAMME to help UNFPA CO plan the next Country PROGRAMME. We are looking at how effectively UNFPA or its partners has helped The Gambia to understand the issues of SRH, Gender and AYSRH.

Can we introduce ourselves?

Can you explain what activities you have participated in?

Core Questions:

1. What was the rationale for participating in the activities?
2. Relevance: How well does the activity fit in with the youth activities in The Gambia?
3. What effect do you think the activities should have with The Gambia youths?
4. Did activities contribute to changing any of your sexual and reproductive behavior? If yes, how?

Effectiveness

i. Provide examples of success of this PROGRAMME as far as the youths in this country/district are concerned?

ii. How useful are the activities

iii. How do the activities here contribute to The Gambia's development?

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

v. To what extent has UNFPA humanitarian response supported and planned for longer-term development goals articulated in the results framework of the country PROGRAMME?

Tool 5

Site Visits [Look for these]

RH/FPCS – Service delivery points with 3 modern contraceptives. Midwives availability
EmONC – Tertiary level facilities providing comprehensive emergency obstetrics and neonatal care.
YFSRH Facilities:
Ministries with budget allocation for adolescents sexual and reproductive health
Communities that abandoned FGM:
GBV Victims and Survivors:
Fistulae Patients and Reintegrated
Agencies with sex-age-disaggregated data.
Any adoption of human rights approach?

Annex 4: Stakeholders Map

Donors	Implementing agencies	Other partners	Beneficiaries
Family Planning			
Strategic plan outcome: (descriptions as per CPD): Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access			
Country PROGRAMME output: (descriptions as per CPD): **Output 1:** Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives, and offer improved quality family planning services that are free of coercion, discrimination and violence.			
Atlas project (code and name):GMB08101			
UNFPA Supplies	Gambia Family Planning Association		Women, Girls, PLHIVs and the General population
The Government of the Gambia	Ministry of Health and Social Welfare		
Sexual and Reproductive Health			
Strategic plan outcome: (descriptions as per CPD): Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access.			
Country PROGRAMME output: (descriptions as per CPD): **Output 2:** Strengthened national capacity to deliver high-quality basic and comprehensive maternal health and emergency services.			
Atlas project (code and name):GMB08102			
	Ministry of Health and Social Welfare	UNICEF, UNAIDS,WHO	Women of reproductive health age, PLHIVs, General production
	Gambia Family Planning Association	National Assembly Select Committee	
	Ministry of Women Children and Social Welfare		

Youth			
Strategic plan outcome: (descriptions as per CPD) Increased priority on adolescents, especially young adolescent girls, in national development policies and PROGRAMMEs, particularly the increased availability of comprehensive sexuality education and sexual			
Country PROGRAMME output: (descriptions as per CPD):**Output 1**: Increased national capacity to conduct evidence-based advocacy and capacity building interventions to incorporate adolescents and youth sexual and reproductive health needs in national laws, policies and PROGRAMMEs.			
Atlas project (code and name):GMB08201			
	Gambia Bureau of Statistics	University of The Gambia	
	National Population Commission Secretariat		
	National Youth Council		
Comprehensive Sexuality Education			
Strategic plan outcome: (descriptions as per CPD) Increased priority on adolescents, especially young adolescent girls, in national development policies and PROGRAMMEs, particularly the increased availability of comprehensive sexuality education and sexual			
Country PROGRAMME output: (descriptions as per CPD):**Output 2:** Increased national capacity to design and implement community and school-based sexuality education PROGRAMMEs that promote human rights and gender equality			
Atlas project (code and name):GMB08202			
	Ministry of Basic and Secondary Education		Girls, Boys, Youths in and out of Schools and people living with disability.
	FANTANKA		
	Nova Scotia Gambia Association		
Gender Equality			
Strategic plan outcome: (descriptions as per CPD)) Increased priority on adolescents, especially young adolescent girls, in national development policies and PROGRAMMEs, particularly the increased availability of comprehensive sexuality education and sexual			

Country PROGRAMME output: (descriptions as per CPD): Output 3: Increased national capacity to advocate for and deliver evidence-based PROGRAMMEs targeting marginalized adolescent girls, including those at risk of female genital mutilation, child marriage and gender based violence			
Atlas project (code and name) GMB08203			
Joint Programme on FGM	Ministry of Women Children and Social Welfare	UNICEF	Women, Girls , General population
Multi-Partner Trust Funds	GAMCOTRAP	UNDP	
Peace Building Fund	Network Against Gender Based Violence	UNCDF	
	Think Young Women	FAO	
	The Girls Agenda	IOM	
	Paradise Foundation	WFP	
	Nova Scotia Gambia Association	IRI	
	West Africa Network for Peace building		
	FAWEGAM		

Annex 5: The M&E System Assessment Grid for the 8th CP of the Gambia

Feature of the M&E system	What to check	Quality/ status	Answer
Type and nature of the M&E system			
Type	Is the system activity-based, results-based or both?	+	The system is result-based with related outputs, indicators and milestones that are reported every quarter. An annualised target matrix was prepared that clearly states which institution is responsible for reporting on the different indicators. The CO also conducts field visits for the purpose of monitoring.
Nature	Is the system led by UNFPA, jointly managed with government counterparts, or led by them?	+	The UNFPA Monitoring and Evaluation system is jointly managed with Government. At the beginning of each year, a monitoring plan is developed to guide monitoring activities. Joint monitoring visits are conducted twice in the year and this is led by the National Population Commission Secretariat which is the coordinating authority of the Country PROGRAMME. Annual review meetings are held which is aimed at assessing PROGRAMME performance which informs the need for adjustment of strategies towards improving delivery on PROGRAMME outputs and also provide PROGRAMME performance information that will inform both the mid-term review and the final CP evaluation.
Information management system (IMS)			
Design and structure	Is there an IMS associated with the M&E system?	+	Strategic Information System (SIS) is a dedicated information management system used by the Country Office. SIS is managed at the level of Headquarters.
	Is the IMS design formalized in a written document e.g. an operational manual?	+	
Data collection	Does the system define who should collect what information?	+	The results framework for the 8th CP clearly indicates the baselines and targets. It clearly states who collects the data for tracking the output indicators and it also contains means of verification. On an annual basis, targets are set for the respective project that is tracked by the respective implementing partners.
	Is the frequency of data collection well defined and appropriate?	+	
	Is the level of information depth/analysis appropriate vis-à-vis the CO and government info and management needs?	+	

Feature of the M&E system	What to check	Quality/ status	Answer
Information flows	Does the system define who should report to whom?	–+	The system clearly defines responsibilities for its activity-based monitoring.
	Does the information get to the right persons in a timely manner and efficiently?	+	At times, there is a delay in information flow mainly caused by delays in reporting by implementing partners.
	Are there appropriate templates to report the information?	+	There are appropriate templates/ formats to report information. Some of these templates were developed by HQ. The Country Office has developed templates to guide activity reports and monitoring visit reports. The CO has also developed templates for Note-to-files, review meeting reports and annual reporting.
	Does the system provide feedback to local counterparts?	+	Field visit findings are shared with partners during annual review meetings. During these meetings, challenges hindering PROGRAMME implementation are discussed, key achievements and gaps in relation to indicator targets are highlighted. During monitoring and COAR, feedbacks on improving the quality of reporting are shared with partners.
Resources			
Financial resources	Is there a budget available at the UNFPA CO for monitoring purposes?	+	There is a budget set aside for monitoring and evaluation. Also, all the implementing partners have a budget for monitoring.
	Do relevant counterparts have budget allocations to implement the system?	+	Implementing partners have budgetary allocations for M&E activities. Monitoring visits reports are shared with the Country Office.
Human resources	Is there a person in charge of the entire system within the CO?	+	There is a PROGRAMME Analyst responsible for monitoring and reporting functions and reports to the Assistant Representative.
	Are monitoring responsibilities clearly allocated to each staff?	+	PROGRAMME staff carry out activity-based monitoring.
	Does the staff have the appropriate capacity to implement M&E tasks?	+	Yes, the staff has the relevant qualification and experience to effectively manage the M&E tasks.
	Does the system capitalize on local capacity to collect relevant information?	+	The CO provided M and E training to implementing partners in 2017. During the recently concluded annual review meeting, there was a session on the importance of quality reporting and identification of appropriate milestones during planning in SIS.
	Does the system build local capacity to collect and use relevant information?	+	
Indicators			

Feature of the M&E system	What to check	Quality/ status	Answer
Feasibility of the objectives	Are the outputs and outcomes – associated with the indicators- attainable?	+	The outputs and outcomes are associated with the indicators although some of the indicators are not well formulated. Some of the targets are not achievable during the country Programme cycle whilst some have surpassed their targets. For example, the target set for the number of fistula repairs (150) is not attainable during the current Country PROGRAMME.
Quality of the indicators	Are indicators clearly formulated for the most part?	+ -	Most of the indicators are clearly formulated.
	Are indicators relevant for the most part?	+ -	Yes, most of the indicators are relevant.
	Are indicators specific for the most part?	+ -	Yes, most of the indicators are specific.
	Are indicators operational for the most part?	+	The baseline and end line are clearly defined. Targets were annualised over the CPD period. Indicators are associated with responsible institutions and means of verification are available. The Programme Analyst prepares a gap analysis annually to guide IP managers. The gap analysis looks at the achievements of the country PROGRAMME vis-à-vis what is yet to be achieved.
The role of evaluations in the system			
Integration into the system	Are evaluations well planned and selected so as to respond to the needs of the CO & UNFPA?	Yes	Evaluations are well planned with clear terms of reference developed to guide the process. Evaluations are guided by the UNFPA Evaluation Hand Book. A mid-term review was conducted in 2019
	Are evaluations findings properly channelled into management and decision processes?	Yes	Evaluation findings are properly channelled into management and decision-making processes and inform the formulation of subsequent Country PROGRAMME Documents.
	Are the results of evaluations used to update the CPAP results framework?	+	
Alignment	Are evaluations designed and their findings shared with relevant national stakeholders?	+	Evaluations are designed in consultation with partners and the findings are shared with partners and relevant stakeholders. Findings of the Mid-term review was shared with CO staff and implementing partners.

Feature of the M&E system	What to check	Quality/ status	Answer
Monitoring of risks and assumptions			
Assumptions	Has the CO correctly identified the main assumptions affecting the country PROGRAMME?	+	Yes. The CO clearly identified assumptions affecting the Country PROGRAMME. These assumptions are recorded in SIS under the critical assumptions section. The CO office does obtain some accurate and timely information on changes in some assumptions. Yes, the CO identified correctly the main risks affecting the Country PROGRAMME. Yes, the Country Office is able to obtain some accurate and timely information on changes in those risks.
	Is the CO able to obtain accurate and timely information on changes in those assumptions?	+	
Risks	Has the CO correctly identified the main risks affecting the country PROGRAMME?	+	
	Is the CO able to obtain accurate and timely information on changes in those risks?	+	
Formalizatio n	Is the monitoring of risks and assumptions formalized and recorded in written form?	+	Monitoring of assumptions is formalized and recorded in SIS annually.

Annex 6: Institutions and Persons Interviewed

NO	NAME OF INTERVIEWEES	POSITION	PARTNERS
1	Mr. Momodou njie	Director	GFPA
2	Mr. Momodou Darboe	PNO	MOHSW
3	Mrs. Fatou Camara	PNO	MOHSW
4	Nyakass M.B Sanyang	Statistician general	GBOS
5	Mrs Mariama Fanneh	Director	NPCS
6	Alagie Saidyba	PROGRAMME Accountant	NPCS
7	Awa Gibba	Population Field Officer	NPCS
8	Fatou Camara	HR manager	NPCS
9	Mrs Fatou Bittaye	Principal Education Officer	MOBSE
10	Mr Francis Mendy	PROGRAMME manager	NSGA
11	Mr Kajali Sanyang	Executive director	Women's Bureau
12	Princess Munahot	Executive Director	GAMCOTRAP
13	Namu B. Ejiofor	Youth Officer	GAMCOTRAP
14	Fatou Saho	Project assistant	GAMCOTRAP
15	Tijan Bojang	Media officer	GAMCOTRAP
16	Musu Bakoto Jawo	National Coordinator	TYC
17	Sariba Badjie	PROGRAMME Officer	The girls agenda
18	Aminata Jaiteh	PROGRAMME Officer	The girls agenda
19	Mariama Sanyang	Communication Officer	The girls agenda

20	Martin Mendy	Senior PROGRAMME Officer	FAWEGAM
21	Alhagie Jarju	Executive director	NYC
22	Dawda Ceesay	P.s officer of the VP	OVP
23	Mariama Jammeh	PROGRAMME officer	WANEP
24	Fatou Macully	Student	CRR
25	Binta Jagne	Student	CRR
26	Mariama Lowe	Student	CRR
27	Saikou Bah	Student	CRR
28	Saidina Omar Jobe	Student	CRR
29	Awa Njodo	Student	CRR
30	Mariama Jamara	Student	CRR
31	Saidou Cham	Student	CRR
32	Mariatou F. Jallow	Student	CRR
33	Isatou Hydara	Student	CRR
34	Isatou S Camara	Student	CRR
35	Manuru kandeh	Student	CRR
36	Sheikh Mutarr Ceesay	Student	CRR
37	Ebrima Camara	Student	CRR
38	Yusupha Ceesay	Student	CRR
39	Mustapha Ceesay	Student	CRR
40	Isatou Gikineh	Student	CRR
41	Fatoumatta Jammeh	Student	CRR

42	Louis Manneh	Student	CRR
43	Kaddy Bah	Student	CRR
44	Naba jallow	Student	CRR
45	Mariama Susso	Student	CRR
46	Sulayman Darboe	Teacher	CRR
47	Angelic Isatou Mendy	Teacher	CRR
48	Zakaria Mballow	PNO	Bansang Hospital
49	Funneh Bah	SEN MID WIFE	Bansang Hospital
50	Momodou Samba	PNO	Basse District Hospital
51	Salimatou Mballow	Community based distributor	CRR
52	Ceesayding Jallow	Community based distributor	CRR
53	Fatou Sanyang	Community based distributor	CRR
54	Tida Sillah	Community based distributor	CRR
55	Ousainou Gomez	Nurse in charge	Brikama Ba H\C
56	Ousman Cham	Pharmacy technician	Farafeni Hospital
57	Ebou Corr	Regional Nursing Officer	Farafeni Hospital
58	Ansuman mendy	Hospital Administrator	Bwiam Hospital
59	Fatou Kah	Ag. PNO	Bwiam Hospital
60	Alieu sonko	SNO &Head of duty room	Bwiam Hospital
61	Alfusainy Manneh	SNO	Bwiam Hospital
62	Njaga Sarr	SNO	Bwiam Hospital
63	Kaddy Jammeh	Ag. DCEO	Bwiam Hospital

64	Isatou Faal	NO Head of Maternity	Bwiam Hospital
65	Nyimansata Barrow	Head of pharmacy unit	Bwiam Hospital
66	Dr. kitabu Jammeh	Medical Officer	Bwiam Hospital
67	Alieu Sarr	Ass Representative	UNFPA CO
68	Lamin Camara	PROGRAMME Analyst, Adolescents and Youth	UNFPA CO
69	Alhagie Kolley	PROGRAMME Analysis, Reproductive Health	UNFPA CO
70	Alieu Jammeh	PROGRAMME Analyst, RHCS	UNFPA CO
71	Narissa Seegulam	Development Coordinator Officer:Partnerships and Development Finance	UNRCO
72	Seraphine Wakana	UN Resident Coordinator in The Gambia	UNRCO
73	Josephine Agofure	UNDP Executive Associate	UNDP
74	George Lwanda	Senior Development Coordination Officer and Team Leader	UNRCO
75	Abdou Touray	PROGRAMME Specialist: Poverty and Inclusive Growth	UNDP
76	Awa Peters	Transitional Justice Specialist	UNDP
77	Ida Peterson	Transitional Justice Specialist	UNDP
78	Nana Chinbuah	Deputy Resident Representative	UNDP
79	Bakary Tijan Jargo	NPO FRH/EPI	WHO

80	Mariama Janneh	Health/HIV Specialist	UNICEF
81	Maimuna Denton	PROGRAMME Analyst, M&E	UNFPA
82	Joyce Michael	PROGRAMME Specialist, Gender/GBV	UNFPA
83	Modou Darboe	Officer	Ministry of Health and Social Welfare
84	Fatou Camara	Officer	Ministry of Health and Social Welfare
85	Fatou Bittaye	Officer	Ministry of Basic and Secondary Education
86	Francois Mendy	Officer	Novia Scotia Gambia Association
87	Kajali Sonko	Officer	Ministry of Women, Children and Social Welfare
88	Musu Bakoto Sawo	Director	Think Young Women
89	Isatou Jallow	Director	The Girls' Agenda
90	Mariama Jammeh	Director	WANEP
91	Martin Mendy	Director	FAWE GAM
92	Alhagie Jarju	Executive Director	National Youth Council