INCEPTION REPORT

EVALUATION OF THE UNFPA SUPPORT TO FAMILY PLANNING 2008-2013

Evaluation Office

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Evaluation of the UNFPA Support to Family Planning 2008-2013

Inception report

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
APRO	Asia Pacific Regional Office
ASRO	Arab States Regional Office
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BMGF	Bill and Melinda Gates Foundation
CMOC	Context Mechanisms and Outcome Configurations
CO	Country Office
CPR	Contraceptive Prevalence Rate
DAC	Development Assistance Committee
DFID	Department for International Development (UK)
DRF	Development Results Framework
EECARO	Eastern Europe and Central Asia Regional Office
EHG	Euro Health Group
EM	Evaluation Manager
ESARO	Eastern and Southern Africa Regional Office
FP	Family planning
FP2020	Family Planning 2020
GPRHCS	Global Programme for Reproductive Health Commodity Security
HIV	Human Immunodeficiency Virus
HQ	Headquarters
ICPD	International Conference on Population and Development
INGO	International non-government organisation
KII	Key Informant Interview
LACRO	Latin America and Caribbean Regional Office
mCPR	Modern contraceptive prevalence rate
MDG	Millennium Development Goals
MISP	Minimal Initial Service Package
MOH	Ministry of Health
MTR	Mid-Term Review
MWRA	Married women of reproductive age
NGO	Non-government organisation
PLHIV	People Living with HIV
QA	Quality Assurance
RG	Reference Group
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RO	Regional Office
RRSRH	Reproductive Rights and Sexual and Reproductive Health
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
TA	Technical assistance
ToC	Theory of Change
ToR	Terms of Reference
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Populations Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VMG	Vulnerable and marginalised groups
WCARO	West and Central Africa Regional Office

1 INTRODUCTION

Family planning is a principal focus of the work of UNFPA worldwide. This independent evaluation of UNFPA support to family planning 2008-2013 forms part of the Transitional Biennial Budgeted Evaluation Plan 2014-2015 approved by the UNFPA Executive Board in 2014. It will contribute to the assessment of progress against current and past strategic plans, and will inform future decision-making and policy formulation. The evaluation is managed by the UNFPA Evaluation Office and conducted by a team of independent external consultants.

The inception report is based upon the preparatory work by the UNFPA Evaluation Office as well as the results of data collection, interviews, discussions and analysis by the external consultants. The report maps out the proposed path and instruments of the evaluation, which will continue during 2016, with a draft final report to be submitted in December 2015. Results of the evaluation will be presented to the UNFPA Executive Board in September 2016.

1.1 Objectives of the evaluation

Purpose

The purpose of the evaluation is to assess the performance of UNFPA in the field of family planning during the period covered by the Strategic Plan 2008-2013 and to provide learning to inform the implementation of the current UNFPA Family Planning Strategy Choices not Chance (2012-2020). The evaluation will also inform other relevant programmes such as the Global Programme for Reproductive Health Commodity Security (GPRHCS) (2013-2020) and the Preventing HIV and Unintended Pregnancies Strategic Framework (2011-2015). Finally, the evaluation results will feed into the mid-term review of UNFPA current Strategic Plan 2014-2017.

Objectives

The primary objectives of the evaluation are to:

1. Assess how the framework as set out in UNFPA Strategic Plan (and revised development results framework (DRF)) 2008-2013 and further specified in the Reproductive Rights and Sexual and Reproductive Health Framework(2008-2011)as well as in the GPRHCS (2007-2012) and the Preventing HIV and Unintended Pregnancies Strategic Framework (2011-2015), has guided the programming and implementation of UNFPA interventions in the field of family planning;

2. Facilitate learning and capture good practices from UNFPA experience across a range of key programmatic interventions in the field of family planning during the 2008-2013 period to inform the implementation of both outcome 1 of UNFPA current Strategic Plan and the *Choices not Chance 2012-2020* Strategy; inform the GPRHCS (2013-2020) and the Preventing HIV and Unintended Pregnancies Strategic Framework (2011-2015) as well as future programming of interventions in the field of family planning.

1.2 Scope of the evaluation

The evaluation will cover the period 2008-2013,taking into account information from 2014 when pertinent and necessary. It will be both retrospective and forward-looking, including evaluation of past performance, analysis of lessons learnt, and conclusions and recommendations for future interventions.

The geographical scope will cover all countries where UNFPA has carried out family planning interventions, focussing on the 69 poorest countries with low rates of contraception use and high unmet need for family planning identified in the London Summit and FP2020, and also covering middle income

countries where family planning needs are still high due to inequality of access. Data collection and case studies will cover all six UNFPA regions (Eastern and Southern Africa, Western and Central Africa, Asia and the Pacific, Latin America and the Caribbean, the Arab States, and Eastern Europe and Central Asia).

All UNFPA family planning interventions will be included in the evaluation, including those covered by core and non-core resources and those financed through the GPRHCS. Family planning is an integral part of UNFPA interventions in maternal health, adolescent and young people's sexual and reproductive health (SRH), HIV and AIDS, gender and humanitarian support. Family planning activities in these areas will be included in the evaluation where appropriate, while the evaluators will ensure not to duplicate work carried out in the Maternal Health evaluation (2012), and the Adolescent and Youth SRH evaluation being carried out concurrently with this evaluation. The evaluation team will coordinate with the adolescent and youth sexual and reproductive health (AYSRH)team to ensure work on the two evaluations is complementary.

1.3 Overview

The evaluation has five phases in total:

Phase 1: Preparatory phase, work carried out by the Evaluation Office, including collection of relevant documentation and preparation of a financial database derived from ATLAS, which includes family planning interventions in all countries.

The Evaluation Office has also undertaken to carry out a preliminary review of the family planning portfolios of countries selected for in-country and desk case studies and prepare a stakeholder mapping, which will complement the portfolio of interventions and stakeholder mapping at global level developed by the evaluation team.

Phase 2: Inception phase, described in this report, which includes establishment of the external consultant team, development of methodology and research instruments, selection of countries for case studies and preparation of a detailed work plan.

Phase 3: Data collection phase, including review of documentation, key informant interviews (KII) at global and regional levels with UNFPA staff and other stakeholders, in-country and desk case studies to broaden and strengthen initial analysis and findings, two Internet surveys and additional financial analysis.

Phase 4: Data analysis and reporting phase, culminating in preparation of a draft final report.

Phase 5: Dissemination phase, with development of an evaluation brief and presentation of results at a stakeholders' workshop. The evaluation report will also be presented by the Director of the Evaluation Office to the September 2016 UNFPA Executive Board session.

1.4 Purpose of the inception report

The purpose of the inception report is:

- to set out the institutional, social and policy context of UNFPA family planning work in the period to be evaluated
- to identify clearly the questions to be answered in the evaluation
- to define the logical steps to be used in the evaluation
- to describe the methodology and research instruments to be used

- to discuss challenges, limitations and risks which could affect implementation, and
- to present a detailed work plan.

The chapters of the inception report focus on:

- Chapter 2 describes the global context of family planning support in the evaluation period.
- Chapter 3 identifies the UNFPA intervention logic and its changes during the evaluation period, and reconstructs the theory of change (ToC) and its evolution during that time.
- Chapter 4 covers details of the methodology and analysis to be used.
- Chapter 5 presents the evaluation matrix, with details of the questions to be answered in each of the areas of investigation highlighted in the terms of reference (ToR), including the rationale for those questions, the assumptions to be verified and the indicators and data sources to be used.
- Chapter 6 describes the next steps in the work with a detailed plan and timetable. The annexes present information on the instruments and protocols to be used for data collection, the process of sampling and selection for the country studies included in the evaluation, and other pertinent information including bibliography and references.

2 THE GLOBAL CONTEXT OF FAMILY PLANNING SUPPORT

2.1 Uneven progress in family planning across the world

Family planning is a proven and cost-effective health intervention that has many benefits. Family planning contributes to the health and economic well-being of individuals, communities and nations, especially when universal access to voluntary, high quality sexual and reproductive health services including family planning that offer the widest possible contraceptive choices with information, counselling and other support that meets health and human rights standards as well as medical ethics.

According to a global analysis (Alkema, Kantorova et al. 2013), contraceptive prevalence rose from 55 to 63 per cent between 1990 and 2010, although progress slowed significantly between 2000 and 2010 in comparison with the 1990s. Concurrently with increases in contraceptive prevalence rate (CPR), levels of unmet need fell worldwide. Within this overall context of progress there remain wide disparities both among and within regions and countries, indicating that more needs to be done, particularly in the poorest countries in sub-Saharan Africa.

Worldwide 221 million women have an unmet need for family planning, meaning they want to avoid a pregnancy but do not have access to or are currently not using contraception. Approximately 85 million unintended pregnancies occurred in 2012, representing 40 per cent of all pregnancies (Sedgh, Singh et al. 2014). The vast majority of women with unmet need are in the developing world. In sub-Saharan Africa alone, 58 million women have an unmet need for family planning and in the poorest countries of the region unmet need has increased since 2008 (UNFPA 2013b). The proportion of married women of reproductive age (MWRA) with unmet need remains above 25 per cent in two sub-regions (Eastern and Southern Africa, Western and Central Africa) and in 42 countries of which 29 are in Africa. Less data is available on men's unmet needs, and women continue to carry much of the burden of family planning, although men have an important role in decision-making.

Rates of unmet need are high among women living with HIV (Halperin, Stover et al. 2009) and among postpartum women (Ross and Winfrey 2001), exacerbating the potential negative health, economic, social, and psychological outcomes of unintended pregnancy. Further, a recent study estimated that high rates of discontinuation among current users of contraception contribute to a substantial portion of unmet need (Jain, Obare et al. 2013). Women who discontinue use of contraception often do so because of unanticipated side effects and health concerns, as a result of issues with quality such as inadequate

counselling and poor support and follow-up. Much more needs to be done to ensure access to a wider choice of methods so that women can freely decide whether to use contraception and to access contraceptive methods that are appropriate for their health and meet their preferences and reproductive intentions. However access to a broad range of methods is lacking in many countries, limiting individual choice and compromising the quality of family planning programs (Seiber, Bertrand et al. 2007).

Finally, equity analysis indicates that the women who are least able to access contraception not only physically but also in psycho-social and economic terms are also those who are at greatest risk for adverse outcomes; namely, the poorest, youngest, least educated and those living in rural or remote areas. Inequities in the percentage of demand satisfied are observed in all regions except Central Asia and the gaps are greatest in sub-Saharan Africa (Ortayli and Malarcher 2010).

2.2 The global family planning response

Family planning emerged as a key public health and development intervention in the 1960s as a result of concerns regarding the impact of rapid population growth and high fertility. In the early years, a demographic rationale governed family planning advocacy and programmes focused mainly on supply, although there were also demand generation efforts to increase awareness and acceptability of family planning. Programmes which worked towards quantitative targets and used incentives to increase the numbers of users were criticized as pushing people to adopt family planning rather than providing free choice. For many years lack of availability was seen as the major challenge to increasing use of contraception. As the field gained experience and matured in the 1980s, programming increasingly focused on improving quality of care, acceptability and socio-cultural dimensions of access, including gender considerations (e.g. Bruce, 1990). In the 1990s there was a noted shift away from a demographic rationale toward embracing sexual and reproductive rights as human rights, made explicit in the International Conference on Population and Development (ICPD) Programme of Action in 1994. Putting individual rights, health and women's empowerment at the centre of family planning programmes contributed to greater investment and programmatic interest in integrating family planning within a broader array of sexual and reproductive health services in order to better meet individual rights and needs.

Progress in family planning stalled in many countries in the late 1990s and 2000s as global attention and resources increased to deal with the HIV and AIDS pandemic but levels of funding for FP remained constant at best. Progress slowed, as countries were unable to keep up with the increasing numbers of people entering their reproductive years. As a result during the 2000s the global community focused on “repositioning family planning” by providing evidence on the various health, demographic and economic rationales for maintaining or increasing investments (Cleland, Bernstein et al. 2006, Barot 2008, Singh and Darroch 2012). The Reproductive Health Supplies Coalition (RHSC), established in 2001 to address the challenge of ensuring adequate supplies of contraceptives including condoms for HIV prevention, was a major global initiative focused on family planning during this period. Family planning is also a component of Every Woman Every Child, a UN-led campaign started in 2010 to address the major health challenges facing women and children.

The London Summit on Family Planning in 2012 capped more than a decade of repositioning efforts and resulted in renewed commitments of resources and attention among donors, developing country governments and civil society organizations to reduce unmet need and support contraceptive information and services for 120 million women and girls in the 69 poorest countries. At the Summit, FP2020 was established as a major global initiative to support and track progress towards meeting these commitments. According to the newly released second FP 2020 progress report, in 2013 donor governments disbursed $1.3 billion in bilateral funding for FP programs, representing an increase of almost 20% since 2012.Even though the numerical goal is based on unmet need, some human rights

advocates and civil society groups expressed concern that FP2020 could signal a retreat from the human rights-based rationale for family planning (Girard 2012). The Business Plan for FP2020 states that implementation will align with the principles of ICPD and two of the four task teams established will play an important role in monitoring quality and rights, namely the Rights and Empowerment Working Group and the Performance, Monitoring and Accountability Working Group. (The two other working groups are Country Engagement and Market Dynamics).As increased resources for family planning ramp up and SRH and family planning is linked to the post-MDG agenda, it is an opportune time to address those areas where there has been uneven progress, namely quality, equity and rights – all areas which are explicitly on the leadership agenda of UNFPA.

After more than four decades of programme implementation experience, the family planning field has an extensive body of research and literature and experience to guide programming and investment. It is generally accepted among the global family planning community that in order to ensure equitable access to a broad range of modern contraceptives and services through multiple channels in a good-quality and reliable manner, programmes must include the following: a policy component that supports equitable access and services, adequate resources and good governance and accountability; a service component that supports a strengthened health system with the capacity to offer wide availability and access to acceptable and high-quality services; and a demand component that promotes increased knowledge and favourable attitudes to the use of contraception to meet individual fertility desires (Mwaikambo, Speizer et al. 2011, Bongaarts, Cleland et al. 2012, Jacobstein, Curtis et al. 2013).

2.3 UNFPA strategic response to family planning as a component of the global response

Guided by the programme of action from the 1994 ICPD and the addition of the MDG 5-b goal in 2007, UNFPA works strategically to promote family planning within a human rights framework and with attention to vulnerable and marginalised groups. Within the UN system UNFPA, as the agency charged with SRH including family planning, coordinates with the work of UNICEF, UNDP and other UN funds and programmes. UNFPA targets its family planning work in the 69 poorest countries and, in 2012, made a commitment to increase allocation of its resources from 25% to 40% for family planning. At the global level UNFPA is a principal advocate for family planning, and participates in the key family planning global networks such as the Reproductive Health Supplies Coalition and FP2020, taking on a leadership role in implementation where appropriate. As such, UNFPA has staff sitting on FP2020 Reference Group and on each of the aforementioned Working Groups. UNFPA also provides leadership at the regional level, and participates in regional partnerships such as the Ouagadougou Partnership for family planning in West Africa. At the country level UNFPA provides technical support to governments and supports civil society to pursue universal access to SRH information and services, including family planning.

Family planning has been a long-standing focus for UNFPA, and is one of the priority areas in the strategies that govern the organization's work during the period of evaluation 2008-2013. UNFPA supported direct family planning interventions via core support or the GPRHCS thematic fund to 103 developing countries during this period in East and Southern Africa (21), West and Central Africa (21), the Arab States (10), Eastern Europe and Central Asia (16), Latin America and the Caribbean (15), and Asia and the Pacific (20). Sub-Saharan Africa received the largest percentage of UNFPA regular resources, followed by Asia and Pacific Region. The overall figure for the evaluation period taken from UNFPA ATLAS financial system shows a total of US$315million spent on direct family planning activities and on commodity security through the Global Programme for Reproductive Health Commodity Security (GPRHCS) in the 6-year period (see annex 5).This preliminary figure does not include spending on family planning within broader SRH or HIV and AIDS activities, as this level of detail is not readily available within the financial system. A Kaiser Foundation report placed UNFPA second (following the US) on the list of the

top five bilateral and multilateral organizations for expenditures for family planning activities, with UNFPA contributing 19% of the total global funding for family planning in the period 2009-2011. [1]

The family planning interventions of UNFPA were implemented within the strategic frameworks discussed in the following section.

3 UNFPA STRATEGY AND INTERVENTION LOGIC

3.1 Overview and analysis of UNFPA strategic frameworks related to family planning

This section provides a brief overview of the relevant frameworks, which together provide the context for the UNFPA family planning work during the evaluation period. The key frameworks are:

- UNFPA Strategic Plan 2008-2011 and the Development Results Frameworks (2008-2013);
- Reproductive Rights and Sexual and Reproductive Health Framework (2008-2012);
- Global Programme for Reproductive Health Commodity Security Phase I (2007-2012);
- Preventing HIV and Unintended Pregnancies: Strategic framework (2011-2015);
- Choices not Chance – UNFPA Family Planning Strategy 2012-2020.

Although each framework has its own focus, family planning has maintained a prominent place in all of them both as a specific area and as an integral part of other key strategies such as maternal health and HIV and AIDS. Differences between the frameworks reflect changing ways of addressing family planning over time, and changes to increase the focus on family planning as a central priority for UNFPA within an integrated and rights-based approach.

Table 1 shows the definition of family planning outcomes and outputs as defined by the relevant frameworks and their changes during the evaluation period, comparing across the frameworks. The table only includes the outcomes and outputs stated explicitly in the frameworks. Detailed review for reconstruction of the Theory of Change (ToC) (see section 3.2) found references to other outcomes and outputs in the framework narratives, which have been included in the reconstructed ToC. Family planning is also included in other outcomes in these and other frameworks (e.g. maternal health, HIV and AIDS, Adolescents and Youth) which have not been included in the table. The table shows where there is correspondence between the outcomes and outputs of the frameworks, and where they differ, as discussed in more detail in the following sections of the report.

At outcome level there is good correspondence across all the frameworks and through time, with the principal family planning outcome "Access to and utilisation of quality voluntary family planning services by individuals and couples increased according to their reproductive intentions" appearing almost unchanged in all frameworks. The exception is the HIV-UP, which focuses more on family planning as a method of preventing unwanted pregnancies whilst maintaining the rights of People Living with HIV (PLHIV) to have children when they want them. The current UNFPA strategic plan (2014- 2017) puts the family planning outcome within a more general outcome of increased availability and use of SRH services, and the GPRHCS II focuses more explicitly on poor and marginalised groups whilst still including the principal family planning outcome.

[1] http://kaiserfamilyfoundation.files.wordpress.com/2014/01/8541-mapping-the-donor-landscape-in-global-health-family-planning-and-reproductive-health.pdf

At output level there is more variation, with four frameworks including a supply-side output related to commodity security. Three of the frameworks in the table include an output explicitly related to demand generation; five include outputs related to human-rights based services and/or family planning provision in humanitarian settings; one has an output related to service integration; three have an output related to strengthening the enabling environment; and one has an explicit knowledge management output.

It is important to note that there is variation in classification of outputs or outcomes, and some of the outputs in the table could be better considered as outcomes. For example access and utilisation of commodities and services is an output for GPRHCS II, whilst it is an outcome for the other frameworks.

Table 1: Family Planning Outcomes and Outputs in the Policy Framework

	Strategic Plan 2008-11	DRF 2012-13	S. Plan 2014-17	RRSHR framework 2008-2012	GPRHCS I 2007-2012	GPRHCS II 2013-2020	HIV-UP	Choices not Chance 2012-2020
Family planning Outcome	Access to and utilization of quality voluntary FP services by individuals and couples increased according to their reproductive intentions	Access to and utilization of quality voluntary FP services by individuals and couples increased according to their reproductive intentions		Access to and utilization of quality voluntary FP services by individuals and couples increased according to their reproductive intentions	All individuals can obtain and use affordable, quality reproductive health commodities of their choice whenever they need them. ("goal" GPRHCS)	Contribute to universal access to RH ("goal" for GPRHCS)		Increased access to and use of human rights-based family planning from 2012 to 2020
			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			Improved access to quality RH/FP services for poor and marginalised women and girls (Output in GPRHCS) Increased availability and utilization of RH commodities in support of reproductive and sexual health services including FP, especially for poor and marginalised women and girls (GPRHCS output)		
							Prong 2: Prevention of unintended pregnancies in women living with HIV (as part of rights-based sexual and reproductive health (SRH) of people living with HIV (PLHIV)).	
Family planning outputs related to: SUPPLY-SIDE		Strengthened national systems for reproductive health commodity security		*(Framework defines strategies and key activities - outputs are not specified)*	Improve the sustainability of RH Health Commodity Security at the national level (outcome for GPRHCS)	Improve efficiency of procurement and supply of RH commodities (Outcome for GPRHCS) Strengthened capacity	Family planning outputs for HIV-UP are aligned with those of the UNAIDS annual workplan within the framework of the UNFPA family planning	Improved availability and reliable supply of quality contraceptives

					Integrated approaches to RHCS improved at all levels in-country RHCS-related systems and capacity enhanced among national stakeholders at the national level RH commodity needs met consistently and reliably.	and systems for supply chain management	framework “Choices not Chance” in the adjacent column to the right	
DEMAND-SIDE		Strengthened national capacity for community-based interventions in FP				Increased demand for RH Commodities by poor and marginalised women and girls		Increased demand for family planning according to clients’ reproductive health intentions
HUMANITARIAN SETTINGS AND RIGHTS-BASE		Increased capacity to implement MISP in humanitarian settings Strengthened national capacity for addressing GBV and provision of quality services including in humanitarian settings	Increased national capacity to provide sexual and reproductive health services in humanitarian settings			Intervention area 2 of output 4 (see above under outcomes): humanitarian settings		Improved availability of good quality, human rights-based family planning services
SERVICE INTEGRATION			Increased national capacity to deliver integrated SRH services					
ENABLING ENVIRONMENTS			Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve quality FP services that are free of coercion, discrimination and violence			An enabled environment for RHCS, including family planning, at national, regional and global levels		Enabling environments for human rights-based FP at national, regional and global levels as part of SRHR (incorporating strengthened political and financial commitment)
KNOWLEDGE MANAGEMENT								Strengthened information system pertaining to FP

3.1.1 Strategic plan, 2008-2011: Accelerating progress and national ownership of the ICPD Programme of Action

The strategic plan covers all UNFPA activity areas. After a mid-term review (MTR) in 2011, the strategic plan for the period 2008-2011 was revised and extended to 2013.

The plan was based on the ICPD goals and the MDG. It defined the three focus areas of:

1. Population and development
2. Reproductive health and rights
3. Gender equality

with their respective goals, outcomes (13) and indicators (26) encapsulated in the development results framework (DRF) annexed to the strategic plan. A management results framework and financial resources framework also annexed to the plan were aimed at strengthening implementation.

All three focus areas and the cross-cutting areas of mainstreaming young people's concerns, emergencies and humanitarian assistance and special attention to vulnerable and marginalised groups (VMG) include family planning-related areas, but the specific family planning outcome of *"Access to and utilization of quality voluntary family planning services by individual and couples increased according to their reproductive intentions"* is Outcome 3 of focus area 2 (reproductive health and rights). This outcome was maintained throughout the period and after revisions to the DRF, and was also used with similar wording in the other frameworks discussed below. However the indicators related to Outcome 3 were changed over time.

The Strategic Plan focused on national ownership and leadership, with national capacity development, advocacy, increased financial resources, partnerships and results-based management as key strategies. There was flexibility to respond to regional and country needs, and countries were expected to select the DRF outcomes (and hence outputs) which best reflect United Nations Development Assistance Framework (UNDAF) and national development priorities.

The MTR of 2011 highlighted criticisms of the "siloed" approach of the plan with three insufficiently integrated focus areas. It found that, in practice, resources were spread too thinly and UNFPA was trying to do "everything everywhere" instead of tailoring interventions to country needs The DRF was revised and the structure of the overall plan was changed, eliminating the division into 3 focus areas and reducing the overall number of outcomes from 13 to seven. Although the family planning Outcome 3 was maintained throughout these changes with almost the same wording, its outputs were redefined and its indicators became more focused on the supply side with a demand-side focus appearing in Output 9. The two new family planning outputs, which were developed for the period 2011-2013, were:

- Output 8: Strengthened national systems for reproductive health commodity security
- Output 9: Strengthened national capacity for community-based interventions for family planning

In addition, outputs related to family planning in humanitarian settings were defined. These were:

- Increased capacity to implement the minimal Initial Service Package (MISP) in humanitarian settings (Output 7 under Outcome 2)

- Strengthened national capacity for addressing gender-based violence and provision of quality services, including in humanitarian settings (Output 13 under Outcome 5)

3.1.2 UNFPA Strategic Plan 2014-2017

The new strategic plan places SRH and rights firmly at the centre of the work of UNFPA, with an enhanced focus on family planning, maternal health and HIV and AIDS. Human rights, gender equality and population dynamics are identified as the key factors in meeting the central SRH goal. There are four outcomes covering availability and use of SRH services including family planning, access to services and comprehensive sexuality education for adolescents, gender equality especially for vulnerable and marginalised groups, and support for policy development to integrate population dynamics and sustainable development. The plan proposes development of an improved UNFPA business model, with a move upstream towards a focus on advocacy and policy dialogue and more limited interventions to support service delivery. The plan identifies which modes of engagement are most appropriate for different settings, locating countries within four quadrants defined on the basis of country need and ability to finance interventions. Resource allocation is spread between the four quadrants with countries in the red quadrant (highest level of need and lowest national capacity to finance) receiving the larger part (59-63 per cent) of resources in 2016 and 2017.

3.1.3 Making Reproductive Rights and Sexual and Reproductive Health a Reality for All: Reproductive Rights and Sexual and Reproductive Health Framework (2008-2012)

The Reproductive Rights and Sexual and Reproductive Health (RRSRH) Framework positions sexual and reproductive health and rights (SRHR) within the overall Strategic Plan. It emphasises the mutually supportive nature of the strategic plan outcomes, the links between family planning and the other two focus areas of population and development and gender, and the need to strengthen integration of SRH including family planning and HIV and AIDS services. Priority areas for family planning in this framework are addressing unmet need and capacity development.

The family planning Outcome 3 has the same wording as that of the 2008-2011 Strategic Plan, with associated strategies of:

- Advocacy and policy support for quality family planning as part of SRH services
- Developing capacity within health systems, particularly among providers, for the provision of quality family planning services (includes human resource development, RHCS, demand creation)
- Integrating family planning within SRH services

This framework uses the 2008-2011 Strategic Plan family planning indicators for Outcome 3, and also puts forward additional ones related to disaggregation of modern contraceptive prevalence rates (mCPR) of different user groups, pre and post-partum family planning and commodity security. Strategies and indicators for the other outcomes all include some family planning component, indicating its cross-cutting nature.

3.1.4 Global Programme for Reproductive Health Commodity Security

Phase I (2007-2012)

GPRHCS represents a large proportion of total UNFPA spending on family planning in the evaluation period. Its priority is the supply side, one of the principal areas of UNFPA intervention in family planning. GPRHCS proposes to move away from the previous focus of UNFPA on capacity building

and covering immediate shortfalls in reproductive health commodities towards a rights-based approach which gives priority to the ability of individuals to exercise their SRH rights. It proposes integrated interventions based on improving the availability of commodities and sustainability of supply complemented by improvements in quality of care, promotion of an enabling environment, improved access and demand generation.

Although it shares concepts with the other UNFPA frameworks and its goal is practically the same as Outcome 3 of the strategic plan and the RRSRH framework, GPRHCS is more concerned with linking RHCS to national development frameworks and structures. RHCS is seen as a prerequisite for achieving ICPD goals and the MDG.

Phase II (2013-2020)
Phase II will cover more countries and expects to mobilise more resources. It will continue to include procurement of contraceptives but will have a greater emphasis on country capacity building to ensure sustainability of commodity security. The goal is "to contribute to universal access to reproductive health commodities and family planning services and information in the context of sexual and reproductive health and reproductive rights by 2020 for improved quality of life". The key outcome contributing to the goal (*Increased availability and use of reproductive health commodities and family planning services/information in support of reproductive health intentions*) echoes the family planning outcome of the Strategic Plan 2007-2011 as well as the Family Planning Choices not Chance Strategy 2012-2020. The six programme outputs include both supply and demand-side elements, with an emphasis on increased management efficiency and knowledge management. Table 1 presents the outputs and their change between the two phases of the programme.

3.1.5 Preventing HIV and Unintended pregnancies: Strategic framework (2011-2015)

This framework is rights-based and focused on integration of family planning with HIV and AIDS work for specific population groups including women living with HIV. Although it shares concepts with the other frameworks and in particular with the more recent ones which were moving towards a stronger focus on rights and integration, the framework has more emphasis on linkage with other HIV and AIDS interventions and programmes than on linkage with other UNFPA frameworks.

Family planning is in Prong 2: Prevention of unwanted pregnancies in women living with HIV, which presents family planning as part of a rights-based approach to SRH for people living with HIV. Strategies are:

Strategy 1: Link SRH and HIV at the policy, systems and service delivery levels
Strategy 2: Strengthen community engagement
Strategy 3: Promote greater involvement of men
Strategy 4: Engage organizations of people living with HIV
Strategy 5: Ensure non-discriminatory service provision in stigma-free settings.

Progress in family planning is measured via a single indicator of unmet need, to be reduced to zero in the strategy period.

3.1.6 Choices not Chance – UNFPA family planning strategy 2012-2020

The new family planning strategy is an integrated rights-based approach in line with the new UNFPA strategic plan (2014-17). The strategy was published soon after the London Family Planning Summit of 2012, which helped reposition family planning in a centre stage position. The strategy's outcome

(*Increased access to and use of human rights-based family planning from 2012 to 2020*) reflects the family planning outcomes of previous frameworks and strategies but this document is explicitly focused on family planning itself. It proposes to increase the resources available for family planning from 25 per cent to 40 percent of overall UNFPA spending, and move upstream with a rights-based, coordinated, country-based approach with more emphasis on development of a knowledge base and use of good practices, UNFPA capacity development and partnerships.

There are five outputs, closely related to Outcome 3 of the previous framework, yet more explicitly aimed at: integration with other parts of SRH; working on both the demand and the supply side; and strengthening information systems. Priority areas of work are: coordination and partnerships; advocacy and policy dialogue; procurement; capacity building; and knowledge management including use of best practices.

3.2 Logical Reconstruction of the Theory of Change for family planning interventions

The theory of change (ToC) is a representation of the organisation's concept of how change occurs, and underlies intervention design(UNEG 2011). Although UNFPA did not explicitly established a theory of change when defining its strategies and programmes for family planning during the evaluation period under review, the evaluation team has developed a reconstruction of the key elements of a ToC found in UNFPA documentation to help focus the evaluation questions and carry out the contribution analysis. This reconstruction must be seen as a working tool to help integrate elements of the different strategic documents and to identify the type of strategies and modes of engagement which were proposed by UNFPA during the evaluation period. The reconstructed ToC helps to focus the evaluation questions on the processes of change, the linkages between the areas of investigation, the cross-cutting themes and the external factors and risks. It helps the evaluators to identify the contribution of UNFPA to these elements and to achievement of change. Being a reconstruction and a working tool to provide a graphical representation of the expected processes of change, it will be reviewed and revised during the course of the evaluation when necessary.

The elements of UNFPA ToC for family planning and its evolution through time can be identified from the key strategic documents referred to earlier and listed in Table 2 below. During the evaluation period 2008-2013, the strategies and policies of UNFPA have consistently included family planning as part of the core business. However, there have been changes in emphasis and focus, particularly with the advent of GPRHCS Phases I and II and the *Choices not Chance* strategy. The nature of expected family planning outputs have not changed significantly over the period, but ways of defining and measuring them have become more specific. The reconstruction of the UNFPA ToC for family planning has taken into account these changes in focus and process.

In the first years of the evaluation period (Phase 1, 2008-2011) the interventions of UNFPA followed the ICPD programme of action, integrating family planning into SRH and rights as part of a holistic approach. The GPRHCS commenced at the start of the evaluation period with a strong focus on family planning within a rights-based approach, and contributing important additional resources to mainly supply-side activities.

The MTR of the UNFPA strategic plan in 2011 recommended a clearer definition of supply and demand-side family planning outputs. The London Family Planning Summit of 2012 also led to a repositioning of family planning and commitments to resource allocation specifically for family planning both within and outside UNFPA, whilst continuing to emphasise the rights-based approach and maintain consistency with the ICPD Programme of Action. The response of UNFPA to these changes included more emphasis on the supply side and commodity security within a rights-based

approach, which included attention to service quality and community-based family planning interventions.

3.2.1 Process of reconstruction of the Theory of Change

Documents used to reconstruct the ToC included the key policy documents, strategic plans and DRF for the UNFPA SRH programme in general, and for family planning in particular discussed in chapter 2 above. The initial strategy (Phase 1) and related strategic documents described above addressed key areas of family planning interventions. After the MTR, the strategy was adapted and extended to cover the period 2012-2013 (Phase 2). At the same time new policy documents added elements and changed some of the foci of the family planning strategy. The documents related to each of the two phases are shown in Table 2.

Table 2: UNFPA family planning strategy documents

Documents related to the initial overall strategy 2008-2011 – Phase 1	Documents related to the extended strategy 2008-2013 – Phase 2
• UNFPA Strategic Plan 2008-2011 and Development Results Frameworks, 2007 • Making Reproductive Rights and Sexual and Reproductive Health a reality for all (2008-2011), 2008 [Reproductive Rights and SRH Framework] • Global Programme for Reproductive Health Commodity Security, Phase I (2007-2012), 2007	• UNFPA Midterm review of the UNFPA strategic plan 2008-2013, 2011 • UNFPA strategic plan 2008-2013updated Development Results Frameworks, 2011 • Choices not Chance – UNFPA family planning strategy 2012-2020, 2013 • Preventing HIV and Unintended Pregnancies: Strategic framework (2011-2015), 2nd edition 2012

Figure 1 is a graphical representation of the ToC reconstructed from the policy documents. This process started with identification of the goal and outcomes (see Figure 1 right hand side), and identification of the major strategic areas of UNFPA interventions in the evaluation period (see Figure 1 left hand side).

The UNFPA strategy 2008-2013 clearly stipulated the envisaged **Outcomes** related to family planning (*Access to and utilization of quality voluntary family planning services, and reduced unmet need, with special attention for marginalized and excluded populations*), and the **Goal** of contributing to *Universal access to reproductive health*.

The **Outputs** needed to achieve the outcomes were identified within several of the policy and planning documents. Outputs included national ownership and leadership of family planning programmes, improved quality and integration of family planning services, demand creation based on client needs, enabling environments for rights-based family planning, improved supply, strengthened information systems and strengthened national capacity for community-based family planning interventions. These outputs are mutually interdependent, and some are preconditions for, or associated with others (e.g. ownership and enabling environment; capacity building and demand creation; integration and quality; information systems and supply).

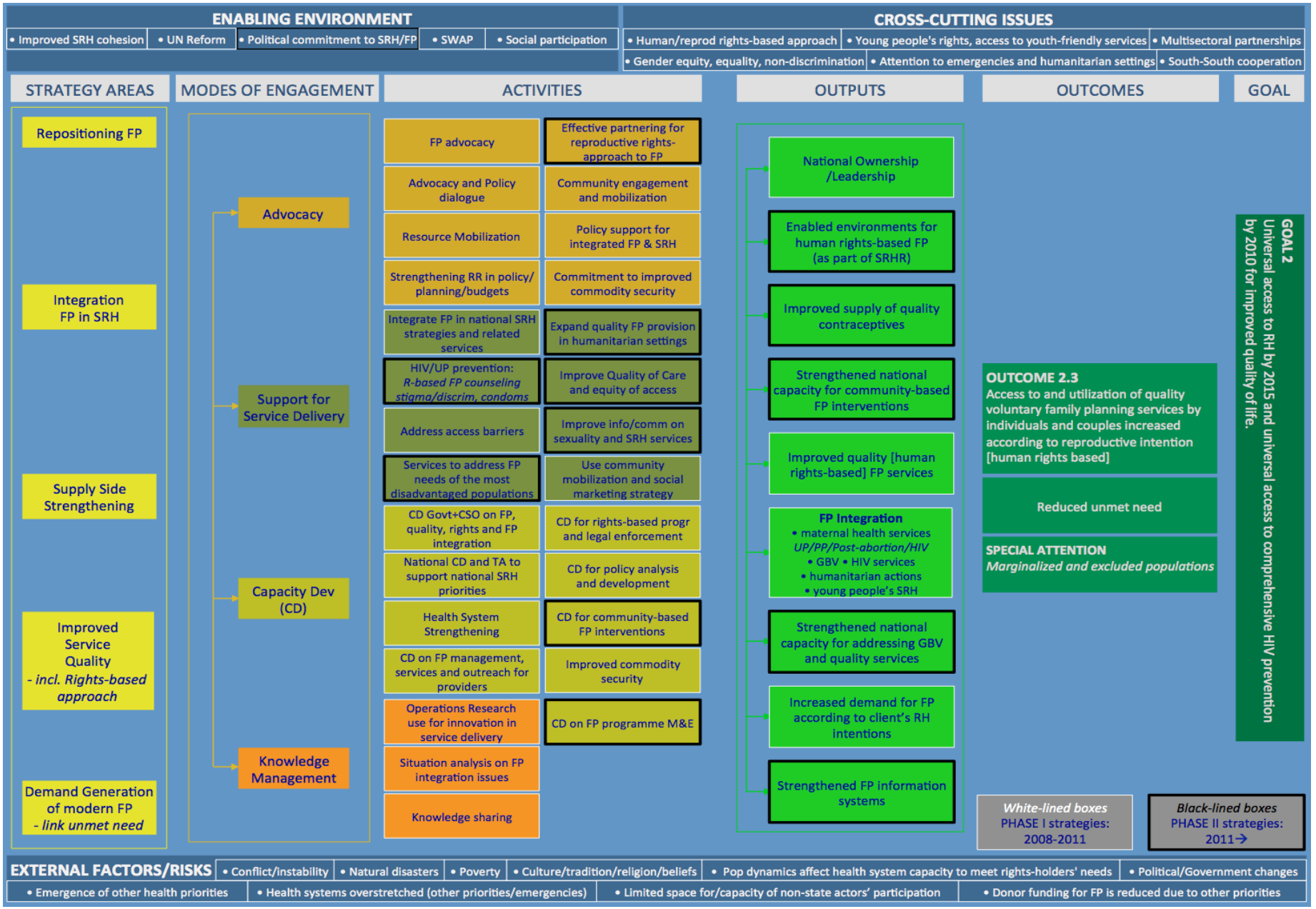
The principal **strategy areas** for family planning were identified from the policy documents and are shown in the left-hand column of Figure 1. **Activities** were also identified from the documents (column 3 of Figure 1). To simplify the graphical representation and provide a link with the current policy framework, the activities were grouped into four clusters which correspond to the **modes of engagement** of the Strategic Plan 2014-17 (advocacy, support to service delivery, capacity building and knowledge management). Elements which were introduced to the policy framework during the

second part of the evaluation period (2012-13) are outlined in black, whilst those which span the whole period are outlined in white.

Cross-cutting issues, **enabling environment** and **external factors**, as well as **risks** were identified from the UNFPA documentation and other sources (top and bottom of the diagram). The risks reflect a number of the assumptions underlying the ToC, and are included as such in the detailed description of the evaluation matrix (see chapter 5).

The reconstructed ToC is presented (Figure 1 below) as a graphical representation of the change processes conceptualised in the strategy documents. It shows how the strategic and activity areas were expected to contribute to the envisaged outputs and outcomes, including the cross-cutting issues, bearing in mind the contextual factors with their associated risks.

Figure 1 Reconstructed Theory of Change of UNFPA family planning strategy 2008-2013



The representation of the ToC was used to identify pathways of change related to each of the eight areas of investigation included in the evaluation, basing the pathways on the activities and interventions specified in the policy and programme documents. For each area of investigation the pathways were traced on the ToC diagram. The principal questions related to these pathways were then identified and developed into assumptions to be tested in the evaluation process (see evaluation matrix in next section), bearing in mind the linkages between the areas of investigation as well as the cross-cutting themes and the external factors which affect each one of them.

An example of the process is shown below for the first area of investigation (integration of family planning with other SRH services). The principal strategy area associated with this theme is "Integration of FP in SRH". This area is related to activities in all four modes of engagements:

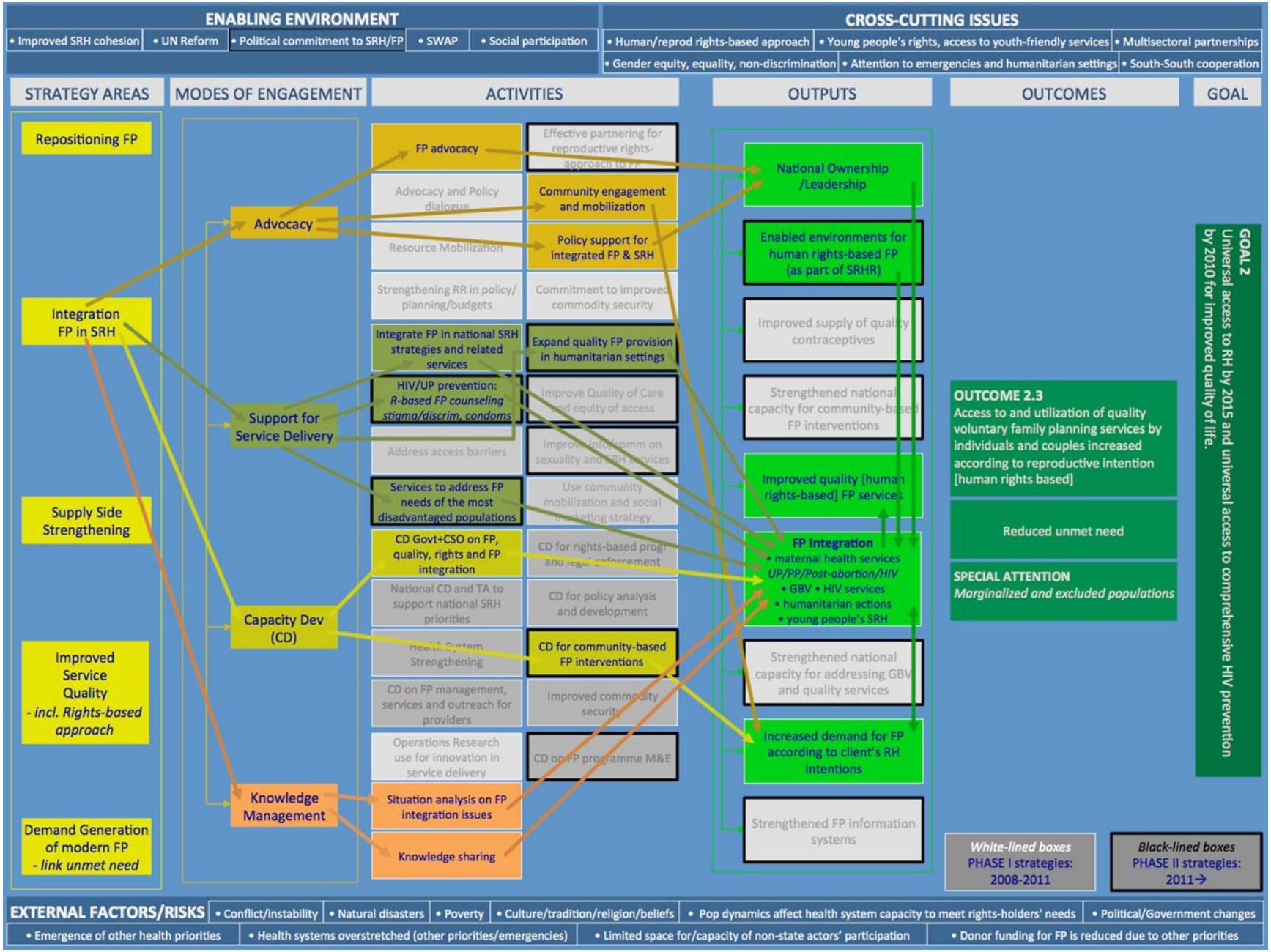
- In the **Advocacy** cluster there are activities at policy level and at community level, expected to lead to outputs of national ownership and integrated services, which in turn lead to improved quality and increased demand.
- In the **Support for Service Delivery** cluster there are activities at policy, service delivery and user level, with a particular focus on vulnerable and marginalised groups. Again, these activities are expected to lead to integrated services and improved quality.
- The **Capacity Building** cluster is expected to lead to increased demand from users together with increased capacity to meet that demand.
- The **Knowledge Management** cluster is associated with situation analysis and knowledge sharing, both expected to lead to more service integration and hence to increased demand.

There is necessarily some overlap between these pathways, reflecting the inter-relationships between activities, strategies and outputs mentioned above. External factors and cross-cutting issues have not been traced on the diagram since they are specific to each country context. However, they were analysed in the next stage which consisted in "unpacking" the principal evaluation questions and developing assumptions for testing during the evaluation.

Initial sketches of pathways of change have been developed for the other seven evaluation areas, and are shown in Annex 1. The diagrams show the complex inter-relationships and multiple pathways between modes of engagement and outputs.

The draft ToC figure and the pathways of change for each evaluation area will serve as working tools throughout the evaluation. In this first stage they have been used to develop the evaluation matrix. They will be reviewed and checked during the data collection and analysis phases, and are expected to change as the evaluation identifies how proposed interventions were put into practice, the contribution of UNFPA to change, the effect of external factors and the risks, the cross-cutting issues and the influence of progress in other related areas of work covered by other elements of the evaluation matrix.

Figure 2Use of Theory of Change to trace pathways of change: Investigation Area 1 - Integration



4 METHODOLOGY

4.1 Evaluation approach

Evaluative tasks

The evaluative tasks are:

- Documenting results in family planning at the global, regional and (selected) country levels;
- Credibly identifying and documenting the contribution of UNFPA to the observed results in family planning and changes over time;
- Ensuring coverage of the DAC evaluation criteria (relevance, efficiency, effectiveness and sustainability) plus coordination;
- Providing lessons learned (looking back) and future guidance (looking forward) for family planning under the new UNFPA family planning(UNFPA 2013b) and the new overall strategy (UNFPA 2013d); and
- Adequately addressing the rights-based and gender equality nature of the strategy.

The team will use contribution analysis based on the ToC to identify changes in the field of family planning and UNFPA contribution to those changes, using the following steps (based on Mayne 2008):

1. Set out the evaluation questions to be addressed and the progress towards outcomes and goals which is to be reviewed;
2. Develop and adapt a ToC and related risks; this step identifies what changes UNFPA was working towards and how, taking into account the actions of other agents, external factors and risks
3. Gather existing evidence on the ToC; this step identifies the changes which have taken place along defined pathways shown in the ToC
4. Identify the contribution of UNFPA to those changes, taking into account the actions of others, external factors which influence outcomes, and risks;
5. If the specific UNFPA contribution is not yet clearly identified, and/or if there have been changes which were not reflected in the original ToC, seek out additional evidence on those changes and on UNFPA contribution; and
6. Revise the ToC and identify fully the contribution of UNFPA in each of the evaluation areas; identification of lessons learnt and best practices is also carried out at this stage.

This approach conforms to the distinction between attribution and contribution made in the UNEG Standards for Evaluation(UNEG 2005).

The two first steps are reflected in the ToR and the evaluation matrix and are shown in the draft ToC developed during this inception phase. In the data collection phase the team will identify the evidence needed to validate the ToC and identify UNFPA contribution using appropriate indicators, data sources and methods of analysis (steps 3, 4 and 5 above).

The consolidated evidence will be used to:

a. document results achieved in family planning at the global, regional and country levels;
b. test the strengths and weaknesses of the ToC and identify the contribution of UNFPA to results and the pathways of change for each of the evaluation areas, taking into account the interdependence of outputs and their close association (e.g. capacity building/demand creation; integration/quality; information systems/ commodity supply);

c. identify the linkages and connections between action at the global and regional level and contributions at country level; and
d. identify effective innovations and programme elements which can be used to inform future decision making in family planning.

Identification of the UNFPA contribution to observed changes and analysis of the completeness and comprehensiveness of the reconstructed ToC will be used to revise the ToC and pathways where necessary.

The approach will help capture not only high-level outcomes, but also intermediate results and progress, and understanding of both achievements and obstacles to progress, as well as the contribution of UNFPA to changes in enabling factors and in reduction of risks. The team will be able to identify approaches which have strengthened contributions in the past, and will clarify and improve the ToC for the future.

The importance of contexts

Use of the theory of change and contribution analysis will focus on the changes expected by UNFPA and its contribution to those changes at different levels. It takes into account the actions of other agents, external factors and associated risks which affect progress along the pathways of change, which may lead to redefinition of the pathways as discussed earlier. Attention to the diversity of contexts in which family planning programmes operate is essential to develop answers to the evaluation question and formulate conclusions including assessment of the relevance, efficiency effectiveness and sustainability of the family planning work. These conclusions will also take account of the complexity of mechanisms and systems, which can, plausibly, contribute to results in family planning. The evaluation will therefore incorporate elements of a Realist Evaluation approach (see Pawson, Greenhalgh et al. 2005), to highlight the many potential variations in the interaction of programme Contexts, Mechanisms and Outcome Configurations (CMOC). This implies that outcomes themselves are more variable and multi-level than those presented in more traditional programme theories. It is then important to identify other 'influencing events' both internal and external that contribute to results and the verification of a programme or intervention as a 'contributory cause'.

Guiding principles

The evaluation approach, methods and implementation will be guided by principles of stakeholder participation(on the basis of fair power relations), inclusiveness and transparency and will be gender and human rights responsive.[2]This is to ensure that the evaluation involves and responds to the needs of a diverse group of stakeholders, including rights-holders, duty bearers and end-users of the evaluation results. Special attention will be given to the extent of family planning support and benefits for vulnerable and marginalized groups and to making the evaluation results relevant for them.

[2]To ensure adequate attention to the gender equality and rights element in the strategy of UNFPA, we will apply five principles: (1) Normative Content: The extent to which programming incorporates and reflects internationally accepted norms and standards on rights; (2) Non-discrimination: The equality of rights holders is incorporated into program design and programs prioritize access for the most marginalized and vulnerable group members; (3) Participation: Mechanisms for participation by rights holders in policy and program development and in accountability mechanisms are in place; (4) Transparency: Information on rights and access to associated services is readily available to rights holders; (5) Accountability: The extent to which interventions include attention to mechanisms whereby rights holders have access to information on the performance of duty bearers.

4.2 Data collection

The team will use a combination of quantitative and qualitative methods for data collection and analysis, to strengthen credibility of information by triangulation across methods and respondent groups. Data collection will include document review, interviews at UNFPA headquarters, regional office and country office levels and with other international stakeholders, in-country and desk case studies, three internet surveys, and a financial analysis based on ATLAS data. Quantitative methods (e.g. parts of the online surveys, analysis of financial and programme data) will help identify general trends. Qualitative methods (e.g. document review, interviews, focus group discussions, country case studies) allow an in-depth understanding of essential issues.

All methods and related tools have been tested during the pilot stage and adapted where necessary. All the data collection methods will provide input to the evaluation questions. The types of data collection to be used in each evaluation area are identified in the evaluation matrix. This section provides an overview. Details of the tools and instruments together with protocols and interview guides are shown in Annex 2.

4.2.1 Document review

Document review has been used in the inception phase to reconstruct the intervention logic, to develop a theory of change for the role of UNFPA in advancing interventions in the field of family planning in the evaluation period, and to prepare for the pilot in-country case study in Ethiopia. Further document review will be carried out concurrently with the other data collection methods during the first three months of 2015.

The team has developed a searchable database including the documentation supplied by UNFPA Evaluation Office available on Google drive and additional documentation from online searches and other sources. In the next stages of the evaluation the document database will be expanded with additional documentation from other sources.

The document data base will be searched to identify UNFPA activity in each of the investigation areas and to provide specific input to the evaluation questions, as well as to identify any important issues in each of the investigation areas which do not appear in the UNFPA documentation. These sets of information will be used for the selection of key informants within and outside UNFPA in different countries to ensure that all key points are covered in interviews. They will also be used to fine-tune the internet surveys. The document review will collate existing documentation to prepare for in-country case study visits, to provide the information for the country desk studies and to triangulate data.

Key findings from the document review will be collected in a specially designed format covering all the evaluation assumptions, for use in the analysis stage of the evaluation. The document review protocol is shown in Annex 2.1.

4.2.2 Interviews with UNFPA headquarters, regional and country office staff and international stakeholders

Interviews have been carried out at UNFPA headquarters and regional office (RO) levels for input into this inception report, including input to the ToC and evaluation questions, on country selection for case studies, and on ATLAS analysis (see list of people met in Annex 3).

Additional interviews will be carried out by the core team during the first three months of 2015. They will address the role and activities of UNFPA in family planning at global and regional level,

including strategic and programme design, coordination, partnerships, technical and other support to country programmes, identification of lessons learnt and overall knowledge management.

The interviews will also be aimed at in-depth discussions of particular areas of the evaluation matrix (chapter 5), and will include interviews at RO and country office (CO) level to explore specific country experience which is relevant to each area (e.g. experience in humanitarian situations, in advocating or promoting a rights-based approach in non-supportive contexts, in partnerships, in working with vulnerable and marginalised groups etc.). This will enable the team to explore these issues extensively in countries which have not been selected for case studies.

Interviewees will include:

- All members of the evaluation Reference Group
- Regional office and country office staff working in family planning programmes
- Key international stakeholders including United States Agency for International Development (USAID), Bill and Melinda Gates Foundation, Department for International Development (DFID), Reproductive Health Supplies Coalition, and other donors and development partners

A stakeholder mapping (Annex 4) has been carried out to identify the key international stakeholders as well as those at country level (see 4.2.3 below). This mapping will be reviewed and updated periodically during the evaluation. Interviews will be held face-to-face where possible, or by telephone or Skype. A generic interview guide that will be adapted to the special characteristics of each interview is shown in Annex 2.2.

4.2.3 In-country and desk case studies

The in-country and desk case studies will contribute to the overall evaluation with in-depth data and information, ideas, opinions and analysis. There will be five in-country case studies including the pilot, and seven desk case studies. The case studies are not individual country evaluations. They will:

- Provide input for addressing the evaluation questions;
- Generate data for triangulation with other sources
- Contribute to identifying more clearly “how” and “why” change occurs and contributions of UNFPA
- Provide insights to the eight principal evaluation areas of integration, coordination, partnerships, enabling environment, vulnerable and marginalised groups, rights-based approach, modes of engagement and supply-side activities.
- Identify lessons learned in different contexts
- Test the evaluation data collection instruments (pilot in-country case study)

The in-country visits will take place between December 2014 (pilot study) and March-June 2015, with eight working days in-country per visit (10 for the pilot). The desk case studies will be carried out in the period February to June 2015.

In-country case studies

The in-country case studies will be carried out by one of the core team of international consultants (two for the pilot), supported by a national researcher who will conduct initial preparatory work and coordination with the UNFPA country office, and participate in interviews and workshops.

A detailed work programme showing objectives, activities and requested participation of the country office will be drawn up prior to each country visit, and agreed with the country representative. An example developed for the pilot case study is shown in Annex 2.3.

Preliminary work will cover revision of documentation and collection of key data including country background, health sector and health and family planning indicators, and desk analysis of UNFPA response in the country with an overview of UNFPA interventions (2008-2013) and an overview of financial data on family planning interventions by the CO.

In-country work will include interviews and field visits. Interviews will include but not be confined to:

- UNFPA CO representative and key staff
- Ministry of Health
- Other government ministries
- Other development partners (donors, NGOs and INGOs)
- Networks and other civil society organisations (women's networks, HIV and AIDS networks, others)
- Service delivery staff
- Community leaders and other key informants
- Users of family planning services

There will be at least one field visit to communities where UNFPA has supported family planning activities, to gain insights on practical issues, rights holders' needs and duty bearers' responses in the country context, and to speak to service delivery staff, users of family planning services and key informants in the community, individually or in group interviews.

A de-briefing will be held with UNFPA to discuss preliminary observations and findings, explore specific aspects of the evaluation questions, and identify lessons learnt. A case study note will be prepared after the visit, and the draft will be shared with other in-country stakeholders for their input.

Annex 2.4 shows in-country interview guides, and Annex 2.4.1 shows guidelines for focus group discussions.

Desk case studies

The evaluation team will carry out desk case studies. In common with the in-country case studies, the desk case studies are not individual country evaluations, but are designed to contribute to the overall analysis of the evaluation questions and provide illustrative examples where appropriate. The countries have been selected for their potential to provide input to the analysis, and each country case study will be designed to answer specific points from the evaluation matrix. Desk case studies will include review and analysis of UNFPA and other documentation, supplemented by telephone interviews with key UNFPA staff where necessary. Data will be recorded in a format developed for the desk case studies, for input into the analysis stage of the evaluation.

The protocol for the desk case studies is shown in Annex 2.5, including roles of different participants, an indication of the support requested from the country offices and formats for collection and recording of information.

Section 4.3 shows details of the selection procedure for in-country and desk case studies.

4.2.4 Internet surveys

Three Internet surveys will be carried out, two directed to UNFPA COs, and the third to other external stakeholders at country level.

Survey 1: CO survey on evaluation questions
Survey 2: CO financial survey
Survey 3: External stakeholders' survey

Survey 1 will cover evaluation questions which are hard to answer from documentation. It was originally planned to include ROs in this surveys, but review of the survey questions which would be relevant to the ROs indicated that it would be better to collect RO input through interviews. Survey 2 will be a financial survey to estimate all spending on family planning in the period, including specific family planning projects, GPRHCS spending on commodities, and spending on projects in related SRH areas including maternal health, HIV and adolescent health which had a family planning component. Survey 3 will be sent to external stakeholders to seek their input to specific evaluation areas and questions. Details of the surveys and the countries to be included are shown in table 3 below.

Table 3: Internet surveys

SURVEY	PURPOSE	COVERAGE	INPUT PROVIDERS			
	TO COLLECT INFORMATION ON		*DESIGN*	*CONTACTS FOR RESPONDENTS*	*FOLLOW-UP OF RESPONDENTS*	*ANALYSIS*
1. COUNTRY OFFICE SURVEY ON EVALUATION QUESTIONS	Specific evaluation questions	The 64 FP2020 priority countries which are not covered by *country visit case studies*	ECT RG EO	EO	EO	ECT
2. COUNTRY OFFICE FINANCIAL SURVEY	Family planning spending	All 69 FP2020 priority countries, *including desk and country visit case study countries*	ECT EO	EO	EO	ECT
3. EXTERNAL STAKEHOLDERS SURVEY	To collect information and opinions of other stakeholders on UNFPA family planning work	The 64 FP2020 priority countries which are not covered by *country visit case studies*	ECT RG EO	EO COs	EO	ECT

RG: Reference Group. EO: Evaluation Office. ECT: Evaluation Consultants Team. COs: Country Offices

The surveys will provide input from countries which are not included in the in-country case study sample. The information collected through the surveys will also enable triangulation of responses from different organisations and stakeholders, which is especially important for qualitative data.

The two non-financial surveys will consist of up to 30 questions and will include multi-response questions, and *Yes/No/Not Sure* questions with an option to add opinions and experiences, a design that has proved fruitful in other EHG internet surveys.

For the external stakeholders' survey, the evaluation team have developed a template identifying the type of stakeholder to be included, and COs will be requested to provide email contacts with a minimum of 10 people per country within the categories indicated in 4.2.3 above.

The surveys will be completed, piloted and finalised at the start of the data collection phase (January 2015). The preparatory work including development of the contact list for survey respondents will be completed in January-February 2015, with launch of the three surveys no later than March 2015. The closing date for responses will be fixed in May. The Evaluation Office will provide support with

email introductions and follow-up to encourage participation by all offices. The EO will also send out email reminders regularly to COs during the period to motivate them to complete the survey, and the consultant team will do the same in the external stakeholders' survey. EHG's experience has shown that this is effective in increasing the response rate.

The results will be analysed according to an agreed disaggregation and categorization, and entered into a format corresponding to each of the evaluation questions and assumptions. This will facilitate integration and triangulation with the rest of the information gathered by other research instruments.

4.2.5 Financial analysis

The financial analysis will be carried out during the first six months of 2015, and will include desk analysis of ATLAS data, analysis of responses to financial questions in the internet survey, and review of financial information obtained during country case studies. The financial analysis will be based on but not limited to data from ATLAS. The Evaluation Office has analysed the limitations of ATLAS, which the evaluation team will take into account when drawing conclusions from the data.

Within the limitations of the data available, the team will develop an overview of overall UNFPA spending on family planning and trends in spending during the evaluation period. This will necessarily be an estimate as spending on family planning itself within integrated programmes is hard to ascertain. Family planning interventions are included in maternal health, HIV and AIDS and adolescent SRH programmes, as well as in the GPRHCS, and estimates will have to be made of the percentage of overall spending in those programmes which was spent on family planning. Even within the GPRHCS which is largely focused on family planning, it will be necessary to estimate the percentage of spending in capacity building which applies to family planning, and the percentage which should be applied to other programmes. This problem is not unique to family planning; methods have been developed to tease out HIV and AIDS spending in integrated projects, and the evaluation team will review the feasibility of adapting these methods to the family planning context.

At country level data will be reviewed during in-country visits and desk reviews to investigate the feasibility of relating spending to different modes of engagement in family planning, and if and how spending has reflected key elements of the strategy (e.g. provision of wide method mix to support SRHR). The financial survey will include questions on spending at CO level. Questions were pilot tested and data sources at CO level were identified during the pilot in-country case study. The survey protocol will give correct and sufficient guidance to COs on how to obtain the necessary information or estimates and insert them in the survey form.

An initial analysis of the portfolio of specific family planning projects (ATLAS code U3), spending through the GPRHCS (ATLAS code ZZT05) and of all other SRHR projects, which the Evaluation Office has identified as having a family planning component (various codes) is shown in Annex 5.

Where possible, within the limitations of ATLAS and the availability of financial data from other sources, the financial analysis will include identification of trends in UNFPA spending on family planning and related projects at global, regional and country levels. Spending will be tracked by outcome code, and by core and non-core resources.

4.3 Case study selection

Sampling and selection of countries for case studies

The five in-country case studies include three from WCARO/ESARO, one from APRO and one from LACRO. The seven desk case studies will be spread across the different UNFPA regions. Given the purpose of the case studies, there is no "perfect sample". The team has developed a sample which

maximises the breadth and depth of insights into the evaluation questions and can give a broad picture of the UNFPA contribution to family planning over time in different contexts, testing the ToC, providing examples of externalities and risks and how they can be addressed, and complementing the information collected from other sources. This section describes the process and results of country selection for in-country and desk case studies.

The selection was based on development of a purposeful sample using a series of criteria that respond to the dual purpose of the evaluation: looking back to assess UNFPA performance in the field of family planning; and providing learning for the UNFPA ongoing Strategic Plan. From the purposeful sample, countries were selected for in-country and desk case studies on the basis of additional checklist criteria including their potential contribution to analysis of the hypotheses in the evaluation matrix.

4.3.1 Purposeful sample of 20 UNFPA partner countries

Table 4: Steps for purposeful sampling of UNFPA partner countries for country case study selection

1. Clustering	Countries were clustered across the six UNFPA regions
2. Filter 1 – Poverty levels and Future focus	The 69 FP2020 focus countries include the world's poorest, which are expected to be the highest priority for future family planning support at international level. These countries were selected as the first filter to ensure a high priority for the poorest and for those in which lessons learnt will be the most pertinent in the future.[3]
3. Filter 2 – Past UNFPA spending	Overall UNFPA country programme budgets and spending levels were used as the second filter, to reflect past priorities. Countries in each region that were *both* in the top-10 for the country programme budget in the evaluation period *and* in the top-10 of 2013 programme expenditure (core and non-core funding)[4] were included. These criteria were double-checked against ATLAS code U3 data to ensure the sample countries have had a significant level of spending on family planning.
4. Filter 3 – Past performance and context	The third filter was the FP2020 categorization of countries according to the modern contraceptive prevalence (mCPR) growth rate(the average annual change in per cent over the period between last two points measured). In each region the countries were divided into two groups of "best" and "worst" performance on mCPR growth, using the 2012 mCPR value as tie-breaker where necessary. Subsequently, the countries with the highest *and* lowest unmet need for family planning within each of the two groups were selected. This method of combining both unmet need and mCPR as selection criteria ensures inclusion of countries which are performing well and poorly on mCPR growth from both a low and a high start point, reflecting the different contexts of family planning interventions. Countries with acute security issues and those affected by the Ebola crisis where both field visits and desk studies would be compromised were excluded and replaced by the next most eligible country according to the selection criteria.

These steps resulted in a sample of 20 countries in total for the six regions. The sampling process and data are shown in detail in Annex 6with the relevant bibliographic references.

[3]The 69 FP2020 countries are the world's poorest countries with a 2010 gross national per capita annual income of less than or equal to US$2,500.

[4] 2013 UNFPA programme expenditure is not the only source of funding (nor reflects all years covered by the evaluation) and CP budgets include all other budgeted spending as well as family planning, however other indicators only have data available for a limited number of countries (UNBRAF funding, GPRHCS funding) or show considerable gaps and inconsistencies (FP funding expenditure by U3 code). We therefore used the selected indicators as proxies for the use of financial resources

4.3.2 Mapping of the 20 sampled countries

Sample countries were then checked against the following criteria, to ensure contrasting country situations:

a. *UNFPA Expenditure per capita,* to include both high and low per capita expenditure countries and address the issue of lower-population countries receiving a relative large share of UNFPA funding (as observed in the UNFPA strategic plan 2014-2017)
b. *GPRCHS Phase 1 Stream 1 support*, to include both countries which did and did not receive this important incentive to boost family planning programmes
c. *Performance*: Countries were placed (by region) in 2x2 tables reflecting the performance selection criteria discussed above. Not all regions attained the maximum of four countries due to the application of filters and ineligibility criteria. The UNFPA business model based on four quadrants(UNFPA, Strategic Plan 2014-17) which show need *vs.* capacity (red, orange, yellow and pink) were reviewed to ensure some range across the quadrants, although application of the sample selection criteria clearly favours countries in the red and orange quadrants.

The sample contains a good range of different contexts according to these criteria. The sample countries and their rating against these checklist criteria are shown in Annex 7.

4.3.3 Selection of five country visits and seven desk studies from the sample

For final selection of in-country and desk case studies, the following factors were reviewed in consultation with RO staff for the 20 countries in the sample to ensure the selected case studies would be feasible and would provide sufficient spread and contrast:

- Availability of sufficient and sufficiently reliable data and information on past UNFPA support and the overall country context
- Need to include at least one fragile state or humanitarian situation
- Need to include at least one high-population country
- Need to include one or more countries with a One UN (delivering as one country) programme
- Supportive/non-supportive government context
- Changes in UNFPA modes of engagement and implementation risks
- Need to avoid concurrent implementation of in-country case studies with other thematic and country evaluations

The purpose of the case studies is to provide additional in-depth insights on the evaluation themes. Therefore, the potential of each country and the additional input of in-country work for exploring these themes was an important factor in final allocation of in-country and desk case studies. Each country has been selected to contribute information to specific areas of the evaluation and to complement the information gathered from other sources.

Consultations were carried out with RO staff and the evaluation Reference Group members to gather their input on the additional factors listed above, and their recommendations on in-country and desk case study choices. The tables in Annex 8 summarise their responses, and the final choice shown in Table 4 reflects their recommendations. The table shows alternatives for in-country and desk case studies should this be necessary. The selected countries provide diversity and contrast in the factors which affect family planning interventions and outcomes, and together will provide a range of insights into the principal issues in the evaluation matrix.

Table 5: Countries proposed as evaluation case studies

	In-country case study countries		Desk case study countries	
Region	Priority	Alternatives	Priority	Alternatives
ESARO	Ethiopia (*pilot*)		Uganda	Zimbabwe
	Zimbabwe	Uganda	Rwanda	
WCARO	Burkina Faso	Nigeria	Nigeria	Niger
APRO	Cambodia	Viet Nam	Viet Nam	Cambodia
LACRO	Bolivia	Nicaragua	Nicaragua	Bolivia
ASRO			Sudan	Egypt
EECARO			Tajikistan	Kyrgyzstan
Total	**5**	**4**	**7**	**5**

The country selection shown in Table 4 was compared with the results of a country sample selection procedure carried out by the Evaluation Office using a different but comparable set of criteria; the results were found to be consistent(UNFPA 2014b).

4.3.4 Pilot case study

Ethiopia was selected for the pilot as it has special characteristics regarding UNFPA support to family planning that offer important opportunities for testing the evaluation methodology and instruments, including:

- the country's federal structure which affects national and regional budget allocations to family planning
- regional differences in key family planning parameters which affect UNFPA priority-setting and mode of engagement at different levels
- participation as a stream 1 country in GPRHCS I, with GPRHCS spending constituting over 38 per cent of the total country programme spending in the period 2007-2011 (UNFPA 2012)
- government commitment to expanding family planning and its impact at community level through the Health Development Army and the health extension workers
- many partners and donors engaged in the family planning effort, although the large majority of women get their family planning supplies from the public sector
- incremental UN One Fund approach in process

The pilot has enabled the team to test the ability of the methodology and instruments to handle a diverse range of specific conditions and tease out answers to the evaluation questions, covering all areas of investigation.

5 PROPOSED EVALUATION MATRIX

5.1 Development of the evaluation matrix

The evaluation will cover eight areas of investigation, seven of which were included in the ToR with an eighth added to give more coverage to important supply-side interventions and their relation to a rights-based approach and sustainability. The areas of investigation are:

- UNFPA support to integration of family planning with other SRH services
- UNFPA efforts for coordination to ensure national ownership and institutionalisation of family planning programmes
- Extent of UNFPA efforts as a broker to promote family planning, with particular attention to partnerships
- Extent of UNFPA support to creation of an enabling environment
- Level of focus on the needs of the most vulnerable groups and marginalised populations
- Extent of implementation of a human-rights based approach
- UNFPA choice of different modes of engagement
- The extent to which UNFPA support for supply-side activities (including training, procurement and logistic systems) promotes rights-based and sustainable approaches and contributes to improved access[5]

Reconstruction of the ToC was used as the starting pointing to identify the specific intervention logic and map the pertinent pathways of change for each area of investigation. This process enabled the team to focus on key issues and processes in each area, and formed the basis for development of the questions and assumptions for verification in the evaluation matrix.

An **overall evaluation question** was developed for each of the areas of investigation. The evaluation matrix "unpacks" each of these evaluation questions, with a series of three to five hypotheses or "**assumptions for verification**" for each area which have been developed from analysis of the ToC pathway, taking into account the **evaluation criteria** (relevance, efficiency, effectiveness, sustainability, and coordination) which correspond to the respective areas of investigation. ToC pathways for each evaluation areas have been tracked on the ToC diagram to focus the assumptions on key areas in the process of change, as explained above with the example of Area 1: Integration of FP and SRH services. A similar diagram of the pathways of change has been developed for each area of investigation and the diagrams are included in Annex 1.

The **assumptions** are designed to identify the contribution of UNFPA in each area of investigation, and will be addressed in the data collection phase and later in the analysis phase. **Indicators** were selected for each assumption, drawing on the existing indicators used in UNFPA reporting procedures wherever possible. **Sources of information** for each indicator were identified and were later used to guide the development of research instruments described in Section 4 and in Annex 2 of this report. Assumptions and indicators were reviewed for their appropriateness in guiding the interviews and data collection after the pilot case study in Ethiopia, and they will be used during the data collection phase to ensure there is good coverage of information for each principal evaluation question as well as input for broader questions on family planning work and future thinking which arise during the evaluation

[5] Full descriptions of each area of investigation are shown in the ToR in Annex 9.

5.2 Details of the evaluation matrix

The tables below show the full evaluation matrix. For each area of investigation the matrix identifies: (i) the evaluation question; (ii) the corresponding OECD DAC evaluation criteria and/or the additional criteria of coordination; (iii) the rationale for including this area in the evaluation; (iv) and the chain of reasoning identified in the reconstructed ToC. This is followed by (v) the "unpacking" of the questions into a series of assumptions, (vi) together with their indicators and (vii) sources of information, both quantitative and qualitative. Although each area of investigation has been tabulated separately, the important links and synergies between them will be fully explored in the data collection and analysis.

Pathways of change for each investigation area have been mapped on the diagram of the reconstructed ToC, and are included in Annex 1 (except for the first area, whose mapping has already been presented in Figure 2).The evaluation hypotheses ("assumptions for verification") have been developed from the pathways, focusing on the key links and processes for each area of investigation, taking into account overlap between the investigation areas and the cross-cutting issues and external factors which affect change, and stepping back to ensure the larger issues in each area will be addressed through analysis of information on these assumptions.

Table 6: Area of Investigation 1: Integration

To what extent has UNFPA supported integration of family planning with maternal health, HIV/STI and GBV services in health plans and at primary health care level, in services for adolescents, and in emergency and humanitarian situations?		
Evaluation Criteria	Relevance, effectiveness	
Rationale	Since ICPD, UNFPA has promoted family planning as an integral part of SRH services and rights rather than a stand-alone area. Integration of services improves accessibility for users, leads to better quality of care and improves efficiency of resource use in meeting goals. Since 2012 the FP2020 Partnership has promoted a specific focus on family planning activities, although it promotes integration of family planning with the maternal health continuum of care and HIV services.	
Chain of Reasoning	Integration of FP with other SRH services (maternal health, HIV/STIs, GBV, humanitarian actions, adolescent SRH) is a focus area for UNFPA programme, to be addressed through:(i) advocacy (policy support); (ii) support to service delivery (development of coordination mechanisms for integrated services); (iii) capacity development (of public sector and CSOs); and (iv) knowledge management.	
Assumptions for verification	Indicators	Data collection method/sources
1.1 UNFPA HQ, RO and CO staff and in-country partners are working towards a common understanding of the meaning and importance of service integration	• Knowledge generated and shared regarding nature of and lessons learned from integration interventions • UNFPA staff, partners' and users' (women's and men's) perception of meaning and importance of service integration	• Document review • Internet surveys 1 and 3 Country case studies –visit and desk • KII • Observation during field visits and discussions with users on their experience of integration
1.2 Country offices receive and put into practice technical guidance from HQ and ROs to support partners in delivering quality, integrated services	• Number, frequency and type of TA provided • RO plans address the needs of COs needs for support in promoting service integration where appropriate • CO plans and programs reflect current technical guidance and best practices for integrated services • Evidence-based guidance developed to support the integration of FP or more in the following SRH services (in policies, plans, actual service delivery): ▪ Maternal health ▪ HIV/STIs ▪ Gender-based violence ▪ Level of emergency preparedness to address FP needs in emergency situations ▪ Adolescent SRH (girls and boys)	• Document review • Country case studies– visit and desk • KIIs • Internet survey 1
1.3UNFPA support has been effective in stimulating service integration by in-country partners (Government, CSO, private) in policies, plans and actual services	• Number and type of FP/service providers trained on service integration • Number and percentage of SDPs that offer FP integrated with other services (and acknowledge UNFPA guidance) • Integrated service provision included in provider training programmes (with acknowledgement of UNFPA guidance) • Inclusion of integrated service provision in government policies and health plans	Document review Observation during field visits Internet surveys 1 and 3
1.4 Service integration leads to improved user access and quality of services	• Evidence of user consultations • Perception of different user groups (women and men, VMG, PLHIV) that access[6] and quality have improved by integration	Document review Country case study– visit KII

[6]Access: availability, accessibility (distance, transport, time), affordability (willingness and ability to pay incl. opportunity cost) and socio-cultural acceptability

Table 7: Area of Investigation 2: Coordination

To what extent has UNFPA successfully contributed on its own and in coordination with others to strengthening national leadership of family planning and improving sustainability?		
Evaluation criteria	Coordination, sustainability	
Rationale	UNFPA has moved upstream from direct support for family planning through commodity purchase and support for service delivery to promotion of national ownership and assumption of responsibility for programmes by national governments. As many actors are involved in family planning including government agencies, CSOs and development partners, leadership by national MoHs and incorporation of family planning in institutional plans is essential. Coordinated planning and budgeting together with commitments from national partners are the keys to sustainability.	
Chain of reasoning	Repositioning family planning and putting it higher on the international and national agendas within a SRH framework was needed to marshal the necessary resources, promote coordination and secure commitment by national governments and other key stakeholders. Capacity development was also needed to ensure national systems could successfully take on this responsibility.	
Assumptions for verification	Indicators	Data collection method/sources
2.1 UNFPA has developed and/or actively supported mechanisms to raise the profile of family planning in coordination with other FP/SRH stakeholders at: • Global • Regional • National levels	• Type of existing and emerging coordination mechanisms at each level with evidence of UNFPA support and FP-relevant contents of meetings and initiatives	• Document review • Country case studies – visit • Internet surveys1 and 3 • KII
2.2 UNFPA and other donors (including those influenced by UNFPA advocacy) have effectively supported national governments to assume ownership of family planning-related policies and programmes in different national contexts	• Existence of national FP policy and programme (separate or integrated with other SRH areas) • National budget allocations to FP • Number of other major donors actively supporting national ownership of family planning, (on their own account or as a result of UNFPA advocacy)	• Document review • KII • Country case studies – visit and desk
2.3 Programmes are culturally/socially, institutionally and economically sustainable in different national contexts	• Trends in mCPR • Percent of FP provided by the public, NGO and private sector. • Government spending as per cent of total expenditure on FP • Evidence of participation by CSOs (including end user groups, VMGs) and private sector in family planning policy, planning and accountability mechanisms at national level	• Document review • Country case studies– visit and desk

Table 8: Area of Investigation 3: Brokerage and Partnership

To what extent has UNFPA acted as a broker at global, regional and country levels to promote family planning, acting in partnership with the public, private and non-state sector service providers?[7]		
Evaluation criteria	Effectiveness, sustainability	
Rationale	Many actors are involved in provision of family planning both directly and as part of other SRH programmes. To advance the ICPD agenda related to family planning (in SRH context, responding to client needs), it is necessary to ensure that all key actors are on board and that like-minded partners team up to address political and technical challenges and complement, rather than duplicate efforts. In addition, CSO and private sector stakeholders have capacities and skills, which complement public sector systems. UNFPA expertise and experience in working with all sectors and its contacts and profile at regional and international level mean it can play an important role in bringing multi-sectoral actors together as well as identifying or leading on the priority issues to address.	
Chain of reasoning	Strengthening family planning, promoting integration with other SRH services, and linking stakeholders at all levels was needed to improve cohesion, secure more resources and use them better. At international level this required advocacy in partnership with other donors, networks, regional organisations and country governments. At country level it involved advocacy and support to strengthen the link between public sector and CSOs working in family planning and SRH. Roles of HQ, ROs and COs should reflect these differences.	
Assumptions for verification	Indicators	Data collection method/sources
3.1At the global and regional level, UNFPA promotes FP repositioning as an essential component of SRHR services through partnership with state and non-state actors and south-south cooperation	• Evidence of the role of UNFPA within the RH Supplies Coalition, FP 2020 • Evidence of UNFPA advocacy for FP programming in One-UN plans and with other organisations and initiatives such as the Maternal Health Thematic Fund, UNAIDS, the Preventing HIV and Unintended Pregnancies Inter-Agency Task Team, GAVI Alliance, UN Commission of Life-Saving Commodities, humanitarian actions • Evidence of promotion of south-south cooperation	• KIIs • Document review • Country case studies – visit and desk
3.2At the country level, UNFPA COs brokered partnerships between public agencies, CSOs and private sector entities to promote FP and its integration with other SRH programmes	• Number and type of partnership agreements, MOUs • Range of partners (government, CSO, private sector) •	• Document review • Country case studies – visit and desk • KIIs
3.3 The visibility of UNFPA is sufficiently high at global, regional and country levels to bring together potential partners to increase commitment to family planning	• UNFPA and other stakeholders and partners recognise the comparative advantages of UNFPA, its positioning and its potential contribution at global, regional and country levels, and respond to UNFPA initiatives in bringing them together • UNFPA participation and role in policy forums, networks, and other partnership mechanisms at global, regional and country levels	• Document review • KII at all levels • Country case studies • Internet survey 3

[7]The links and possible overlaps between investigation areas 2 and 3 will be fully explored in the data collection and in the contribution analysis

Table 9: Area of Investigation 4: Enabling Environment

To what extent has UNFPA supported the creation of an enabling environment at national and community levels to ensure family planning information and exercise of rights?		
Evaluation criteria	Relevance, effectiveness	
Rationale	An enabling environment at national and community levels will help reduce barriers and improve equity and access to family planning services, encouraging duty bearers to offer quality services to rights holders who then can better exercise their SRH rights. Barriers to creation of an enabling environment are multi-faceted and need to be addressed at national and community levels.	
Chain of reasoning	At national level UNFPA approached creation of an enabling environment (incl. political commitment, partnerships, SRH cohesion) by repositioning family planning as an integral part of SRH and rights, coupled with advocacy and policy support to reduce barriers to access. At community level, creating an enabling environment required: (i) a culturally sensitive and gender equity approach and partnerships with CSOs to engage community actors; and (ii) support to capacity development for rights-based programming and community-based family planning in CSOs and the public sector.	
Assumptions for verification	Indicators	Data collection method/sources
4.1 UNFPA has identified key enabling factors in different country contexts and developed effective interventions to strengthen these	• Identification of enabling factors in CO annual reports • Interventions in CO plans at the national and community levels designed to strengthen the enabling environment. • Evidence of enablers being strengthened at national and community levels (e.g. political commitment, community support) • Evidence of how enablers have facilitated strengthened FP information and services	• Document review • Internet surveys 1 and 3 • Country case studies - visit and desk • KII
4.2 UNFPA has successfully supported partners at country and community levels to improve demand creation and access to services, thus enabling people to exercise their rights better	• Improved service use and FP uptake (especially where unmet need is high and by VMG) • Change in unmet need of different groups • Access barriers reduced, equity improved • Increased responsiveness to the needs of VMG	• Document review (DHS, UNFPA/FP2020 data) • Country case studies – visit and desk • KII
4.3 HQ and ROs have supported COs in identifying needs, creating an enabling environment and promoting demand and access in different contexts	• Frequency and nature of TA visits and communications with focus on factors related to creation of enabling environment and promoting demand and access	• Document review (CO and RO reports) • Country case studies – visit and desk • KII

Table 10: Area of Investigation 5: Vulnerable and Marginalised Groups

To what extent has UNFPA focused on the family planning needs of the most vulnerable and marginalised groups, including identification of needs, allocation of resources, and promotion of rights, equity and access?		
Evaluation Criteria	Relevance, effectiveness, efficiency	
Rationale	Unmet need for family planning amongst VMGs is particularly high, and increases in conflict and humanitarian situations, partly due to specific barriers reducing access to services and a weak overall SRH and rights environment. Special strategies are needed to reach VMGs and ensure that services offered and access, quality and utilization of these services are in line with sexual and reproductive intentions and that rights can be exercised, reducing inequities, stigma and discrimination and avoiding any form of coercion. Interventions require special efforts, skills and partnerships, as well as culturally and gender-sensitive approaches.	
Chain of reasoning	Improving service access for VMGs is a cross-cutting theme in all UNFPA focus areas. Improved service quality and demand generation was specifically highlighted in the areas of integration of family planning and SRH. Activity areas included: (i) advocacy for resource mobilisation;(ii) strengthening of rights and community engagement;(iii) service delivery through support to government and non-government partners to reduce barriers to access; and (iv) capacity building to improve rights-based programming, community-based interventions, the quality of services and their integration with other SRH services.	
Assumptions for verification	Indicators	Data collection method/sources
5.1 UNFPA globally and at country-level performs situation analyses to identify needs, challenges and rights violations forms, and identifies good practices on how to address these	• Evidence of gender-sensitive needs assessment of target groups for UNFPA-supported interventions including identification of rights violations • availability of accurate and sufficiently disaggregated data for targeting most vulnerable and marginalized groups • HQ/RO TA visits to support assessment, design, implementation, monitoring (including results-oriented monitoring) and evaluation of interventions to address the needs of VMGs • Evidence that good practices have been identified and disseminated	• Document review • Country case studies – visit and desk
5.2 UNFPA allocates resources to targeted programming for the most vulnerable and marginalised groups,	• Number and type of program interventions targeted to VMGs • per cent of total budget allocations to partner activities which focus on VMGs	• Document review • KIIs • Country case studies – visit and desk studies • Internet survey 1
5.3UNFPA promotes reproductive rights and supports capacity development to remove barriers and improve access, quality and integration of FP services with other services for the most vulnerable and marginalised groups	• Rights of, and services for VMGs actively promoted in advocacy strategies with specific attention to gender issues • Type of capacity building interventions to address service barriers and improve access for, and enable exercise of rights by the most disadvantaged groups	• Document review • Country case studies – visit and desk • Internet surveys 1 and 3
5.4 UNFPA actively encourages VMGs to participate in programme planning, implementation and monitoring and VMGs receive capacity building to this end	• Evidence for gender sensitive participation by VMGs • Evidence for UNFPA support for training in participation	• Document review • Country case studies - visit
5.5 Access to and utilization of services by VMGs, according to their sexual and reproductive intentions, has improved.	• Documented evidence on improved VMG access and utilization of services (link with area 1 - integration) • VMG user (women and men) satisfaction with service access and quality	• Document review • Country case studies - visit • KII

Table 11: Area of Investigation 6: Rights-Based Approach

To what extent has UNFPA implemented a human rights-based approach to family planning, in particular regarding access to and quality of care, and through support from HQ and RO for a rights-based approach in country?		
Evaluation Criteria	Relevance, effectiveness	
Rationale	SRH is a key building block for human development. An ICPD-inspired gender and human rights-based approach to SRH and family planning is therefore essential to ensure that: (i) women and men are able to exercise their rights to choose the number, spacing and timing of children; (ii)SRH decision-making is free of discrimination, coercion and (gender-based and other) violence; and (iii) family planning services are accessible, responding to clients' unmet need. Research and knowledge sharing are essential to such an approach, as is a focus on quality of care including provider attitudes, FP method range and integration of FP with other SRH services.	
Chain of reasoning	UNFPA attention to rights influenced all focus areas and activities:(i) advocacy for the rights-based approach proposed by ICPD was undertaken through media and policy support; (ii) support to direct service delivery involved rights-based FP counselling services; (iii) capacity development focused on rights-based programming; (iv) while knowledge management aimed to provide better evidence for programme development.	
Assumptions for verification	Indicators	Data collection method/sources
6.1 UNFPA staff and key partners have a shared understanding of the meaning and importance of a rights-based approach to FP	• Identification of definitions/descriptions of rights-based approaches • Perception of UNFPA and partners' staff of the meaning and importance of the rights-based approach	• KIIs • Document review • Country case studies- visit and desk
6.2 UNFPA programming incorporates human rights principles in the assessment, design, implementation and evaluation of FP program interventions.	• Evidence of a rights-focused needs assessment, quality assurance mechanisms, participatory processes, and accountability mechanisms within programs • Evidence of attention to barriers and protocols for addressing coercion • User satisfaction with family planning access and quality (men and women, VMGs)	• Document review • Country case studies – visit and desk • KIIs
6.3UNFPA is developing a body of evidence and lessons learned regarding human rights-based approaches for FP	• Identification of evaluation and research and/or briefs on lessons learned related to human rights-based programming	• Document review • KIIs
6.4 Country offices receive and put into practice technical guidance from HQs and ROs to support rights-based FP	• Number, frequency and type of TA provided • RO plans address the capacity gaps and support needs of COs and ROs provide timely support • CO strategies and programs reflect current technical guidance and best practices for rights-based FP	• Document review • KIIs • Internet survey 1 • Country case studies - visit and desk
6.5 Rights holders consider that duty bearers understand their rights to family planning and SRH	• User satisfaction with family planning availability and quality(men and women, VMGs)	• Country field and desk case studies • Document review

Table 12: Area of Investigation 7: Modes of Engagement

To what extent has UNFPA adapted its mode of engagement[8] to evolving country needs in different settings, using evidence and best practice?		
Evaluation criteria	Relevance, efficiency, sustainability	
Rationale	As country needs and contexts change over time, the type of input UNFPA can usefully provide will change. At institutional level UNFPA is moving upstream from a focus on commodity provision and support to service delivery towards support for advocacy and capacity building for country ownership and leadership in family planning and SRH. Knowledge management, including generation of evidence and the sharing and application of knowledge and incorporation of knowledge generated by others in the UNFPA work are important elements of this process.	
Chain of reasoning	All the UNFPA focus areas are subject to changes in context, which require changing modes of engagement over time. This is not necessarily a one-way process, as changes in the political environment as well as humanitarian crises can put a brake on progress towards country ownership and leadership. As well as changing the emphasis on its different focal areas, UNFPA can contribute to identification and sharing of lessons learnt, including lessons learnt in other countries, and application of learning.	
Questions/assumptions for verification	Indicators	Data collection method/sources
7.1HQ and ROs provide support and TA to COs to identify and adapt to changing needs over time	• Number of visits and TA input from ROs and HQ to collection and analysis of evidence on changing needs in FP engagement • Other activities (staff workshops, training, etc.) conducted by HQ and ROs) to support program innovation and/or incorporation of best practices into programs.	• Document review • KII • Internet survey 1
7.2UNFPA COs monitor changes in country context and needs over time and adapt their mode of engagement and programme development accordingly	• Evidence of continued monitoring of country context and needs • Evidence collected and analysed on the appropriateness of the mix • Change of engagement modes used over time • Existence and frequency of coordination on engagement modes with national stakeholders and development partners	• Document review • KII • Country case studies – visit and desk • Internet surveys 1 and 3
7.3UNFPA interventions and engagement modes support country moves towards increased sustainability of FP and SRH interventions	• Evidence of change in engagement modes supporting moves towards sustainability • per cent of overall family planning financial needs covered by national budget • Allocation of funds to FP in medium and long-term health sector plans	• Document review • Country case studies – visit and desk • KII
7.4 UNFPA identifies and applies good practice at country, regional and global levels	• Results-oriented monitoring and evaluation systems are in place and inform programming • Evidence of good practices identified with attention for rights and gender issues • Examples of application of good practice at country, regional, global level	• Document review (CO annual reports) • KII • Internet survey 1

[8] "Modes of engagement" refers to the four modes of engagement in the current UNFPA strategic plan (support for service delivery, capacity building, advocacy, knowledge management). These modes of engagement have been included in the ToC diagram and discussion in section 3.2.1

Table 13: Area of Investigation 8: Supply-side Activities

To what extent has UNFPA support for supply-side activities promoted rights-based and sustainable approaches and contributed to improved access to quality voluntary family planning?		
Evaluation criteria	Relevance, effectiveness, sustainability	
Rationale	During the evaluation period the GPRHCS was a major component of the UNFPA family planning interventions; firstly at the global level by managing a procurement system which ensure quality RH commodities (including contraceptives) are procured and delivered to countries; and, secondly by providing health systems strengthening and capacity development support to move towards sustainable commodity security, as well as procuring family planning and other commodities. Stream 1 GPRHCS countries received significant levels of funding as a percentage of the total UNFPA country programme. GPRHCS was and is aimed at achieving commodity security at country level, implying national ownership and leadership, as well as achieving national capacity to ensure supply and delivery. Well-conceived supply-side interventions in family planning also lead to better opportunities for rights holders to exercise their right to choice and access.	
Chain of reasoning	UNFPA focused on supply side strengthening through partnership interventions and agreements with manufacturers to improve procurement quality and speed, improvements which were also applied to third party procurement services to non-UNFPA clients including governments. Additionally, at the country level the focus is on improvement of the supply chain, and improved service quality through reduced stock-outs and availability of a wider range of family planning methods. These were linked to support for training in service quality and demand generation programmes (some of which had been funded prior to GPRHCS), and to advocacy with national governments to assume leadership and ownership to improve commodity security.	
Assumptions for verification	Indicators	Data collection method/sources
8.1 Provider training supported by UNFPA is client-centred, quality-focused and promoting rights and freedom of choice in FP	• Nature of training programmes offered by MoH and other partners • Behaviour change communication and client counselling included in training, including gender perspectives	• Document review • Country case studies – visit and desk • KII • Internet survey 1
8.2 UNFPA support to procurement promotes availability of a wider method mix	• Range of methods procured by UNFPA, development partners and national governments • Range of methods available at service delivery points for all user groups	• Documents review • Country case study – visit and desk • Internet surveys 1 and 3
8.3 Strengthened procurement and logistics systems and related health system improvements are designed to be financially sustained by national governments	• Trend in FP methods (as percentage of MoH budget) • Trends in contributions by other development partners • Value-for-money in method mix, which meets user needs (men and women, adolescents, VMGs)	• Document review • KII • Country case study – visit and desk • Internet surveys 1 and 3
8.4 At global level UNFPA has developed an improved and efficient procurement system to deliver quality contraceptives to countries	• Percentage of TPP procurement by UNFPA • Cost per CYP for contraceptives procured and delivered to countries by UNFPA	• KII with GPRHCS HQ staff • Review of GPRHCS financial documentation
8.5 HQ provides appropriate support to CO level in capacity building	• Effective monitoring of CO needs by HQ • Number and type of TA and other support inputs	• KII • Document review • In-country case studies

5.3 Evaluation criteria covered by the evaluation matrix

Table 14 relates the areas of investigation to the DAC evaluation criteria and the criteria of coordination. The table shows that all criteria are covered by one or more sections of the evaluation matrix.

Table 14: Relation of areas of investigation to the DAC criteria and the additional Coordination criterion

Areas of investigation	Relevance	Effectiveness	Efficiency	Sustainability	Coordination
1. Integration of family planning with other SRH services	X	X			
2. Coordination of actions for national ownership and institutionalisation				X	X
3. Efforts as an advocate and broker and partnerships		X		X	X
4. Creation of an enabling environment	X	X			
5. Focus on vulnerable and marginalised groups	X	X	X		
6. Human rights approach	X	X			
7. Different modes of engagement	X		X	X	
8. Supply-side activities to promote rights-based and sustainable approaches to improve access	X	X		X	

5.4 Overall approach for addressing the evaluation questions

The assumptions in each area of investigation will be tested through collection of quantitative and qualitative data in document reviews, interviews, country case studies, FGD and internet surveys. The initial steps of data collection looking at documents and overall statistics and financial information will be followed by discussions with groups and individuals to capture a wide range of opinions and interpretations of progress on each assumption. This process will provide information on different perceptions of progress made and the contribution of UNFPA. Information will be triangulated to verify responses from different sources.

The evaluation will focus first on each area of investigation individually and the relevant cross-cutting issues, external factors and risks, followed by identification of linkages between the areas, all of which reflect the integration of family planning in different UNFPA activities. In-depth discussions with stakeholders and analysis of the information collected from different sources will identify the "how's and why's" of change, the relations between the eight areas of investigation, lessons learnt and potential future implications and applications.

6 NEXT STEPS

The evaluation has six phases:

- Preparatory work by the UNFPA evaluation office
- Inception phase
- Data collection phase
- Reporting phase
- Management response phase
- Dissemination phase

After completion of the current inception phase, work will commence on the data collection phase, which will include activities at the global, regional and country levels. This section sets out the next steps for the data collection phase.

6.1 Data collection phase: global and regional levels

1. Comprehensive document review based on a keyword search of the document database currently being developed during the inception phase. This will cover UNFPA documentation together with documents from other sources and from the web. The search will focus on the areas of investigation to be covered in the evaluation matrix, identifying areas where work has been carried out by UNFPA as well as any gaps and missed opportunities. Information from the document review will be tabulated in a standard format and will be used in the key informant interviews and country case studies in this phase of the evaluation, as well as in the posterior "Data Analysis and Reporting Phase." The document review will also be used to identify where additional key informant interviews are necessary.
2. Develop a profile of international support to family planning during the evaluation period, and carry out interviews with key informants. This will enable the team to clearly identify key stakeholders and define the role of UNFPA at global and regional levels.
3. Review of best practices and the typology of development of family planning interventions at international level related to the evaluation's areas of investigation. This will be a document search supplemented by interviews where appropriate.
4. Interviews with key UNFPA staff at headquarters and regional offices, to identify their role in family planning at global and regional levels and their support to country office family planning interventions during the evaluation period.
5. Interviews with other key informants at international level.

6.2 Data collection phase: country level (country case studies)

1. Finalise research instruments for the in-country case studies, following the pilot case study in Ethiopia and adjust the instruments where necessary.
2. Finalise format for data collection for the desk case studies.
3. Carry out in-country case studies, including document review, data collection, key informant and group interviews, field visits and a de-briefing with UNFPA and other stakeholders. The in-country case studies will provide in-depth information and the opportunity for full discussion of the evaluation questions in the field, together with insights into lessons learnt. In general terms, the interventions will cover the widest possible range of intervention type and implementing partners at country level during the evaluation period, including those which started prior to 2008 and those which have continued beyond 2013. Special attention will also be paid to GPRHCS interventions.
4. Prepare case study notes for the countries visited.
5. Carry out seven desk case studies, including data collection and telephone interviews with key informants where appropriate. Data will be collected based on an internal desk study format.
6. Carry out additional KII at country level in non-case study countries to explore specific points arising from the document review and the desk case studies.

6.3 Data collection phase: internet surveys

1. Finalise sample frame for the three internet surveys targeting key informants (internal and external).
2. Finalise the survey formats
3. Implement the internet surveys.

6.4 Consolidation of data

1. Team workshop to identify and consolidate global, regional and country findings prior to the analysis stage.

6.5 Team composition

Tasks will be carried out by the core team of led by Meg Braddock(MB) and assisted by KE1 - Lynn Bakamjian (LB), KE2–Hermen Ormel (HO) and KE3–Erling Høg (EH) with the assistance of Anke van der Kwaak (AK) for the internet surveys and national researchers for the in-country case studies. Peer review and quality assurance will be carried out by staff at EHG headquarters and KIT as described in detail below.

The table below summarises the activities to be carried out, their timing, and the team members who will be involved. The table includes some activities in December 2014 which are part of the inception phase (case study selection, finalisation of research instruments and pilot case study).

Table 15: Activities, timing and responsibilities

Activity	D	J	F	M	A	M	J	J	A	S	Principal responsibility
Data Collection Phase: Global/Regional levels											
1. Comprehensive document review		x	x	x							MB, HO, EH
2. Profile of international support to family planning and KII		x	x	x							MB, LB, EH
3. Review of best practices and typology of development in family planning interventions at international level.			x	x	x						LB, HO
4. Interviews with key UNFPA staff at HO and RO levels			x	x	x						MB
Data Collection Phase: Country level (Country studies)											
1. Finalise selection of countries for desk and in-country case studies	x										All
2. Finalise research instruments	x										All
3. Carry out pilot case study in Ethiopia	x										MB, HO and one national consultant
4. Prepare Ethiopia country case study note		x	x								MB, HO
5. Finalise format for data collection in desk studies		x									HO, EH
6. Carry out 4 in-country case studies - one international consultant and one national consultant in each country				x	x	x	x				MB, HO, LB
7.Prepare country case study notes					x	x	x	x			MB, HO, LB Peer review by EHG
8. Carry out 7 desk studies and prepare internal case study notes			x	x	x	x	x				EH, HO, MB
9. Additional KII at country level in non-case study countries				x	x	x	x				MB, LB, HO
Data Collection Phase: Country level (Internet surveys)											
1. Finalise design and sample selection and implement 2 web-based surveys		x	x	x	x	x					MB, EH, HO, AK
Consolidation of data											
1. Team workshop								x			All
Final country case study notes submitted to UNFPA										x	EHG Head Office

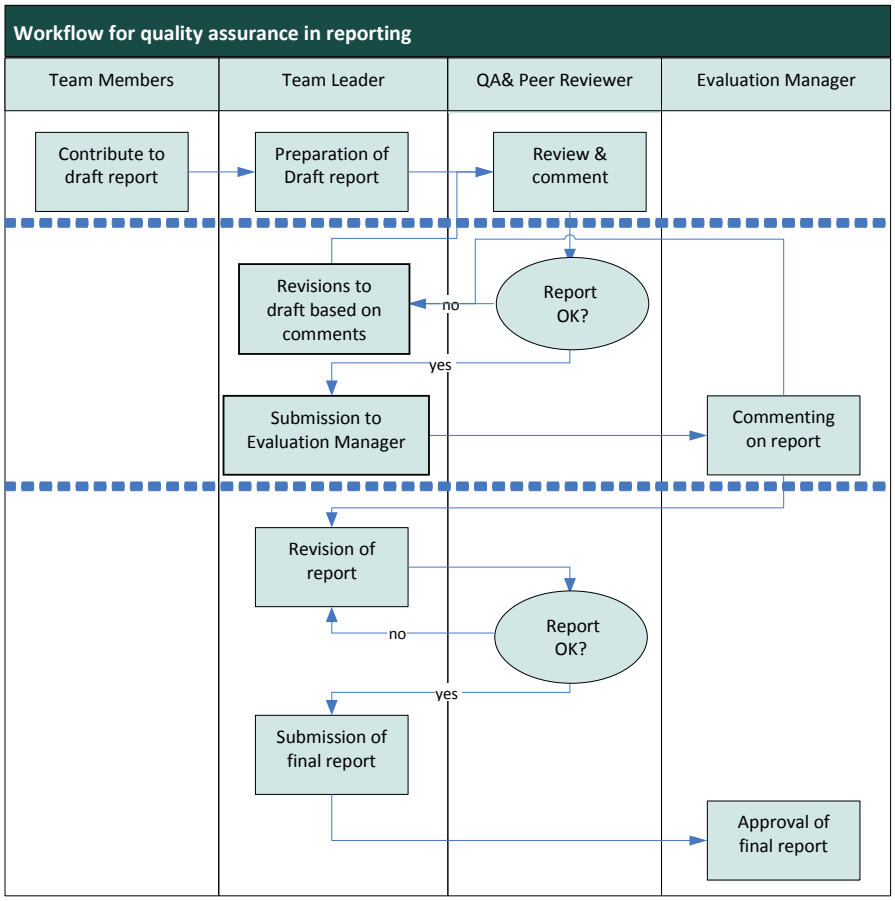
6.6 The contractor's approach to ensure quality assurance of deliverables including peer review

Outline Plan for the Quality Management, Monitoring, and Auditing –In connection with the services offered for the current evaluation the EHG Quality Assurance Management System will be adapted to the particular conditions of the assignment. EHG is an ISO 9001:2008 certified company and consequently comply with standard ISO 9001:2008 requirements with regard to quality management

Contents of the Final Quality Plan –a specific QA Plan has been designed in order to ensure that:

- The TA provided by the Consultant fulfils the requirements of UNFPA and is in full conformity with the scope of services as described in ToR including the Quality Assurance Grid (see Annex 5 of the ToR) as well as in our technical proposal
- The evaluation is a learning exercise for all involved
- Findings and recommendations are based on evidence and high quality analysis
- Deliverables have been quality controlled before submission
- Key stakeholders are involved and benefit from every step of the evaluation process
- The Consultant is fully committed during the implementation to continuously monitor, evaluate and act to improve the services provided in full cooperation with the EM and RG.

Figure 3: Quality Assurance Workflow for Reporting



Each document quality assessment is conducted as follows:

- The TL finalizes a first version
- The internal quality manager (QM) and external peer reviewer (PR)/QA read the document carefully; they insert major and minor comments in the assessed document and rate the relevant quality criteria in the grid
- The TL (referring if necessary to team members) responds to all major comments from the QM and PR and produces the next version
- The QM and PR immediately check whether comments have been properly integrated, then update the rating of quality criteria and edit the grid in order to highlight the main points which have been addressed through the quality assessment process
- Then, the re-edited version of the grid is attached to the document, which is delivered to the EM.

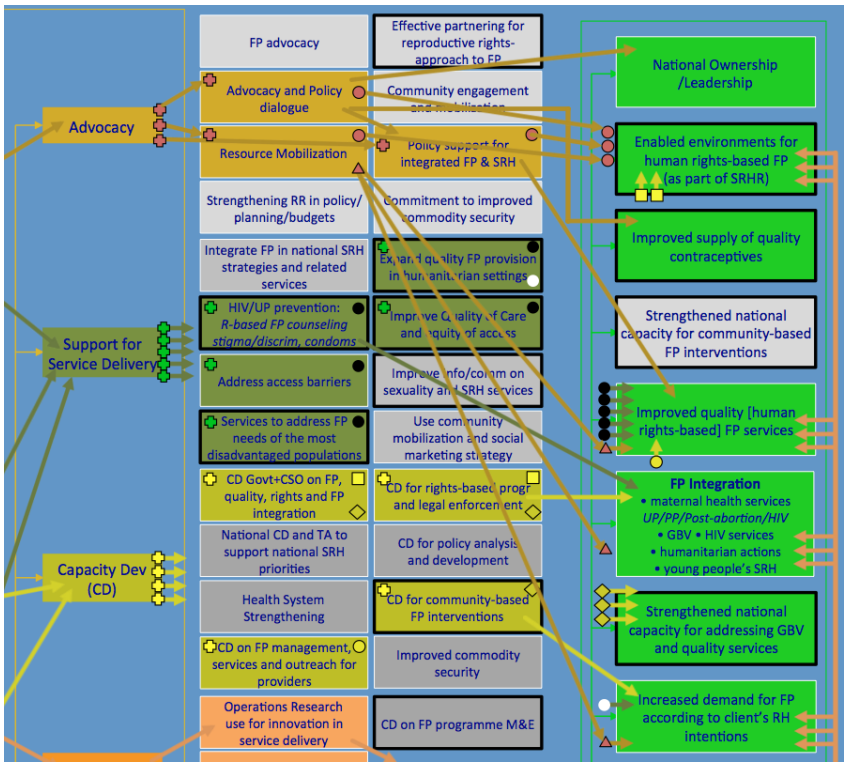
Names of Persons tasked with the Quality Management, Monitoring and Auditing:

Eva Brandt Broegaard, Peer Reviewer and Quality Assurance and Michele Gross, Quality Assurance Manager / Business Integrity Manager have been designated as the Quality Management, Monitoring and Auditing team. As a team they support the core evaluation team throughout the evaluation process via telephone and conference calls, advice and feedback by email and face-to-face working together in EHG headquarters. They provide advice on best practice regarding methodology for theory-based and contribution analysis complex evaluations and related data collection and analysis as well as review and validate key findings and recommendations. The peer reviewer and quality assurance manager will review the Inception Report, Draft Country Study Notes and the draft and final synthesis reports before submission in addition to tools developed by the Core Team with support from the advisory group. Draft reports will be submitted to EHG headquarters one week prior to official submission to ensure timely submission of deliverables.

ANNEX 1: USE OF THEORY OF CHANGE TO TRACE PATHWAYS OF CHANGE

HOW TO READ THE FLOW CHARTS

- **Test your eyes**! It is really quite simple to see how symbols connect



Read this guide to help you seeing

How MODES OF ENGAGEMENT lead to ACTIVITIES

- Two symbols with SAME SHAPE AND COLOUR replace an arrow
- The example here shows arrows in between the red shapes
- Start from Modes of Engagement
- Advocacy: 3 x lead to 3 Activities
- Each Activity has a corresponding in the top left corner.

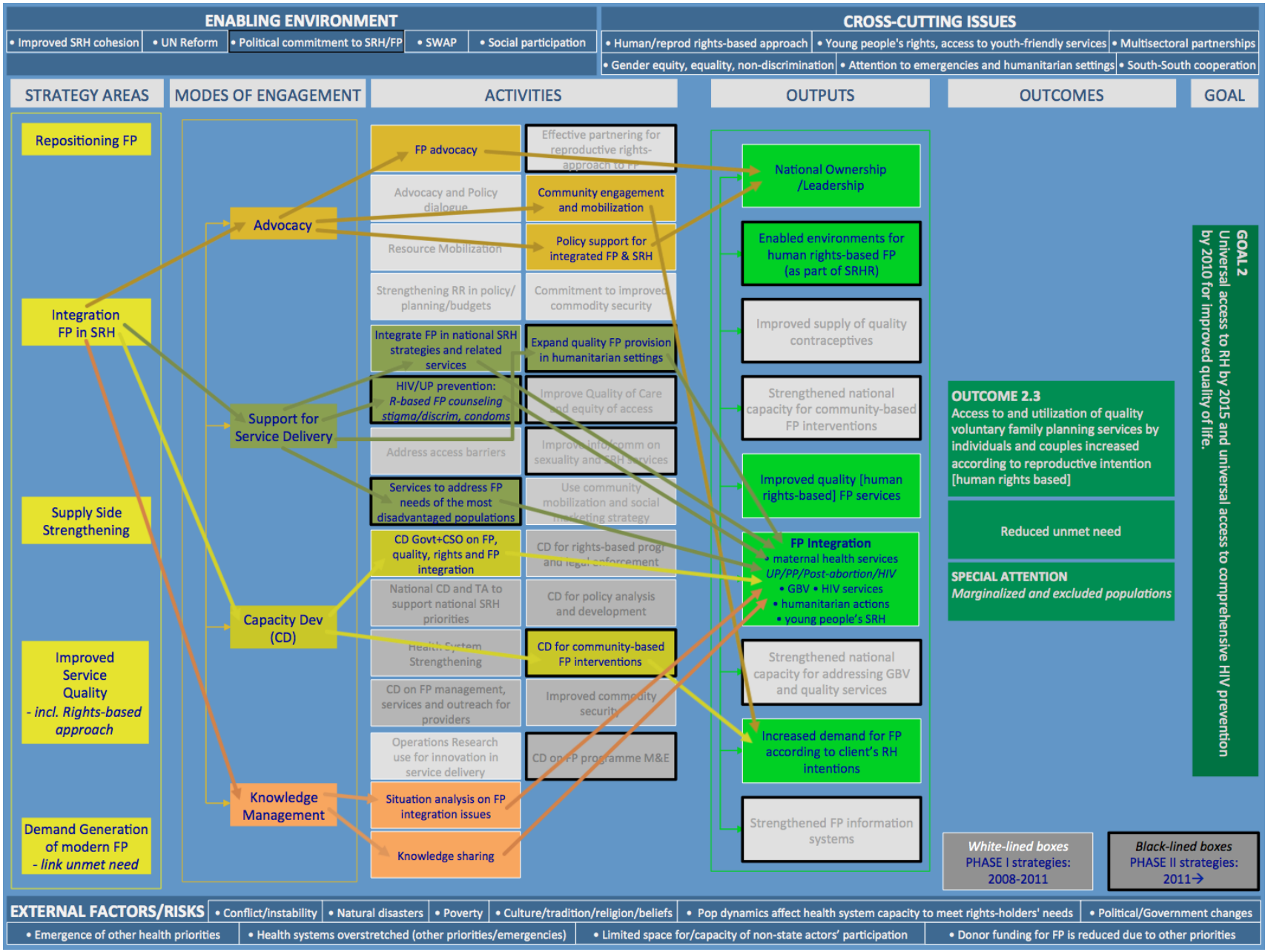
How ACTIVITIES lead to OUTPUTS

- Each Activity leads to 1 or more Outputs
- Symbols replace arrows, when **more than 1 Activity** lead to the same Output
- 8 Advocacy Activities all lead to the same Output: Enabled environment
- 1 Advocacy Activity – **Resource Mobilization** – leads to 3 Outputs:
- 1) Improved quality …. 2) FP Integration 3) Increased demand …

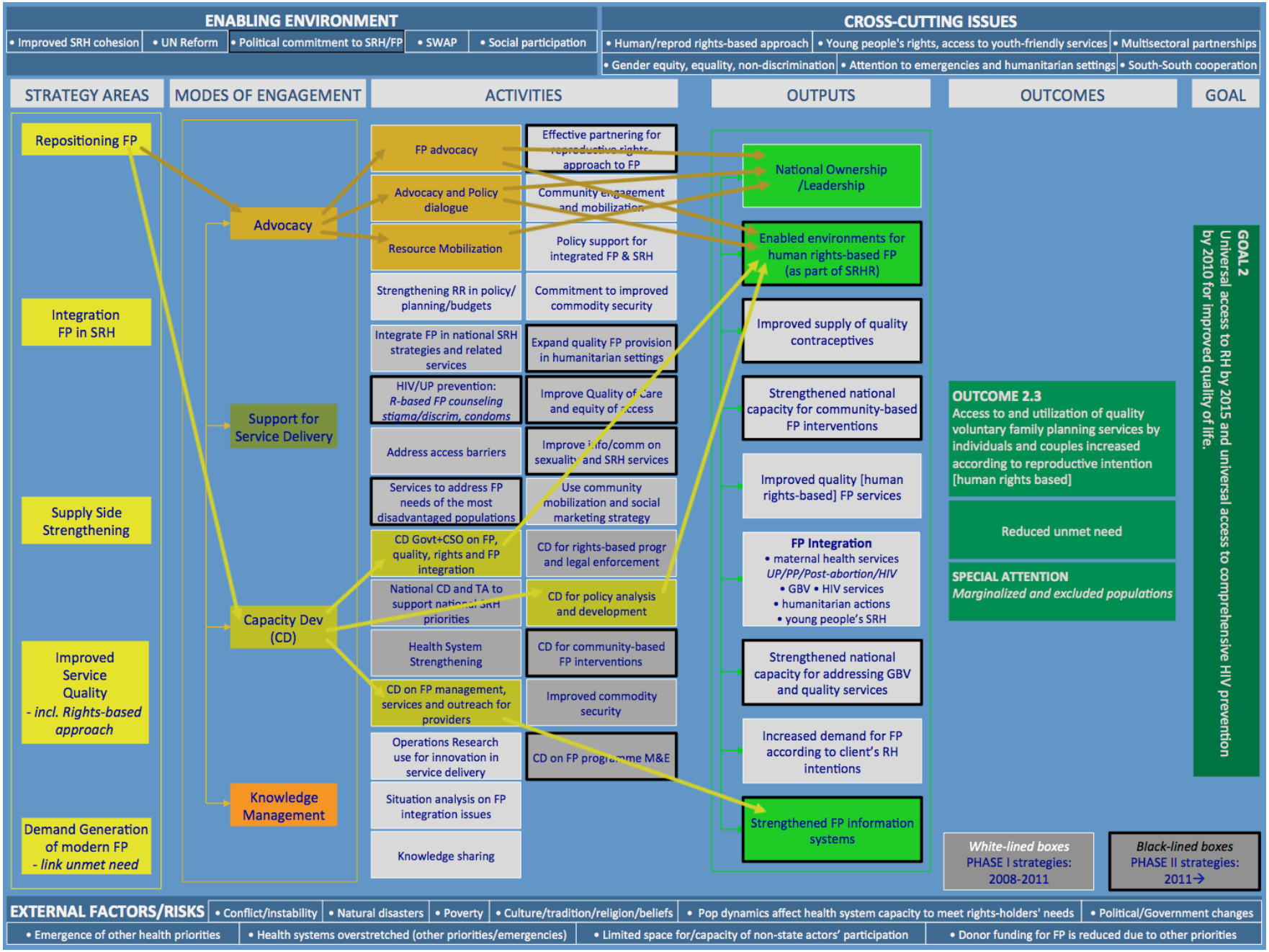
Notes

- We have introduced this symbol system to avoid a major traffic jam of arrows
- In some cases, we have used arrows with the full path, when not interfering with other arrows or boxes

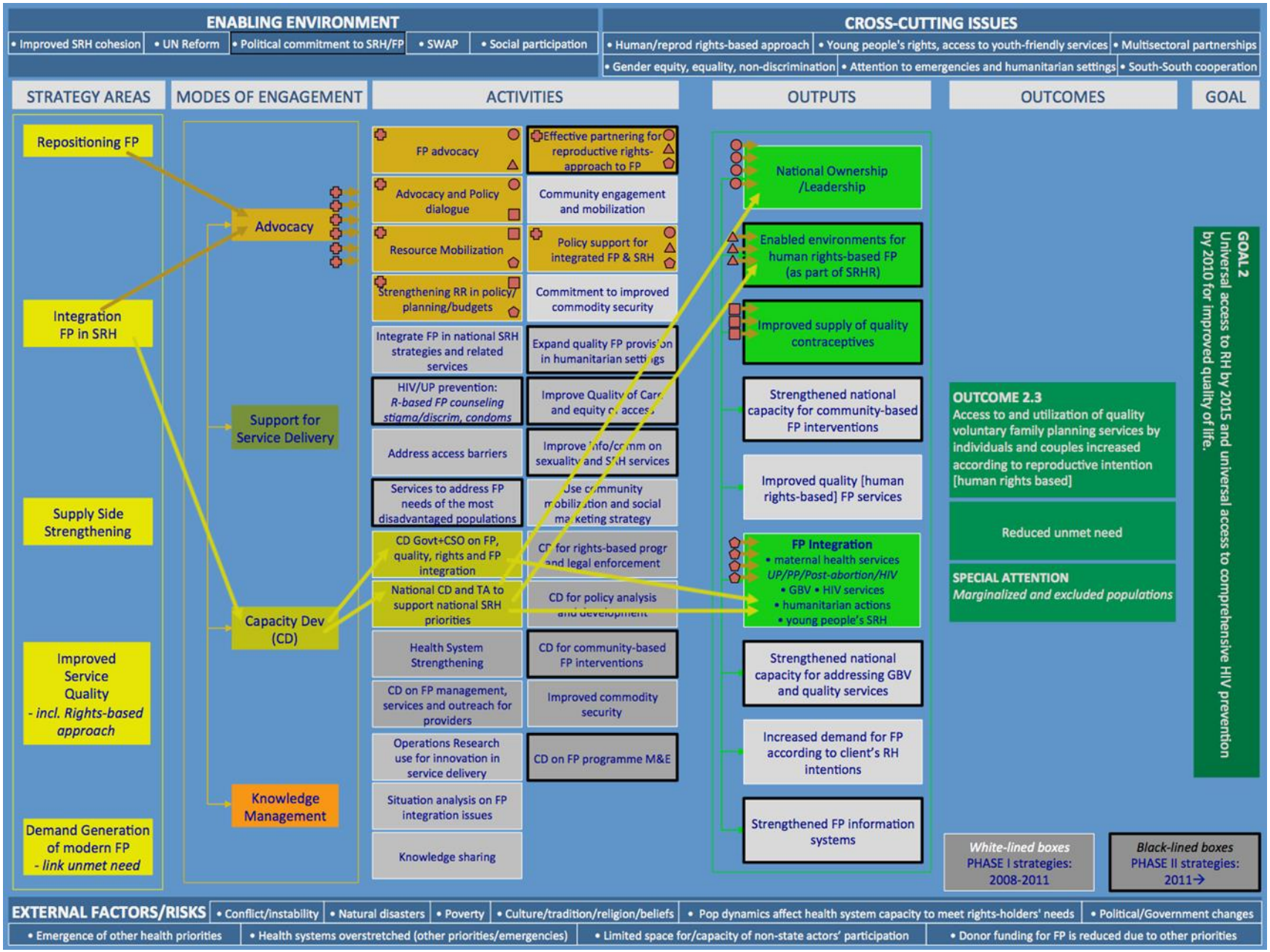
Use of Theory of Change to trace pathways of change: Investigation Area 1 - INTEGRATION



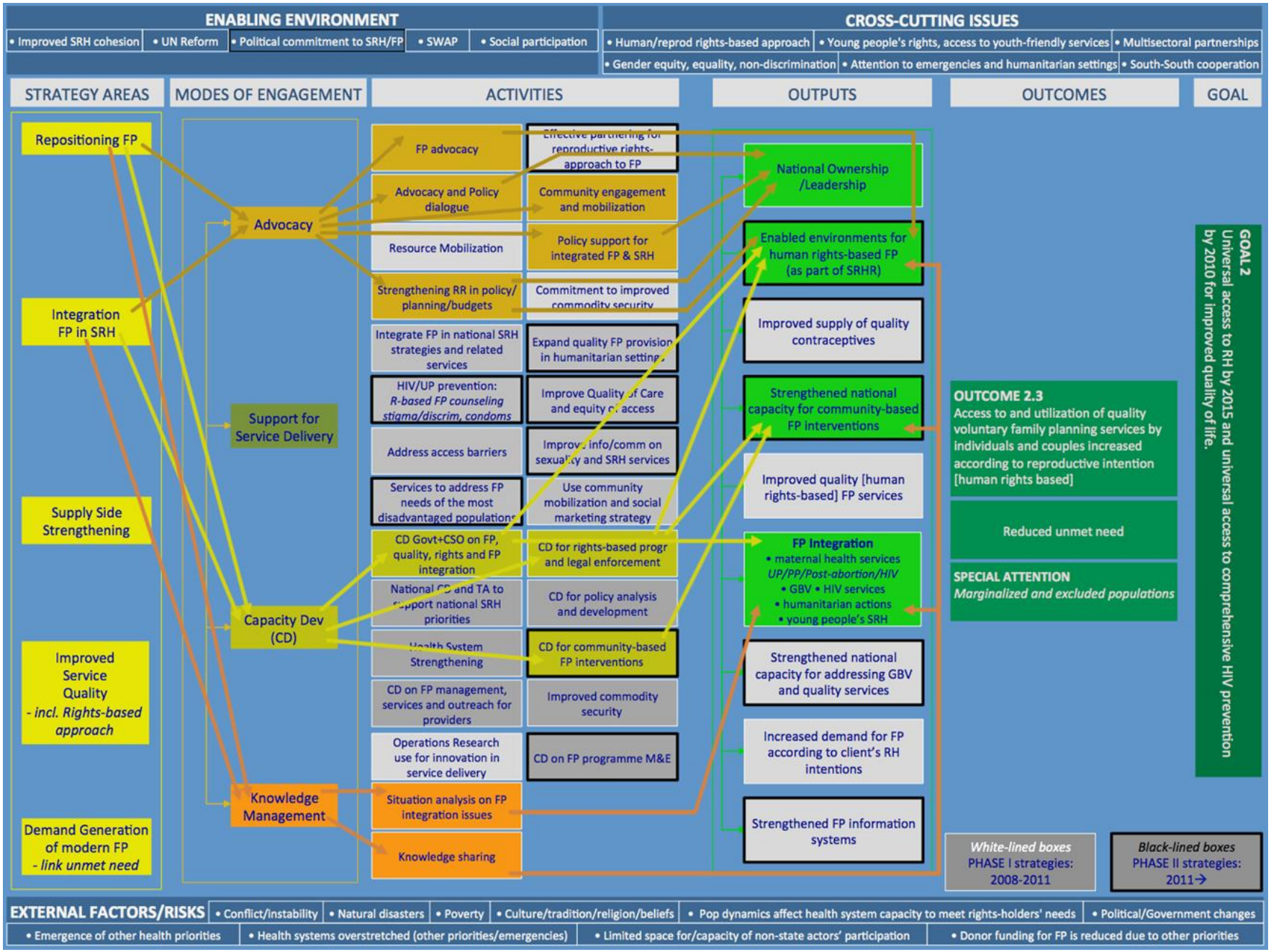
Use of Theory of Change to trace pathways of change: Investigation Area 2 – COORDINATION



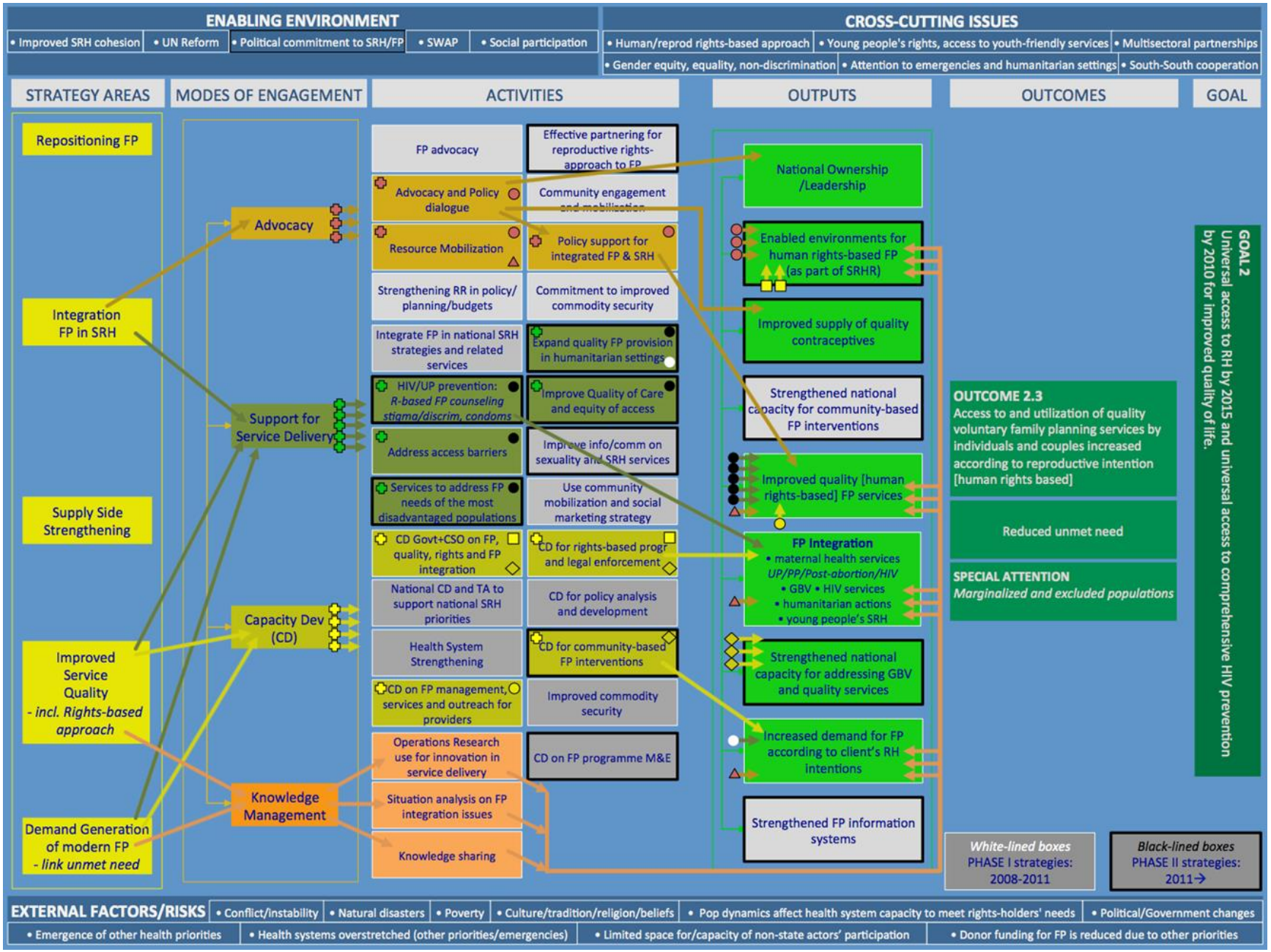
Use of Theory of Change to trace pathways of change: Investigation Area 3 – BROKERAGE AND PARTNERSHIP



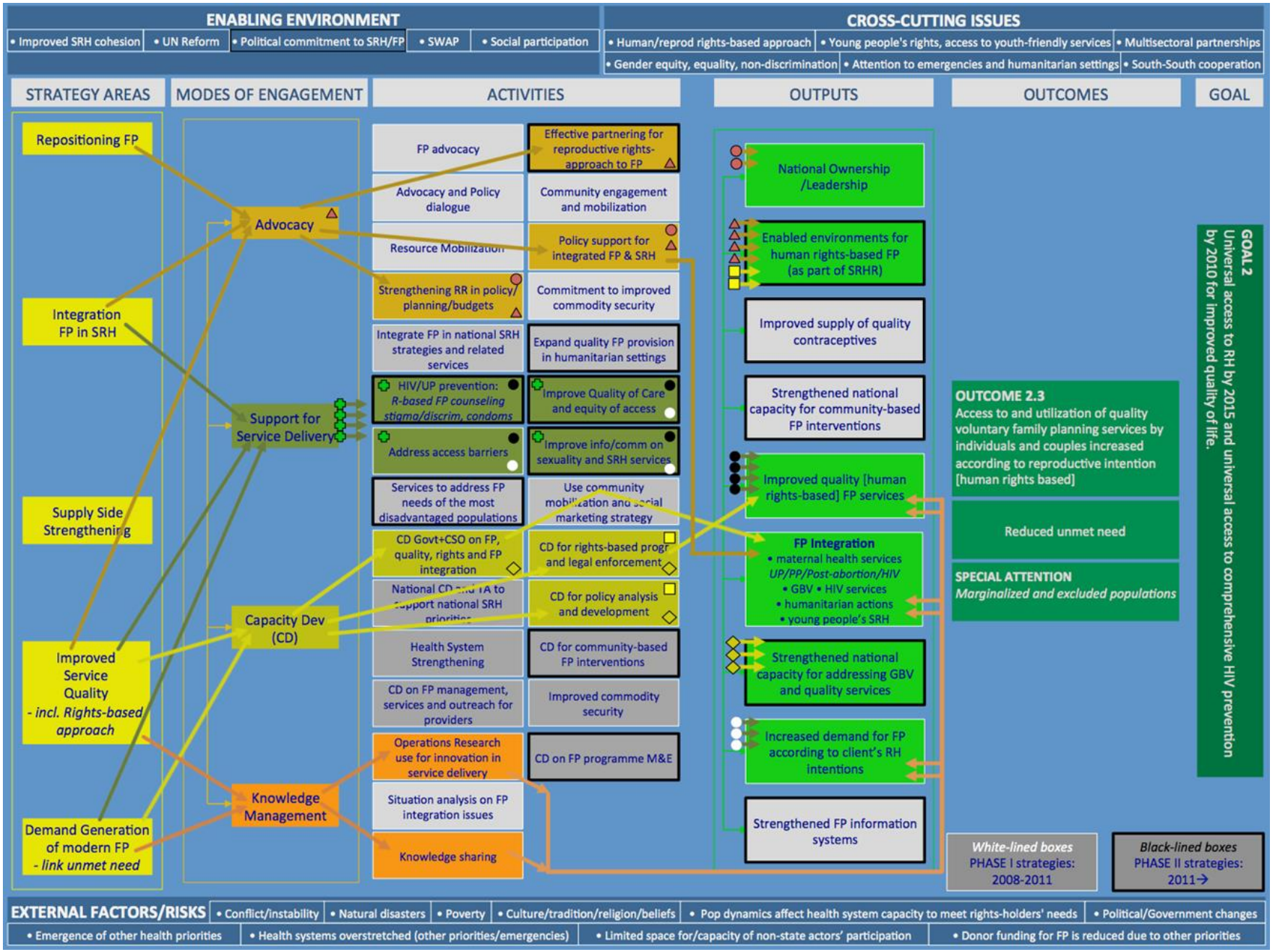
Use of Theory of Change to trace pathways of change: Investigation Area 4 – ENABLING ENVIRONMENT



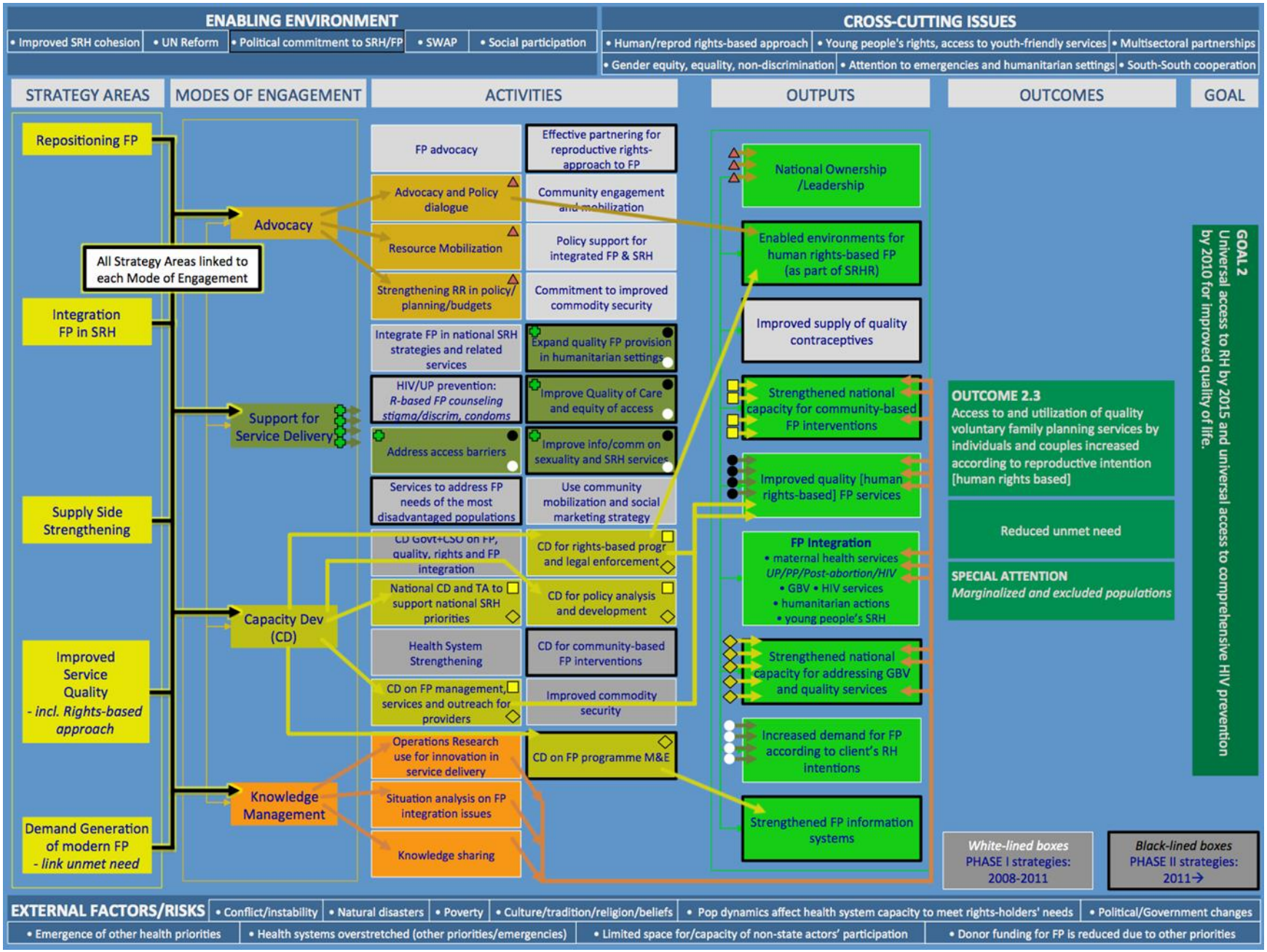
Use of Theory of Change to trace pathways of change: Investigation Area 5 – VULNERABLE AND MARGINALISED GROUPS



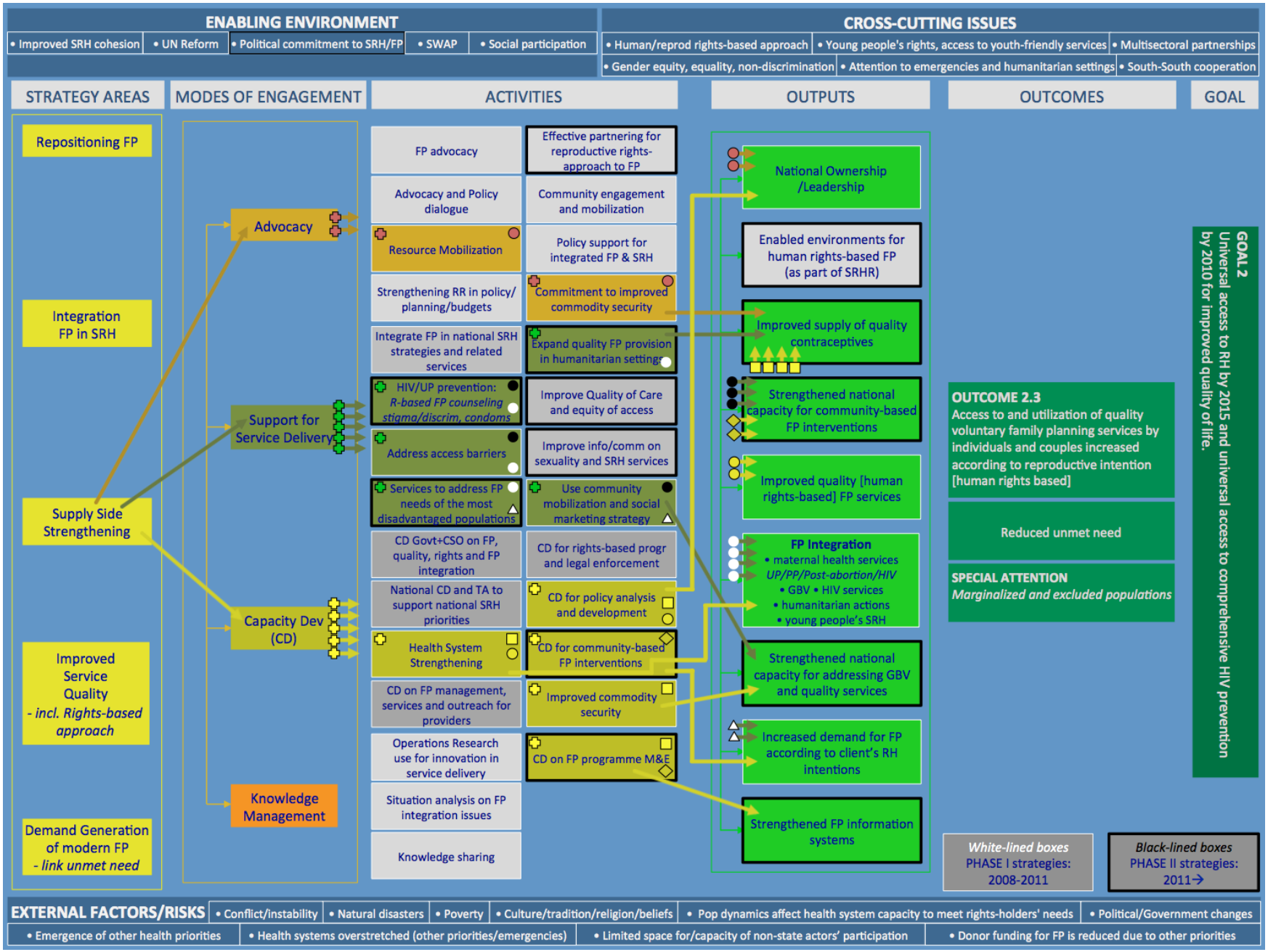
Use of Theory of Change to trace pathways of change: Investigation Area 6 – RIGHTS-BASED APPROACH



Use of Theory of Change to trace pathways of change: Investigation Area 7 – MODES OF ENGAGEMENT



Use of Theory of Change to trace pathways of change: Investigation Area 8 - SUPPLY-SIDE ACTIVITIES



ANNEX 2: RESEARCH INSTRUMENTS

ANNEX 2.1: DOCUMENT REVIEW PROTOCOL

Objective

The purpose of the document review protocol is twofold:

1. To expand the present document dataset with additional documents (policies, reports, research findings, other) in general and for the 12 case study countries in particular, to ensure that the document review-component of the evaluation methodology is based on a dataset as relevant to the evaluation's objectives as possible and thus contribute to making the evaluation results more credible.
2. To guide the document review-component of the evaluation and ensure a systematic approach[9], in order to contribute to answering the questions pertinent to the eight evaluation areas, incl. the country case studies.

Step 1 – Expanding the document database

To expand the current database of documents, mainly the set of documents made available by UNFPA at the start of the evaluation with added documents identified by the evaluation team, the following will be undertaken.

1. From the eight investigation areas in the evaluation matrix, incl. the assumptions for verification and indicators, key issues will be identified that will be translated into search terms; adding relevant institutional (e.g. UNFPA) and geographical (e.g. excluding high-income countries; special focus on the 12 case study countries)terms.
2. The search terms will be used to design a search strategy that will be used with
3.
    a. **Search engines**: Google, Google Scholar
    b. **EndNote reference management software**: to search relevant online databases with peer reviewed articles directly through EndNote (PubMed and Web of Science) and
    c. **Websites**: to search relevant information from, *inter alia* USAID, PRB, to generate additional sources to be added to the database.

4. The database will be set up in the EndNote reference management software, allowing tailored document organization and searches for any keyword combination. The EndNote search engine will look up search terms in each and every reference data, including the text in their attached full text PDFs.

Step 2 – Document review

The actual document review will take place as follows:

1. For the document review in general and for each of country case studies (visits and desk studies) the Endnote library will be searched using the same set of search terms. This will result in a set of documents relevant for each of the eight investigation areas, including a subset specific to each of the 12 countries and a subset of additional countries which are especially relevant for exploring each area in depth. If a set of documents is larger than can

[9] We are inspired by Pettigrew and Roberts who defined a 'systematic review' as *'A method of making sense of large bodies of information, and a means to contributing to the answers to questions about what works and what does not'* (Petticrew and Roberts 2006).Even so, we do not pretend to do a systematic review in academic terms as this is beyond the resources allocated to this assignment. In addition, we will not only include 'evidence' documents as sources but also policy documents, reports and grey literature.

be reviewed, we will refine the search to find the most important review documents and the ones that can be excluded from the review.

2. The team members and research assistants working on each of the twelve country case studies (visit and desk) will review the documents relevant for each country and reflect findings in the country notes, complementing the other methods. The team will also review documentation on specific issues related to the investigation areas prior to selection of countries for additional KII.
3. For each of the eight areas of investigation, one team member leads the review and analysis of the selected documentation. Findings from the documents on the indicators relevant for a specific Area will be noted in a standard matrix (one for each Area), covering all documents resulting from the literature search pertinent to that Area.
4. The contents of the matrices will be used to analyse and synthesize the findings for each indicator and each assumption, and produce concluding narratives for the evaluation report and country case study notes.

ANNEX 2.2: INTERVIEW GUIDE FOR UNFPA HEADQUARTERS, REGIONAL OFFICES, COUNTRY OFFICES AND INTERNATIONAL STAKEHOLDERS

Objectives:
The purpose of the key informant interviews of internal UNFPA and external stakeholders is to contribute to the overall evaluation in order to:

- Provide input for answering the evaluation questions
- Triangulate documentary evidence and other data
- Identify lessons learned.

HQ interviews will focus on the role (including relevance, effectiveness) of UNFPA HQs in providing strategic technical and programmatic direction, guidance and support to Country Programmes in the assessment, design, implementation and monitoring/evaluation of family planning activities, especially with respect to the integration of family planning within SRH services, programming to reach vulnerable and marginalized populations, addressing contraceptive security and incorporating rights-based approaches for family planning. In addition, the interviews will explore how effectively UNFPA collaborates with other internal and external stakeholders to support an enabling environment, to broker and coordinate FP activities, and to support learning and best practices for programming to advance FP as a right and an essential component of SRH services. Finally, with external stakeholders, the focus will be on how effectively UNFPA works to advance family planning globally and to lead on relevant topics and important challenges related to marginalized populations, equity, human rights and quality of care. Additional questions will be introduced to identify the contribution of UNFPA to processes of change. Interviews at country level will be focussed on specific areas of investigation which are particularly relevant in that country, to be identified from the document review and other sources.

Participants:
An International Consultant (KE1) will conduct the majority of the interviews on behalf of the Evaluation Team, preferably in person at UNFPA HQs. The list of interviewees will be finalized during the Inception Period interviews of Reference Group members. It will include, but not be limited to:

- Executive Director of UNFPA
- Previous Executive Directors (in post during evaluation period)
- Reference Group members
- Director of the Technical Division, and selected staff members from each of the following branches:
    - Sexual and Reproductive Health Branch (including those involved in the former Adolescent and Youth Program)
    - Commodity Security Branch
    - HIV and AIDS Branch
    - Gender, Human Rights and Culture Branch
    - Population and Development Branch
    - Humanitarian Response Branch
    - Resource Mobilisation Branch
- Key UNFPA external partners and donors
- Other implementing partners
- Country Office staff

The UNFPA Evaluation Office (EO) will vet the list in advance and provide the necessary contact information to the consultants.

Process:
The consultants will set up appointments and will provide in advance a brief outline of the purpose of the visit and major points of inquiry that will be covered.

Product:
The result of each interview will be captured in a matrix that summarizes the key findings from the interview with no attributions to individual informants. Confidentiality of key informants will be maintained throughout.

Points to be covered	HQ CSB	HQ SRHB	HQ HAB	HQ Other	UN Agencies	INT'L Partners	IMPL Partners	DONORS
INTEGRATION OF FAMILY PLANNING WITH OTHER SRH								
1.1 UNFPA HQ, RO and CO staff and in-country partners share a common understanding of the meaning and importance of integration	X	X	X	X			X	
1.2 Country offices receive and put into practice technical guidance from HQs and ROs to support quality, integrated service delivery	X	X	X	X				
NATIONAL OWNERSHIP								
2.1 UNFPA has developed and/or participated in mechanisms to raise the profile of family planning in coordination with other FP stakeholders at National level	X	X	X	X	X	X	X	X
PARTNERSHIPS								
3.1 At the global level, UNFPA promotes FP repositioning as an essential component of SRHR services through partnership with others	X	X	X	X	X	X	X	X
ENABLING ENVIRONMENT								
4.3 HQ and ROs have supported CO in identifying needs and promoting demand and access in different contexts	X	X	X	X		X	X	X
VULNERABLE AND MARGINALISED GROUPS								
5.1 UNFPA takes into account the needs of vulnerable and marginalised groups, during the programming process	X	X	X	X		X	X	X
5.2 UNFPA allocates resources to programming for the most disadvantaged groups	X	X	X	X				
5.5 RO and HQ provide support to identify VMG and their needs, and good practice on how to address them	X	X	X	X				
RIGHTS BASED APPROACH								
6.1 UNFPA staff have a shared definition and understand the meaning of a rights-based approach for FP	X	X	X	X		X		X
6.2 UNFPA programming incorporates human rights principles in the assessment, design, implementation and evaluation of FP program interventions.	X	X	X	X		X		X
6.3 UNFPA is developing a body of evidence and lessons learned regarding human rights-based approaches for FP	X	X	X	X	X	X		X
6.4 Country offices receive and put into practice technical guidance from HQs and ROs to support rights-based FP	X	X	X	X				
MODE OF ENGAGEMENT								
7.1 UNFPA adapts its mode of engagement and programme development to take into account the characteristics and needs of country context and change over time	X	X	X	X		X		X
7.3 HQ and ROs provide support and TA to CO to identify and adapt to changing needs over time	X	X	X	X				
7.4 UNFPA identifies and applies good practice at country, regional and global levels	X	X	X	X		X	X	X
SUPPLY SIDE								
8.1 Training supported by UNFPA is client-cantered promoting freedom of choice in FP	X	X	X	X			X	
8.3 Strengthened procurement and logistics systems will be financially sustainable by national governments	X	X	X	X		X	X	X

Key

HQ = UNFPA Headquarters	SRHB = Sexual and Reproductive Health Branch	HAB = HIV and AIDS Branch	UN Agencies = WHO, UNICEF, World Bank
HQ Other = Program Management; Operational Support and Quality Assurance; Gender Human Rights and Culture; Humanitarian Response Branches			
INT'L Partners = USAID, Gates Foundation, IPPF	Implementing Partners = MSI, PSI, Pop Council, MHV		Key Donors = DFID, EU, SIDA, Netherlands

ANNEX 2.3: IN-COUNTRY CASE STUDY PROTOCOL: ETHIOPIA

EVALUATION OF UNFPA SUPPORT TO FAMILY PLANNING 2008-2013
PILOT COUNTRY CASE STUDY - ETHIOPIA
1st-12thDecember 2014

Objectives of country visit
The purpose of the country case study visits is to contribute to the overall evaluation with specific data and information, ideas and opinions and analysis. The country visits are not individual country evaluations. They will:

- Provide input for answering the evaluation questions and assumptions for verification developed in the inception report;
- Triangulate data collected from other sources and respondents with qualitative and quantitative information collected in-country;
- Identify lessons learnt.

During the pilot case study visit the evaluation team will test the evaluation approach and evaluation questions and instruments to inform the finalisation of the inception report and make any necessary adjustments for use in the following 4 country case studies.

Time available
The evaluation team will spend 10 working days in-country for interviews and field visits. Details of the work to be carried out and the support requested from the Country Office are shown below.

Participants
- 2 independent international consultants: Meg Braddock (Team Leader (TL)); Hermen Ormel (Key Expert 2)
- Independent national consultant: Getnet Tadele
- UNFPA Evaluation Manager
- UNFPA Country Representative and CO staff
- other in-country stakeholders

Preliminary work (prior to the country visit)
- Collection and review of key data of Ethiopia including country background; country health sector and other sectors relevant for SRH/FP; health and other SRH/FP-relevant indicators;
- Desk analysis of UNFPA response in the country; overview of UNFPA interventions (2008-2013);
- Preparation of detailed timetable for interviews and other activities during the country visit (in consultation with Country Office)

The team will review UNFPA information relevant to the Ethiopia Country Programme during the evaluation period (2008-2013), which has been made available by UNFPA (see below), together with documentary information from other sources. The TL and national consultant will consult with the Ethiopia Country Office to obtain additional documents and ensure that all the key documentary information has been made available to the team in advance.

Once a list of people to be interviewed and field visits has been agreed by the TL and the Country Office, the evaluation team's national consultant will coordinate with the Country Office and will schedule interviews and meetings.

In-country work
This will include interviews with UNFPA staff, Government officers and other stakeholders and key informants selected to give a balance of different points of view of UNFPA support to family planning during the evaluation period (2008-2013),covering the areas of investigation included in the evaluation's Terms of Reference (ToR). As the evaluation is both retrospective and forward-looking, aiming to inform the current UNFPA global family planning strategy, discussions will also cover 2014 and identify lessons learnt which may be useful in the future. Work will be carried out with the CO staff to identify family planning budgets and spending over the evaluation period (including family planning spending within other thematic areas), and to test the feasibility of including questions on family planning spending in the internet survey.

Interviews
The list of interviewees will be finalised well in advance of the country visit in consultation with the CO. It will include but not be confined to the following people at federal and decentralized levels:

- UNFPA CO representative and key staff
- Ministry of Health officials
- Other government ministries' officials
- Other development partners (donors, NGOs and INGOs)
- Implementing partner staff at policy and programme/service level (Government, NGO, INGO, private)
- Clients and end-users of relevant interventions
- Representatives of women's, HIV and youth networks, CSOs and FBOs
- Community leaders, advocates and other key informants

The consultants will provide a brief outline of the purpose of the visit for circulation to interviewees in advance.

The evaluation team will request the UNFPA CO's support in supplying the necessary contact information. The consultants will arrange the interviews with support from UNFPA CO where necessary, notably when arranging interviews with MoH and other government offices.

Field visits
There will be two parallel field visits of 2 days each to decentralized levels and communities where UNFPA has supported family planning activities with different levels of success and different implementing partners to provide a contrast. The purpose is to gain insights on rights holders' needs, duty bearers' responses and programme successes and challenges in the (decentralized) country context. The consultants will interview key informants in the public sector and in implementing agencies, and speak to service delivery staff, clients and key informants in the community, individually or in group interviews and focus group discussions. Prior to arrival in-country, the consultants will discuss potential sites for the field visits with the Country Office, to agree on locations, timing, activities and people to be seen.

De-briefing:
At the end of the visit to Ethiopia, the evaluation team will present a preliminary analysis of their findings for each of the evaluation questions explored during the country visit to the UNFPA country offices and selected external stakeholders (to be agreed with the CO) on which the team will consult with the CO).

Products:

- Debriefing presentation for the UNFPA Country Office and key stakeholders
- A Case Study note, following the structure shown in Annex 1b of the Evaluation ToR. The note will be presented according to the ToR calendar.

Support requested from Country Office

The evaluation team kindly requests the CO support for the following:

- Provision of additional documentation as necessary. The consultants already have access to the following documentation made available by UNFPA and would welcome the CO's recommendations on any additional documentation.

  UNFPA documents
  - COARs for all years of the evaluation period
  - UNDAF 2007-2011; 2012-15; and MTR
  - CPDs for the evaluation period and MTR
  - CP Action Plan 2007-2011
  - M&E framework 2007-2011, and M&E matrix for 2012

  National documents
  - Reproductive Health strategy
  - Health sector development programme
  - Family planning policy guideline
  - DHS covering the whole evaluation period

- Suggestions for specific stakeholder organizations (outside UNFPA CO) to be interviewed, and names and contact details of stakeholder staff to enable in-country consultant to arrange interviews; we will need UNFPA support in getting access to key people in the Ministry of Health and other government partners.
- Interview time with key CO personnel - Country Representative and staff involved in family planning and GPRHCS, and including those working in maternal health, adolescents and young people, HIV and AIDS, M&E, and finance), and provision of relevant information and data.
- Recommendations and input into decision on locations for field trips, contacts with the implementing partners and other people to be interviewed in those regions and support in arranging interviews; possibly support to organize trip logistics.
- Participation in de-briefing session and invitation of key stakeholders.

ANNEX 2.3.1 CHECKLIST FOR PREPARATION OF REMAINING COUNTRY VISITS (PRACTICAL POINTS)

In advance of arrival (apart from what is stated in the protocol)

- Follow-up on internet survey 1 and 2 for CO – check info submitted including financial data
- Ask for overview per year 2008-2013 of: projects/IPs/when implemented/location/expenditure (to be shared in advance)
- Ask for current ongoing work and locations; project overview discuss selection of locations for field trips; request suggestions and contacts with interviewees
- Brief local consultant and put him/her in contact with CO focal person
- Ask CO to set aside time on Day 1, after the introductory meeting, to:
    - Meet with small group of key POs for group interview
    - Meet with Financial Officer(s) to discuss financial data
    - Discuss draft agenda with focal person, incl. field trip(s), discuss logistics
- Ask for key staff including Country Representative to be available for individual interview, as needed, later during the week

Other advance preparations

- Ensure agenda has sufficient detail (e.g. names, phones, addresses for the driver)
- Make sure the national consultant has enough days/time left after advance preparations to be part of key events during the visits (e.g. Day 1 sessions in CO, key stakeholder interviews (also for translations where needed), field trip, reflection on analysis, debriefing)
- Ensure logistics (transport, hotel, field trip) are organised

During CO meeting (this should not be more than one hour)

- Present UNFPA Evaluation Office PPT - simplify the presentation, shorten it and ask focal person to print and circulate the proposed agenda to participants
- Bring handouts of key pages
- Present Evaluation Team PPT, emphasise that we are NOT evaluating the UNFPA CP
- Present draft agenda, ask for comments/additions to the handouts
- Introduce suggestion to extend debriefing to key external stakeholders (e.g. 1x MoH, 1x UN, 1x donor, 1x NGO, 1x INGO)

AGENDA FOR COUNTRY VISIT – 8 DAYS TOTAL:

DAY 1:
a) Final briefing of local consultant
b) Country Office:

- Presentation of evaluation with key staff
- Interviews with key Programme Officers

DAY 2 and 3:
MoH and other Government stakeholders, Implementing Partners, key FP donors and other UN agencies, other stakeholders

DAY 4 & 5:
Field trip. Interviews with IPs, local MoH and other government, users, FGD

DAY 6:
Follow-up interviews in CO; interview with Country Representative

DAY 7:
Analysis and preparation of PPT

DAY 8:
De-briefing and any necessary follow-up with CO

ANNEX 2.4: IN-COUNTRY INTERVIEW GUIDES

IN-COUNTRY INTERVIEWS

Objectives
The purpose of the key informant interviews in-country is to contribute to the overall evaluation in order to:

- Provide input for answering the evaluation questions
- Triangulate documentary evidence and other data
- Identify lessons learned.

In-country interviews will focus on questions within the investigation areas of integration of family planning with other SRH services, national ownership of family planning programmes, partnerships, development of an enabling environment, vulnerable and marginalised groups, the rights-based approach, modes of engagement and the supply side. The interviews will explore practical experiences and perceptions of a wide range of stakeholders, to triangulate with input from other sources and to provide material for in-depth analysis. The interviews will include additional questions where necessary to identify the contribution of UNFPA. An interview guide is shown below.

Participants
An International Consultant will conduct the majority of the interviews on behalf of the Evaluation Team, assisted by a national consultant. The list of interviewees will be finalized with the CO prior to the country visit. It will include, but not be limited to:

- CO: Country Representative and key staff
- MoH
- Other government ministries
- Other development partners (donors, NGOs and INGOs)
- Networks (women's network, HIV and AIDS networks, others)
- Service delivery staff
- Community leaders and other KI's
- Users

The CO will review the list in advance and provide the necessary contact information to the consultants.

Process
The consultants will set up appointments and will provide in advance a brief outline of the purpose of the visit and major points of inquiry that will be covered.

Product
The result of each interview will be captured in a matrix that summarizes the key findings from the interview with no attributions to individual informants. Confidentiality of key informants will be maintained throughout.
The matrix shows the points to be covered in the first column. The remaining columns and cells of the matrix show which points will be addressed for each category of interviewee. The numbers refer to the corresponding sections of the evaluation matrix.
The actual wording of the questions for each individual (or group) will be developed during the interviews themselves.

INTERVIEW GUIDE – IN-COUNTRY INTERVIEWS

Area 1 – Integration
Explain main Evaluation Question –*To what extent has UNFPA supported integration of family planning with maternal health, HIV/STI and GBV services in health plans and at primary health care level, in services for adolescents, and in emergency and humanitarian situations?*

a) What does it mean, Integration of services?

b) Is Integration important – why/why not?
c) How is Integration implemented in [country] by MoH/others?
    a. Think of Areas: Maternal Health, HIV, GBV, humanitarian setting, Adolescent SRHR
    b. What strategies/activities
    c. Reflection in Government policies and programmes?
d) What role did UNFPA play in this, in motivating partners to strengthen Integration?
    a. Capacity building? Pre-service/in-service/ad-hoc
    b. Reflection in CO plans and programmes
    c. Evidence of user consultations?
    d. (Potential: any contradiction felt between Integration and renewed focus on FP?)
e) UNFPA CO only:
    a. Did you receive TA from HQ and/or RO on how to strengthen Integration?
        i. If yes- what, when, how, how often?
        ii. Was the TA useful; were you able to follow the TA advice?
f) Checking user satisfaction:
    a. FP service users only (F/M, VMG, PLHIV): Have access and quality of FP services improved due to Integration? Why/why not?
    b. Non-users only: Do you think access and quality of FP services have improved due to Integration? Why/why not?

Area 2 – National ownership (ex-Coordination)

Explain main Evaluation Question –*To what extent has UNFPA successfully contributed on its own and in coordination with others to strengthening national leadership of family planning and improving sustainability?*
This is about raising the profile of FP and repositioning FP as a key SRHR component in national Government and other key stakeholders' agenda.

1. What initiatives by UNFPA to achieve this in [country]?
2. Via what mechanisms, partners?
    a. CSO Participation in FP policy, planning, accountability at national level?
3. With what results?
    a. National FP policies/programmes?
    b. Increased national budget allocations for FP?
    c. Other donors supporting national ownership of FP? (by themselves of due to UNFPA advocacy)
4. In [country] context: are FP programmes socially/culturally/institutionally/economically sustainable?

Area 3 – Brokerage and Partnerships

Explain main Evaluation Question – *To what extent has UNFPA acted as a broker at country level to promote family planning, acting in partnership with the public, private and non-state sector service providers?*

1. How do you see the importance of UNFPA in [country] playing such role as broker/advocate for FP towards other organizations – Government, NGOs, private?
2. How well has UNFPA in [country] played that role? How?
    a. Does UNFPA have sufficient visibility to play that role well?
3. Do key stakeholders acknowledge this special role of UNFPA in [country] and its 'comparative advantage'?
4. What partnerships has UNFPA established, and between which organizations, to advance the FP agenda and the integration of FP with other SRH programmes?
5. In addition, in which other partnership is UNFPA participating for this purpose?

Area 4 – Enabling environment

Explain main Evaluation Question – *To what extent has UNFPA supported the creation of an enabling environment at national and community levels to ensure family planning information and exercise of rights?*

1. An enabling environment is about creating the conditions that allow progress – legal, institutional, political support etc. What has UNFPA done in [country] to create/improve the enabling environment for FP:

a. At national level – examples of enabling factors? How did these improve FP info/services?
b. At community level – examples? How did these improve FP info/services?

2. Have people who previously has limited or no access (people with unmet need, VMG), been enabled to better exercise their rights to access quality FP services? What did UNFPA do to create demand and improve access?
3. UNFPA CO only:
    a. Did you receive TA from HQ and/or RO on how to strengthen the enabling environment?
        i. If yes- what, when, how, how often?
        ii. Was the TA useful; were you able to follow the TA advice?

Area 5 – Vulnerable and marginalized groups

Explain main Evaluation Question – *To what extent has UNFPA focused on the family planning needs of the most vulnerable and marginalised groups, including identification of needs, allocation of resources, and promotion of rights, equity and access?*

1. According to you, how does UNFPA in this country define these VMG?

For interviewer: VMG (ToR Ch7) = e.g. adolescents, unmarried people, the urban poor, rural communities, sex workers, people living with HIV, persons living with disabilities, indigenous people

2. To address FP needs of VMG, has UNFPA in [country]:
    a. Done needs assessment, identifying good practices? [with attention for gender issues?] Examples?
    b. Allocated resources? Which projects? How much funds/% of programme budget?
    c. Done advocacy, promoted the rights and needs of VMG [with attention for gender issues?] -- to remove barriers to FP access, address discrimination, improve quality, integrate services? Examples?
    d. Done Capacity Development of VMG? [with attention for gender issues?] Examples?
    e. UNFPA CO only: Received TA from HQ/RO on this? Useful?
3. Are VMG representatives involved in UNFPA programme design, implementation, monitoring?
    a. Did they receive Cap building for this? [with attention for gender issues?]
4. Checking evidence: is there evidence for improved access/utilization of FP services by VMG?
5. Checking user satisfaction:
    a. VMG - FP service users only (F/M): Are you happy with the availability and quality of FP services? Why/why not?
    b. Non-users only: Do you think VMG users are happy with the availability and quality of FP services? Why/why not?

Area 6 – Rights-based approach[10]

Explain main Evaluation Question – *To what extent has UNFPA implemented a human rights-based approach to family planning, in particular regarding access to and quality of care?*

2. How important is it that a RBA is used for FP?
3. What does it mean: RBA; how do you understand RBA to FP?
4. Is this also how UNFPA in [country] as an organization understands it?

[10] RBA as in Inception draft report: To ensure adequate attention to the gender equality and rights element in UNFPA's Strategy, we will apply five principles:

(1) Normative Content: The extent that programming incorporates and reflects internationally accepted norms and standards on rights;
(2) Non-discrimination: The equality of rights holders is incorporated into program design and programs prioritize access for the most marginalized and vulnerable group members;
(3) Participation: Mechanisms for participation by rights holders in policy and program development and in accountability mechanisms are in place;
(4) Transparency: Information on rights and access to associated services is readily available to rights holders;
(5) Accountability: The extent that interventions include attention to mechanisms whereby rights holders have access to information on the performance of duty bearers.

IPPF's SRHR Charter refers to: The right to sexual and reproductive health implies that people are able to enjoy a mutually satisfying and safe relationship, free from coercion or violence and without fear of infection or pregnancy, and that they are able to regulate their fertility without adverse or dangerous consequences. And then states 12 Rights (eg to Life, Equality and freedom of discrimination, Family planning, Information, Health care, Participation…)

a. If not, what is different?

5. How is the RBA put into practice by UNFPA in [country]?
    a. First open, then prompt several of the following:
        i. Advocacy with key stakeholders, Cap Dev
        ii. Programme design: needs assessment, implementation, M&E
        iii. Focus on improving access/reducing barriers to FP for specific groups – issue of non-discrimination/equality, meeting unmet need
        iv. Focus on need to avoid coercion/pressure to use FP
        v. Focus on improving quality of FP (for certain groups) e.g. improve range of methods
        vi. Involving/participation of special groups/VMG, end-users, stakeholders
6. UNFPA CO only:
    a. Did you receive TA from HQ and/or RO on how to put RBA into practice?
        i. If yes- what, when, how, how often
        ii. Was the TA useful; were you able to follow the TA advice?
7. Checking user satisfaction:
    a. FP service users only (F/M, VMG): Are you happy with the availability and quality of FP services? Why/why not?
    b. Non-users only: Do you think users are happy with the availability and quality of FP services? Why/why not?

Area 7 – Modes of engagement

Explain main Evaluation Question –*To what extent has UNFPA adapted its mode of engagement[11] to evolving country needs in different settings, using evidence and best practice?*

1. Are you aware of the different 'modes of engagement' available to UNFPA? [if needed explain, see footnote]
2. Has country context changed over time in a way that would make change in mode of engaged necessary?
3. Has UNFPA done monitoring and collection of evidence/best practices to assess need to change modes of engagement?
    a. M&E systems in place to generate evidence?
4. Have changes in modes of engagement helped to make FP Programmes in [country] more sustainable?
5. UNFPA CO only:
    a) Did you receive TA from HQ and/or RO on how to strengthen Integration?
        i. If yes- what, when, how, how often?
        ii. Was the TA useful, were you able to follow the TA advice?

Area 8 – Supply-side activities

Explain main Evaluation Question –*To what extent has UNFPA support for supply-side activities promoted rights-based and sustainable approaches and contributed to improved access to quality voluntary family planning?*

1. What share of UNFPA's activities/budget is dedicated to supply-side aspects? What kind of interventions/activities? Role of GPRHCS?
2. Has the method mix improved? Due to UNFPA support? (nationally, at service delivery points?)
3. Have stockouts of FP methods reduced?
4. Supply-side = commodities/methods, logistics… and service quality (apart from method mix and non-stockouts). Who looks after quality of FP services eg BCC, counselling, attention for gender issues and needs of VMG? [>attention for rights-based approaches, access]
    a. Has UNFPA supported capacity building in this area?
5. Sustainability: has Government budget share for FP methods/commodities increased?

[11] "Modes of engagement" refers to the four modes of engagement in the current UNFPA strategic plan (support for service delivery, capacity building, advocacy, knowledge management). These modes of engagement have been included in the ToC diagram and discussion in section 3.2.1

6. (Potential issue: if focus is on supply-side strengthening, is there risk of 'pushing' the demand side beyond what can be seen as unmet need and client RH intentions? Contradictions between renewed focus on FP/focus on supply-side AND rights-based approach?)
7. <u>UNFPA CO only</u>:
    c. Did you receive TA from HQ and/or RO on supply-side procurement and capacity building?
        i. If yes- what, when, how, how often
        ii. Was the TA useful; were you able to follow the TA advice?

ANNEX 2.4.1: FOCUS GROUP DISCUSSION GUIDE FOR IN-COUNTRY CASE STUDIES

Objective of the Focus Group Discussion

Focus group discussions will be held during the country case study visits. The aim is to get more in-depth information and understanding into perceptions and opinions by stakeholders and end-users, in order to contextualize and illustrate quantitative findings (such as the online survey and in-country programme data) and triangulate across methods and respondents.

Setup and participants

During each country visit, the aim is to have up to four FGDs, each with around 8 participants, with a duration of around 1.5 hours each in 2-3 locations, both urban and rural/semi-urban.

1. One FGD with NGO representatives working directly (or indirectly) with UNFPA; probably in an urban area;
2. One FGD with representatives/members of one or more vulnerable or marginalized groups (VMG); probably in an urban area;
3. Two FGDs with users and non-users of family planning services, one with females 18-45, one with males 18-45; probably in semi-urban or rural setting. ('Using' and 'non-using' refers to what happens between two partners during sexual intercourse.)

Sampling and recruitment

FGD with NGO representatives: From a list of NGOs working with or for UNFPA, randomly eight representatives will be invited for the FGD. Recruitment will be done by the national consultant through the secretariat of each NGO. Inclusion criteria should be: 18 years or over.

FGD with FP users/non-users: In a semi-urban or rural setting, community health workers (CHWs) or extension workers will be asked beforehand to identify and invite 8 females and 8 males, with in each group if possible both users and non-users of contraceptives. Inclusion criteria should be: 18-45 years of age, having children, no family of or close relationship to the CHW.

FGD with VMG: After assessing DHS and relevant other reports about VMG, together with the national researcher (an) organization(s) will be identified representing the most vulnerable and/or marginalized group(s) in the country. They will be approached and the national researcher will try to recruit 8 participants e.g. through snowball sampling.

For any of the above groups: if needed interpreters will be used.

Analysis

Points raised and discussed in the focus groups will be triangulated with other evaluation data for the corresponding research area. FGD's will be recorded for reference, but not transcribed.

1. Topic Guide FGD with NGO representatives

Understanding family planning

1. Do you provide SRHR services; if yes which services
2. Is FP part of the services, if yes in what way (information, counselling, give/sell contraceptives)
3. Role/purpose of FP? Views on link between FP and SRH generally? Understanding?
4. For whom is FP – prompt: women, men? Younger, older? In union/married or not in union/unmarried? Special groups?

Choice and access to services

5. Availability of modern contraception? Which ones – and short/long-acting/permanent? Where - public, NGO, private? Out of stock problems?
6. Accessibility of modern contraception? Distance, time
7. Affordability? Cost, free of charge?
8. Acceptability? Local practices of spacing/limiting children? Cultural beliefs, religion? Understanding in community; support, opposition?
9. Acceptability – staff attitude, respect for client needs/views? Do some services 'push' clients to use (certain types of) FP methods? Or limit access to certain groups?
10. Accountability? How do services report on results, what goes well/not well? To local Government, health sector/facility, UNFPA, other?
11. Technical quality
12. Client satisfaction? Why?
13. FP access/choice/quality: Enablers? Barriers/what had been done to reduce these?

Context

14. Unmet need – is it high/low, and why? What can be done about this? Are there specific groups that have bigger need than others? Or that have less access than others?
15. Role of Government – in favour of improving FP services or not? Explain. Are there aspects of the Government FP policy and programme that limit/hinder clients to access FP services? What can be improved at policy level?
16. Collaboration between Government and other stakeholders?
17. Integration of FP with other services – what is current status of integration e.g. .Mat Health, HIV/STI, GBV, adolescent health etc.? Do you see this as good or bad?

Role UNFPA (country office, programme)

18. Financial/technical/other support received by whom in field of FP? Partnering with other organization(s)?
19. Support received from UNFPA, direct/indirect?
    a. If yes: How, type (fin, tech)? Incidentally or over longer period?
    b. Experiences with UNFPA support? Positive, not so positive? What was good, what could be improved
20. More generally how do you see UNFPA's role in-country? What do they do, what should they do? Is this how UNFPA sees it own role; explain?
21. Is the UNFPA programme specific for the country, well-adapted to the country needs/ context/ policies?
22. Are you aware that UNFPA has tried to involve end-users/clients/specific groups/stakeholders in discussions on what is needed in-country regarding FP; on improving access; on improving quality?
23. Is there any evidence for participation of CSO and private sector in family planning policy, planning and accountability mechanisms at national level?
24. Did UNFPA's support in-country, in general, help to improve access to FP services and reduce barriers? And to improve quality?
25. Did UNFPA help to make FP more important on the Government agenda (incl. budget, steady larger share of total FP spending)? And with donors (e.g. attention, budget)? NGOs?
26. If yes –how did UNFPA do that, and what was success? If no – didn't they try or did they try but not succeed? Why not?
27. Does UNFPA talk about FP by itself or mostly/always in context of linking it to one or more SRHR services>
28. Did UNFPA pay special attention to/how:
    a. Integration of FP with other services?
    b. VMG? -Needs assessment? Advocacy? Programmes (budget)? VMG participation in programme planning, monitoring, capacity building?
    c. Capacity building in general – of service providers, Government staff, NGOs, VMG?
    d. Rights issues? Rights-based approach?
    e. Gender issues? Role of women, men, young people M/F?
    f. Sharing knowledge, lessons learned about what works well and what less?
29. Overall, what contribution do you consider UNFPA has had in initiating and supporting processes of change in family planning in this country?

2. Topic Guide FGD with users/non-users / VMG

Understanding FP

30. Have you heard about RH services? What are they?
31. Do you use SRH services? If yes which ones? If not, why not?
32. And have you heard about FP services? What are they for? Who needs them? Do you use them – why/why not?
33. Your preferences and intention of limiting or spacing children? Why? How?
34. For whom is FP – prompt: women, men? Younger, older? In union/married or not in union/unmarried? Special groups?
35. Sources of information on FP?

Choice and access

1. Availability of modern contraception? Which ones – and short/long-acting/permanent? Where - public, NGO, private? Out of stock problems?
2. Accessibility of modern contraception? Distance, time
3. (Affordability) Cost/who pays? Free of charge?
4. (Acceptability) Local practices of spacing/limiting children? Cultural beliefs, religion? Who decides? Can wife decide without husband's knowledge?
5. Understanding in community; support, opposition?
6. Experiences -Good ones, bad ones? What should be changed/improved?
7. Quality – client satisfaction? How to improve?
8. What are barriers to FP service use? How to address?
9. (Unmet need) - Are there many people who want to use FP but currently can't? Why?
10. (Acceptability)– staff attitude, respect for client needs/views? Do some services 'push' clients to use (certain types of) FP methods? Or limit access to certain people/groups?
11. (Integration) – where do you find FP services – in FP clinic or also other places (ANC, STI, …)

ANNEX 2.5: DESK CASE STUDY PROTOCOL

DESK CASE STUDY PROTOCOL

Objectives of desk study

The purpose of the desk case studies is to contribute to the overall evaluation with specific data and information and analysis. The desk studies are not individual country evaluations. They will:

- Provide input for answering the evaluation questions
- Triangulate documentary and other data
- Contribute to identification of lessons learnt

Countries have been selected for desk studies on the basis of their potential to provide information and insights into the evaluation questions.

Timing

The desk case studies will be carried out in the period February to June 2015.

Participants

International consultant (KE3), with supervision and support from KE2; UNFPA Representative and CO staff and other in-country stakeholders for telephone interviews where required.

Preliminary work

Identification of the evaluation questions to be addressed by each of the country desk studies (see table below). Each study will focus on specific evaluation questions and areas of investigation which are relevant in the country context --e.g. humanitarian support in Sudan, changing modes of engagement in Nicaragua, Rwanda.

A standard format for entering information relevant to the questions was developed at the start of the data collection phase and will include all the points to be covered by the desk studies in each location.

Selection of documents for review. This will include UNFPA documents and those from other sources.

Desk study work

Document review and analysis

Telephone interviews with CO and RO staff and/or other stakeholders where necessary to clarify points and collect more in-depth information. The number and content of these interviews will depend on the results of the document review. They will aim to complement and explore further the information gathered from the documents, avoiding overlap and repetition.

Product

Information on the desk case study country (with all sources clearly identified) entered into the standard format, for input to the evaluation.

Evaluation matrix points to be included in the desk case study

Points to be covered	Desk study
INTEGRATION	
1.1 CO's, RO's, in-country partners and users share a common understanding of the importance of integrated services	X
1.2 Country offices receive and put into practice technical guidance from ROs to support quality, integrated service delivery	X
NATIONAL OWNERSHIP	
2.2 UNFPA and other donors (influenced by UNFPA advocacy) have effectively supported national governments to assume ownership of family planning-related policies and programmes in different national contexts	X
2.3 Programmes are culturally/socially, institutionally and economically sustainable in different national contexts	X
PARTNERSHIPS	
3.2 At the country level, UNFPA COs successfully promote FP and its integration with other SRH programmes in coordination with public, private, and CSOs	X
ENABLING ENVIRONMENT	
4.2 UNFPA has successfully supported partners in addressing demand creation and improving access, to enable people to exercise their rights at country level and community level.	X
4.3 ROs have supported CO in identifying needs and promoting demand and access in different contexts	X
VULNERABLE AND MARGINALISED GROUPS	
5.1 UNFPA takes into account the needs vulnerable and marginalised groups, during the programming process	X
5.2 UNFPA allocates resources to programming for the most disadvantaged groups	X
5.3 UNFPA undertakes advocacy and supports capacity development to remove barriers and improve access, quality and integration of FP services for the most disadvantaged groups	X
RIGHTS BASED APPROACH	
6.2 UNFPA programming incorporates human rights principles in the assessment, design, implementation and evaluation of FP program interventions.	X
6.5 Rights holders and duty bearers share concepts of rights to family planning and SRH	X
MODES OF ENGAGEMENT	
7.2 UNFPA adapts its mode of engagement and programme development to take into account the characteristics and needs of each country context and change over time	X
7.3 UNFPA interventions support country moves to self-sufficiency and are sustainable	X
SUPPLY SIDE ACTIVITIES	
8.1 Training supported by UNFPA is client-centred promoting freedom of choice in FP	X
8.2 UNFPA support to procurement promotes availability of a wider method mix	X
8.3 Strengthened procurement and logistics systems will be financially sustainable by national governments	X

ANNEX 3: People Met in Inception Phase

DATE	PERSON/CARGO	MEETING TYPE	PURPOSE/RESULTS
1/10/14	Reference Group	Blue Jeans	Initial meeting of Reference Group and external consultants at start of inception phase; review of possible case study countries and selection of pilot case study; timetable for rest of inception phase
3/10/14	Melinda Elias, UNFPA Evaluation Office	Skype	Introduction to ATLAS and summary of the work carried out by UNFPA to date
23/10/14	Nassrin Farzaneh M&E Advisor and Aeiko Narita - Programme Specialist APRO	Skype	Criteria for country selection for case studies. We reviewed the final selection criteria for APRO countries and agreed Cambodia as priority for Visit, Myanmar and Vietnam for desk studies
28/10/14	Ezizgeldi Hellenov RHCS Advisor, Alma Ata - EECARO		Criteria for country selection for case studies. We reviewed the final selection criteria for EECARO countries and agreed Tajikistan as first priority for desk study, with Kyrgyzstan as an alternative if necessary
28/10/14	Maha El-Adawy Regional Technical Adviser Sexual and Reproductive Health ASRO – Cairo	Skype	Criteria for country selection for case studies. We reviewed the final selection criteria for Arab State countries and agreed on Sudan as first priority for desk study, with Egypt as an alternative if necessary
28/10/14	Nestor Azandegbe Technical Advisor SRH/MH, Dakar - WCARO	Telephone	Criteria for country selection for case studies. We decided it would be better to communicate in writing due to poor quality phone line and language.
28/10/14	Josiane Yaguibo Family Planning Policy Adviser, ESARO - Johannesburg	Skype	Criteria for country selection for case studies. We reviewed the final selection criteria for ESARO countries and agreed Uganda as priority for Visit, with Rwanda for the desk study
28/10/14	Desmond S. Koroma Technical Specialist, Commodity Security Branch, Technical Division UNFPA HQs	In Person	Reviewed proposed Theory of Change for FP support and identified and global internal and external stakeholders for KII as they relate to collaboration with GPRHCS, including Gates Foundation, Gates Institute, RHSC and USAID. Also identified key resource persons for information related to FP budget and expenditures and RHSC coordination.
28/10/14	Elena Pirondini, Project Management Advisor, Commodity Security Branch, Technical Division	In Person	Obtained information regarding UNFPA partnership with USAID and Gates Foundation (as background for KIIs with those organizations)
28/10/14	Farah Usmani, Chief, Operational Support and Quality Assurance Branch, Programme Division, UNFPA HQs	In Person	Reviewed proposed Theory of Change for FP support and the shift in attention to FP from in 2012. Agreed that as part of the Theory of Change the team should map how outputs for FP changed in 2012.
29/10/14	Cecilia Maurente Beherns, Programme Specialist for Latin American and the Caribbean LACRO	Skype	Criteria for country selection for case studies. We reviewed the final selection criteria for LACRO countries and agreed Bolivia as priority for Visit, with Nicaragua for the desk study

29/10/14	Elizabeth Benomar, Senior Technical Advisor, HIV AND AIDS Branch, Technical Division, UNFPA HQs	In Person	Reviewed proposed Theory of Change and Evaluation Matrix with relation to focus areas related to Integration and reaching vulnerable and marginalized populations. Identified key internal and external stakeholders for KII as they relate to global collaboration on integration, including IPPF. Recommended key internal resource persons for information on FP/HIV integration and condom programming (triple protection).
29/10/14	Laura Laski. Chief, Sexual and Reproductive Health Branch, Technical Division, UNFPA HQs	In Person	Reviewed proposed Theory of Change and in particular focused on change in FP strategic focus in 2012. Identified internal and external stakeholders for KII interviews, including USAID, Gates Foundation, IPPF, DFID, RHSC, WHO, IWHC and Gates Institute. Discussed looking beyond contraceptive prevalence in country programs to consider measures related to quality and choice (method mix, discontinuation) and equity.
30/10/14	Shawn Malarcher,	Phone	Reviewed Evaluation Matrix in relation to UNFPA as global partner and broker and best practices, given UNFPA-USAID collaboration related to sharing technical expertise and best practices overall and in gender, CS, total market approach and youth. Identified USAID KIs to interview related to the UNFPA-USAID technical collaboration.
	ETHIOPIA		
1/12/14	UNFPA Country Office – see separate list	In person	Introduction to evaluation, preliminary information from CO
	Sabine Beckmann, RH/HIV AND AIDS Coordinator; Dorothy Lazaro, International Midwifery Advisor; Beyeberu Assefa, National Programme Officer/Reproductive Health	In person	Discussion of evaluation questions
	Gamachis Galalcha, Programme Officer Reproductive Health Commodity Security	In person	Discussion of evaluation questions
2/12/14	Joshua Karnes, Yirga Ambaw, Beth Haytmanek USAID Health, AIDS, Population and Nutrition Office	In person	Discussion of evaluation questions
	Kassa Mohammed Health Advisor, DFID	In person	Discussion of evaluation questions
	Rita Santos, Head of Development Cooperation, AECID	In person	Discussion of evaluation questions
	Berhane Assefa Technical Officer FP, Maternal and Child Health Directorate, Ministry of Health	In person	Discussion of evaluation questions
	Yordanos Giday, Planning Officer, Policy & Planning Directorate, Ministry of Health	In person	Discussion of evaluation questions
	Holie Folie, Executive Director and	In person	Discussion of evaluation questions

	Dejena Getahun Research, M&E Officer, CORHA-Consortium of Reproductive Health Associations		
	Sabine Beckmann, RH/HIV AND AIDS Coordinator, UNFPA	In person	Discussion of evaluation questions
3/12/14	Zelalem Demeke Program Manager MNCH Clinton Health Access Initiative	In person	Discussion of evaluation questions
	Genet Mengistu (Executive Director), Adem (Team Keader publications, Team Leader Research and Planning FGAE	In person	Discussion of evaluation questions
	Abebe Shibru, Deputy Country Director, MSI Ethiopia	In person	Discussion of evaluation questions
	Mekdim Enkossa, Advisor, DG Fund, FMoH	In person	Discussion of evaluation questions
	Amsalu Shiferaw, Health Specialist, UNICEF	In person	Discussion of evaluation questions
	Tesfaye Seifu, Deputy Director for Technical Operations, MSH/SCMS-Supply Chain Management Systems	In person	Discussion of evaluation questions
	Dagmawit Girmay, Deputy Director, DKT	In person	Discussion of evaluation questions
4/12/14	Dawit Dikasso, Helen Berhane, Getachew Genete, Ermis Ayale, FMHACA	In person	Discussion of evaluation questions
	Luwan Teshome, PO , Sarah de Nasi UNH4+, WHO	In person	Discussion of evaluation questions
	Neghist Tesfaye, Strategic Intervention Advisor, UNAIDS	In person	Discussion of evaluation questions
	Solomon Shiferaw, Assistant Professor, AAU-Addis Ababa University School of Public Health	In person	Discussion of evaluation questions
	Achameyeleh Alabachew, Director, Planning and M&E, Directorate FHAPCO-Federal HIV AND AIDS Prevention and Control Office	In person	Discussion of evaluation questions
	Esayas Alemayehu, Executive Director, YNSD-Youth Network for Sustainable	In person	Discussion of evaluation questions

	development		
	Selamawit Zedalem Yabsra Tefera Berhanu Mellese Mulugeta Zemichael Kidane Tesfaye Henok Meseret Yeshewoyk Tefra, Focus group participants, YNSD-Youth Network for Sustainable Development and Tsinat Social and Development NGO	In person	Discussion of evaluation questions
	Rakoto Victor, Deputy Representative, UNFPA Country Office Ethiopia	In person	Discussion of evaluation questions
5/12/14	Hanna Hagos, Esther, Ferhiwot, Hanna, NIKAT (CSW NGO)	In person	Discussion of evaluation questions
	Fikre Gesso, Acting Director of Population and Development Directorate, National Planning Commission	In person	Discussion of evaluation questions
	Wondwossen Ayee, Deputy Director General, Pharmaceutical s Fund and Supply Agency (PFSA)	In person	Discussion of evaluation questions
	Nahom Wolde, M&E Officer and Liyu Wogayehu, Project Coordinator, NNPWE-National Network of Positive Women Ethiopians	In person	Discussion of evaluation questions
	Marta Minwyelet Terefe, Assistant Director, Maternal and Child Health Directorate, Ministry of Health	In person	Discussion of evaluation questions
7/12/14	Tesfu Alemu, UNFPA Programme Officer, Tigray region	In person	Discussion of UNFPA work in region, and confirmation of evaluation programme
8/12/14	Hagos Godefay, Head of Regional Health Bureau, Tigray Ambachew, MSH Tigray	In person	
	Yirga, OSSA; Tadese, DKT, Atsede, FGAE	In person	Group discussion of NGO work in FP in Tigray, and UNFPA's role
	Berizaf, Head of Woreda Health Office, Hintalo Wajerat	In person	
	Director, FP nurse and MCH staff, Hiwane	In person	Discussion and observation of FP and MCH services

	Health Centre, Mekele, users		
	Masresha Soresse, IFPH-Integrated Family Health Program Ketsela Desalegn, FHIP Jelatu Lepesse, USAID/Deliver Yeshiharig Yosgon, FGAE Misiker Lemma, MSI Gashaw Dubale, JSI L1oK Begashaw Dabena, CORHA Melaku Legesse USAID/Deliver CSO group discussion participants	In person	Discussion of evaluation questions
	Mekonnen Feleke, Head FGAE-SNNPR Regional office	In person	Discussion of evaluation questions
	Mengistu Kasa, Head Model Clinic, FGAE	In person	Tour of model clinic
	Yohannes Letamo Huiawa, Dep. Head, Curative & Rehabilitation Services Core Process And Tesfaye, Clinical Officer	In person	Discussion of evaluation questions
	Burriso Bu'lansho Shoashamo, Head, Shabadino Woreda Health Office And 3 staff	In person	Discussion of evaluation questions
	Tesfaye Beyene, Head, Dulecha Health Centre	In person	Discussion of evaluation questions
	13 Health Centre clients participating in health education session led by a midwife	In person	Short meeting and discussion on their health education session on reasons to switch from short-acting to long-acting FP-methods
	Group discussion with nine FP users (all Health Development Arma Leaders/ members) At Nury Dulecha Health Post	In person	Discussion of evaluation questions
	Aster Aliso and Amarech Bakalcha, HEW-Health Extension Workers, Nury Dulecha Health Post	In person	Discussion of evaluation questions
9/12/14	Tadesse Hailemariam, UNFPA Regional coordinator for SNNP-region	In person	Discussion of UNFPA work in the region and visit programme
	HEWs 25 women FP users and non-users	In person	Discussion and observation; focus group with the users and non-users, discussion with community leaders on access, enabling environment, user perspectives

	Kebele Chief and 2 village elders, Maynebrit		
	Gedamu Aberaand Mengustu, Head of Department and Professor, Mekele University Midwifery Department	In person	Discussion of UFPA support for midwifery course
	Hira Hirboro, community leader Eyob Gababo, community leader Saba Araya, community leader Almetsehay Worku, community leader Almaz w/Minyam Boltana, Women League Office Head, Addis Ketamsubcity Adm, Hawassa Community leader group discussion	In person	Discussion of evaluation questions
	Habtamu Beyene, Dep Head, Regional Health Bureau, SNNP Region	In person	Discussion of evaluation questions
	Tadesse Hailemariam, UNFPA Regional coordinator for SNNP-region	In person	Discussion of UNFPA work in the region and summary debriefing of findings from regional visit
	HEWs 25 women FP users and non-users Kebele Chief and 2 village elders, Maynebrit	In person	Discussion and observation; focus group with the users and non-users, discussion with community leaders on access, enabling environment, user perspectives
	Gedamu Aberaand Mengustu, Head of Department and Professor, Mekele University Midwifery Department	In person	Discussion of UFPA support for midwifery course
10/12/14	Faustin Yao, Country Representative UNFPA	In person	Discussion of questions arising from the interviews and field work
11/12/14	Bouwe-Jan Smeding, First Secretary Health, Embassy of the Kingdom of the Netherlands	In person	Discussion of evaluation questions
	Muna Abdullah, Programme Officer SRH, UNFPA CO	In person	Discussion of evaluation questions

ANNEX 4: PRELIMINARY STAKEHOLDER MAPPING AT INTERNATIONAL LEVEL

Focus Area	Stakeholder Groups	Individual	Role or Function
#1: To what extent has UNFPA supported integration of family planning with maternal health, HIV/STI and GBV services in health plans and at primary health care level, in services for adolescents, and in emergency and humanitarian situations?	Donors		
	Global Fund to Fight AIDS, Tuberculosis and Malaria.	TBD	Collaborates with (and funds?) UNFPA to scale up HIV prevention efforts.
	Tides Foundation, Swedish International Development Agency (SIDA) and the European Union (EU)	TBD	Support UNFPA EMTCT activities
	Others TBD		
	Internal UNFPA HQs		
	HIV AND AIDS Branch	Lynn Collins	UNFPA programming for FP/HIV/Maternal Health Integration, EMTCT Programming, Stigma and Discrimination
	Commodity Security Branch	Bidia Desperthes	UNFPA programming related to FP/HIV Condom Promotion; Triple Protection
	SRH Branch	Nuriye Ortayli	UNFPA programming related to Postpartum FP and PAC/PPFP (integration with maternal health and safe abortion services)
	Humanitarian Response Branch	TBD	To review UNFPA programming for FP in humanitarian settings
	Other UN Agencies		
	WHO	TBD – Global lead with UNFPA on EMTCT	Global collaboration on EMTCT
	UNICEF	TBD – Global lead with UNFPA on EMTCT	Global collaboration on EMTCT
	External Partners		
	International Planned Parenthood Federation (IPPF)	Jon Hopkins, Senior HIV Officer	HIV/FP Integration Partnership (condom programming?)
	Country Programmes		
	TBD based on survey and document review		

Focus Area	**Stakeholder Groups**	**Individual**	**Role or Function**
#2: What efforts has UNFPA made both on its own and in coordination with others in strengthening national leadership of family planning and improving sustainability? -AND- #3: To what extent has UNFPA acted as a broker at **global,** regional, and country levels to promote FP, acting in partnership with the public, private and non-stake sector service providers? [Note: these two areas of inquiry are combined given the focus on each related to global advocacy for FP repositioning.]	Donors		
	USAID	Ellen Starbird, Director, Office of Population &Reproductive Health	Co-chair of FP 2020 Country Engagement Working Group; signer of MOU between USAID and UNFPA re partnering on a joint workplan; input on UNFPA's role in FP 2020 and other mechanisms to raise the profile of FP at the global level and in countries where they are working jointly
	Bill and Melinda Gates Foundation (BMGF)	Chris Elias, President of the Global Development Program; co-chair of FP 2020 Reference Group	Input on UNFPA's role in FP 2020 and other mechanisms to raise the profile of FP at the global level; input on UNFPA-BMGF partnership and MOU.
	DFID	Jane Hobson and/or Nel Druce	Input on UNFPA's role in the London Summit on FP and FP 2020 to raise the profile of FP at the global level
	Internal UNFPA HQs		
	Office of the Executive Director	Dr. Babatunde Osotimehin, Director	Co-chair of FP 2020 Reference Group; input on UNFPA's role in FP 2020 and other mechanisms to raise the profile of FP at the global level.
		Kate Gilmore, Deputy Executive Director (Programme)	Input on UNFPA's leadership role as a broker and coordinator to raise the profile of FP with other FP stakeholders
		Dr.Thoraya Obaid, Former ED	Ditto
		Ms. Mari Simonen, former Deputy Executive Director (Management)	Ditto
		Ms. Purnima Mane, former Deputy Executive Director (Programme)	Ditto
	GPRHCS/CS Branch	Jagdish Upadhyay	Member of FP 2020 Reference Group; member of RHCS; input on UNFPA's leadership role as a broker and coordinator to raise the profile of FP in FP 2020 and other mechanisms.
	CS Branch	Rita Columbia	Member of FP 2020 Country Engagement Working Group; input on UNFPA's leadership role as broker and coordinator to raise the profile of FP in FP 2020

	Other UN Agencies		
	UNICEF	TBD	Input on UNFPA's efforts to raise the profile of FP at the global level within other UN agencies.
	WHO	TBD	Input on UNFPA's efforts to raise the profile of FP at the global level within other UN agencies.
	World Bank	TBD	Input on UNFPA's efforts to raise the profile of FP at the global level within other UN agencies.
	External Partners		
	USAID	Sandra Jordan, Senior Technical Advisor for External Affairs, Office of Population & Reproductive Health	Input on UNFPA's leadership and visibility to raise the profile of FP in coordination with other FP stakeholders
	BMGF	Monica Kerrigan	Ditto on UNFPA's leadership and visibility to raise the profile of FP in coordination with other FP stakeholders
	Reproductive Health Supplies Coalition	John Skibiak, Director	Input on UNFPA's role in RHSC to raise the profile of FP at the global level and through partnership with others.
	UN Foundation	Susan Myers, Senior VP	Input on UNFPA's efforts to raise the pro file of FP at the global level within the UNF and initiative such as the Every Woman/Every Child campaign
	FP 2020 Task Team, UN Foundation	Valerie De Filippo, Director FP 2020	Input on UNFPA's role in FP 2020 to raise the profile of FP at the global level.
	Gates Institute	Scott Radloff, Director PMA 2020 and recently the former director of USAID Office of Population & Reproductive Health and Duff Gillespie, Director, Advance Family Planning	Input on UNFPA's leadership and visibility to raise the profile of FP in coordination with other FP stakeholders and as a potential partner on CS activities (country surveys re method mix and availability).
	IPPF	Julia Bunting, former director (just named President of Population Council)	Input on UNFPA's leadership and visibility to raise the profile of FP in coordination with other FP stakeholders
	Country Programmes		
	TBD based on survey and document review		

Focus Area	**Stakeholder Groups**	**Individual**	**Role or Function**
#4: How has UNFPA supported the creation of an enabling environment at national and community levels to ensure FP information and exercise of rights?	Donors		
	None		
	Internal UNFPA HQs		
	Executive Office	Kate Gilmore, Deputy Executive Director (Programme)	Input on how HQs supports COs to identify needs and promote demand and access in different contexts
	Operational Support and Quality Assurance Branch	Farah Usmani or designate	Ditto
	SRHB	Laura Laski and/or Nuriye Ortayli	Ditto
	Other UN Agencies		
	UNICEF and other UN Agencies TBD	TBD	
	External Partners		
	Marie Stopes International, UK	TBD	Input on whether/how UNFPA has identified key enabling factors (socio-cultural, economic, political) in different country contexts and developed effective support activities.
	Population Services International	TBD	Ditto
	Population Action International	Suzanne Ehlers, President	Ditto
	Population Council	Ian Askew, Director of Reproductive Health and Research	Ditto
	Country Programmes		
	TBD based on survey		
Focus Area	**Stakeholder Groups**	**Individual**	**Role or Function**
#5: How has UNFPA focused on the FP needs	Donors		
	Global Fund to Fight against		

of the most vulnerable and marginalized groups, including the identification of needs, allocation of resources, and promotion of rights, equity and access?	AIDS, Tuberculosis and Malaria		
	Internal UNFPA		
	SRHB	Laura Laski and/or Nuriye Ortayli	Input on whether/how UNFPA identifies needs, allocates resources for programming and promotes rights, equity and access for VMGs and how HQs provides support to COs to identify VMGs, their needs and good practices on how to address them.
	CS Branch	Rita Columbia, SRH Advisor	Ditto
	Adolescent SRH Evaluation Team	TBD	Input on whether/how UNFPA allocates resources for programming to promote rights, equity and access for adolescents and youth.
	Other UN Agencies		
	WHO	Marlene Temmerman, Director, Reproductive Health Programmes	Input on whether/how UNFPA allocates resources for programming to promote rights, equity and access for VMGs.
	External Partners		
	IPPF	Jon Hopkins, Senior HIV Officer	Input on whether/how UNFPA allocates resources for programming to promote rights, equity and access for VMGs.
	Youth Coalition and/or Advocates for Youth	TBD	Ditto
	Population Council	Ian Askew, Director of Reproductive Health and Research	Ditto
	Country Programs		
	TBD based on survey		
Focus Area	**Stakeholder Groups**	**Individual**	**Role or Function**
#6: To what extent has UNFPA implemented a human rights-based	Donors		
	Netherlands Ministry of Foreign Affairs	Lambert Grijns	Ambassador for SRHR and HIV AND AIDS; NL longtime UNFPA supporter

approach to FP, in particular regarding access to and quality of care, and through support from HW and RO for a rights-based approach in-country?			
	Internal UNFPA		
	Gender, Human Rights and Culture Branch	Luis Mora, Chief	Member of the FP 2020 Rights and Empowerment Working Group; input on UNFPA staff understanding of human rights approach; programming for human rights in UNFPA activities and development/use of evidence in HR programming.
	SRH Branch	Laura Laski and/or Nuriye Ortayli	Ditto
	Humanitarian Services Branch	TBD	Input on how UNFPA supports human rights in FP activities within humanitarian settings
	Others	TBD	Ditto
	Other UN Agencies		
	WHO	Marlene Temmerman, Director, Reproductive Health Programmes	Input on UNFPA leadership on human rights in FP
	UN Women	TBD	Input on UNFPA leadership on human rights in FP and gender equality.
	External Partners		
	USAID	Sandra Jordan, Senior Technical Advisor for External Affairs, Office of Population & Reproductive Health	Member of FP 2020 Rights and Empowerment Group (former co-chair); input on UNFPA leadership on human rights in FP
	RH Matters	Marge Behrer	Input on UNFPA leadership on human rights in FP
	Population Council	Ian Askew	Input on UNFPA leadership on human rights in FP; partner with WHO and UNFPA on technical guidance re human rights in reproductive health
	ARROW – The Asian-Pacific Resource and Research Centre for Women	Sivananthi Thanenthira	Co-chair of FP 2020 Rights and Empowerment; input on UNFPA leadership on human rights in FP
	Population Action International	Suzanne Ehlers	Co-chair, FP 2020 Rights and Empowerment Working Group; ditto
	Center for Reproductive Rights and/or International Women's Health Coalition	TBD for CRR Francoise Girard, President, IWHC	External vision on what UNFPA achieved

	Country Programmes		
	TBD based on survey results and document reviews		
Focus Area	**Stakeholder Groups**	**Individual**	**Role or Function**
#7: How has UNFPA adapted its mode of engagement to evolving country needs in different settings, using evidence and best practices?	Donors		
	USAID	Shawn Malarcher, Senior Best Practices Utilization Advisor Carmen Tull, Public Health Advisor and Alex Todd Lippock, Senior Technical Advisor	Input on UNFPA leadership and role in identifying, applying and disseminating both internally and externally good practices at the global level.
	DFID	Jane Hobson or Nel Druce	Input on UNFPA leadership and role in identifying, applying and disseminating both internally and externally good practices at the global level.
	BMGF	Maggwa Baker Ndugga, Senior Program Officer for Operations Research	Ditto, active in the High Impact Practices working group
	Internal UNFPA		
	Operational Support and Quality Assurance Branch	Farah Usmani or designate	Input on whether/how UNFPA adapts its modes of engagement and programme development to take into account needs of each country context and change over time; how HQ provides support and TA to COs to identify and adapt to changing needs over time; and how UNFPA identifies and applies best practices at the global and other levels.
	SRHB	Laura Laski and/or Nuriye Ortayli	Ditto
	CSB	Jagdish Upadhyay or designate	Ditto
	Others	TBD	Ditto
	Other UN Agencies		
	WHO	Marlene Temmerman, Director Reproductive Health Programme; Suzanne Reier, Technical Officer; and Mary	Input on UNFPA leadership and role in identifying, applying and disseminating both internally and externally good practices at the global level.

		Lyn Gaffield, Scientist	
	External Partners		
	IPPF	TBD	
	Others TBD	TBD	
	Country Programmes		
	TBD – based on survey and document reviews		
Focus Area	**Stakeholder Groups**	**Individual**	**Role or Function**
#8 How has UNFPA support for supply-side activities promoted rights-based and sustainable approaches and contributed to improved access to quality voluntary FP?	Donors		
	DFID UK	TBD	Donor for GHPRCS; input on how UNFPA supports sustainability of procurement and logistics systems by national governments
	Netherlands	Lambert Grijns	Ambassador for SRHR and HIV AND AIDS; NL longtime UNFPA supporter
	GHPRCS Steering Committee	TBD	Ditto
	USAID	John Rilling, Office of Population and Reproductive Health, Commodity Security and Logistics Division	Input on how UNFPA supports sustainability of procurement and logistics systems by national governments
	BMGF	TBD	Input on how UNFPA supports sustainability of procurement and logistics systems by national governments and increasing method mix to support access to a range of modern contraceptive methods
	Internal UNFPA		
	CSB	Jagdish Upadhyay and/or designates	Input on UNFPA how supports sustainability of procurement and logistics systems by national governments and provider training to support client-centred and quality of care and freedom of choice in FP.
	SRHB	Laura Laski and/or Nuriye Ortayli	Ditto
	Humanitarian Services Branch	TBD	Input on CS in Humanitarian settings
	Other UN Agencies		

	External Partners		
	Reproductive Health Supplies Coalition	John Skibiak, Director	Input on how UNFPA leads and works to support improvement and sustainability of contraceptive security
	John Snow International (JSI)-USAID Deliver Project	TBD	Input on how UNFPA leads and works to support improvement and sustainability of contraceptive security
	Gates Institute	Scott Radloff, Director PMA 2020 and former director of USAID Office of Population & Reproductive Health	Ditto
	PSI, MSI, DKT	TBD	Input on working with UNFPA for commodity procurement at the country level
	Futures Institute	John Stover, Executive Director and/or Emily Sonneveldt, Director for M&E and Advocacy	Input on working with UNFPA on "One-Health Tool" to support planning, costing and budgeting in the health sector (including FP commodities and services).
	Country Programmes		
	TBD based on survey results and document reviews		

Note: Members of the reference group will suggest which CO Representatives should be interviewed for each of the focal areas.

ANNEX 5: PORTFOLIO OF UNFPA FAMILY PLANNING INTERVENTIONS 2008-2013

*Total budget and expenditure for all outcome codes **versus** budget and expenditure for Family Planning (U3) and GPRHCS(ZZT05)*

U3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions.
ZZT05: Global Programme to Enhance Reproductive Health Commodity Security, GPRHCS

Blue box	Sum total of budget and expenditure: the UNFPA country program in each of the UNFPA regions
Red box	Sum total of budget and expenditure: core Family Planning FP (coded as U3) and GPRHCS (coded as ZZT05)
Orange box	Some of the GPRHCS budget/expenditure figures are double-coded with the core U3 code for Family Planning, FP. This must be subtracted to avoid double-counting
Green box	Sum total of budget and expenditure of core Family Planning, FP (U3) and GPRHCS (ZZT05): the sum (FP+GPRHCS) minus the GPRHCS figures coded as FP

All figures: 000 US $		UNFPA BUDGET/EXPENDITURE		FAMILY PLANNING BUDGET/EXPENDITURE((FP + GPRHCS) – GPRHCS coded as FP)							
		TOTAL		FP only		GPRHCS only		GPRHCSasFP		(FP+GPRHCS) – GPRHCSasFP	
Year	Country	BUDGET	EXPENDITURE	BUDGET	EXPENDITURE	BUDGET	EXPENDITURE	BUDGET	EXPENDITURE	BUDGET	EXPENDITURE
Eastern and Southern Africa											
2008-2013	**Angola**	22,926	19,916	2,549	2,007	377	262	377	262	2,549	2,007
2008-2013	**Botswana**	16,707	15,234	0	0	1,056	736	0	0	1,056	736
2008-2013	**Burundi**	34,181	29,742	3,168	2,888	1,999	1,748	1,989	1,749	3,178	2,887
2008-2013	**Comoros**	10,294	8,951	523	468	290	255	290	255	523	468
2008-2013	**Dem Republic of Congo**	103,977	88,134	4,308	2,791	6,077	4,762	3,102	1,925	7,283	5,628
2008-2013	**Eritrea**	25,891	22,686	176	8	175	125	37	14	314	119
2008-2013	**Ethiopia**	111,698	89,152	6,123	4,896	9,709	7,242	2,760	1,912	13,072	10,226
2008-2013	**Kenya**	50,036	43,438	0	0	338	282	0	0	338	282
2008-2013	**Lesotho**	18,714	16,165	0	0	2,095	1,471	0	0	2,095	1,471
2008-2013	**Madagascar**	43,826	40,003	8,984	8,176	7,768	7,203	7,597	7,034	9,155	8,345
2008-2013	**Malawi**	70,657	58,379	9,811	6,379	914	760	454	379	10,271	6,760
2008-2013	**Mauritius**	545	459	0	0	0	0	0	0	0	0
2008-2013	**Mozambique**	85,125	70,990	1,873	1,626	6,623	5,214	1,504	1,383	6,992	5,457
2008-2013	**Namibia**	19,968	17,982	0	0	798	783	0	0	798	783
2008-2013	**Rwanda**	43,449	39,162	5,412	5,013	626	511	526	411	5,512	5,113
2008-2013	**Seychelles**	518	411	0	0	0	0	0	0	0	0
2008	**South Africa Johannesburg**	574	294	237	0	100	62	0	0	337	62
2008-2013	**South Africa Pretoria**	19,807	17,505	32	24	529	472	0	0	561	496
2008-2013	**South Sudan**	81,798	54,928	0	0	660	565	0	0	660	565
2008-2013	**Swaziland**	15,827	14,645	2,475	2,354	1,810	1,748	1,581	1,522	2,704	2,580
2008-2013	**Tanzania**	65,647	51,877	0	0	325	149	0	0	325	149
2008-2013	**Uganda**	107,333	94,464	24,580	21,723	1,348	1,217	1,103	961	24,825	21,979
2008-2013	**Zambia**	39,155	32,019	4,423	1,876	1,720	1,201	1,572	1,201	4,571	1,876

2008-2013	**Zimbabwe**	114,925	85,184	20,730	19,104	1,941	1,761	0	0	22,671	20,865
Subtotal ESARO		**1,103,578**	**911,720**	**95,404**	**79,333**	**47,278**	**38,529**	**22,892**	**19,008**	**119,790**	**98,854**
West and Central Africa											
2008-2013	**Benin**	27,394	25,055	2,379	1,785	2,379	1,785	2,379	1,785	2,379	1,785
2008-2013	**Burkina Faso**	60,796	51,808	19,805	17,750	15,557	13,628	15,557	13,756	19,805	17,622
2008-2013	**Cameroon**	33,689	27,897	1,757	1,410	194	118	0	0	1,951	1,528
2008-2013	**Cape Verde**	11,707	11,390	0	0	0	0	0	0	11,707	11,390
2008-2013	**Central African Republic**	33,823	29,944	484	464	710	635	162	146	1,032	953
2008-2013	**Chad**	60,468	53,782	2,757	2,639	4,125	3,925	2,198	2,164	4,684	4,400
2008-2013	**Congo**	25,842	22,480	186	79	1,526	1,210	110	35	1,602	1,254
2008-2013	**Côte d'Ivoire**	64,227	56,197	2,451	1,913	4,087	3,535	1,366	1,018	5,172	4,430
2008-2013	**Equatorial Guinea**	10,918	8,731	0	0	0	0	0	0	10,918	8,731
2008-2013	**Gabon**	11,228	10,011	114	99	1,541	1,347	0	0	1,655	1,446
2008-2013	**Gambia**	12,281	11,383	262	242	2,579	2,363	0	0	2,841	2,605
2008-2013	**Ghana**	33,214	27,347	0	14	1,347	878	0	0	1,347	892
2008-2013	**Guinea**	34,176	27,998	6,177	5,783	3,178	2,742	3,178	2,742	6,177	5,783
2008-2013	**Guiné-Bissau**	20,887	19,065	44	18	502	466	14	3	532	481
2008-2013	**Liberia**	42,492	35,710	2,014	1,558	1,774	1,417	1,616	1,256	2,172	1,719
2008-2013	**Mali**	36,773	31,587	0	-15	6,268	5,058	0	0	6,268	5,043
2008-2013	**Mauritania**	29,682	26,737	1,094	752	1,279	937	569	260	1,804	1,429
2008-2013	**Niger**	70,589	56,405	0	0	10,694	7,965	0	0	10,694	7,965
2008-2013	**Nigeria**	139,239	94,954	53,955	32,749	7,338	6,182	6,683	5,615	54,610	33,316
2008-2013	**São Tome & Príncipe**	5,416	5,190	0	0	343	318	0	0	343	318
2008-2013	**Senegal**	42,129	30,093	0	0	4,821	3,844	0	0	4,821	3,844
2008-2013	**Sierra Leone**	74,226	61,204	5,824	3,338	12,223	11,620	1,241	1,202	16,806	13,756
2008-2013	**Togo**	21,166	19,511	2,267	2,053	2,746	2,444	1,505	1,384	3,508	3,113
Subtotal WCARO		**902,362**	**744,479**	**101,570**	**72,631**	**85,211**	**72,417**	**36,578**	**31,366**	**172,828**	**133,803**
Asia and the Pacific											
2008-2013	**Afghanistan**	89,480	64,691	5,157	4,605	210	164	210	164	5,157	4,605
2008-2013	**Bangladesh**	106,332	67,277	1,141	1,030	10	0	0	0	1,151	1,030
2008-2013	**Bhutan**	8,810	7,901	0	0	0	0	0	0	0	0
2008-2013	**Cambodia**	39,403	36,121	3,985	3,384	0	0	0	0	3,985	3,384
2008-2013	**China**	35,177	33,831	361	334	0	0	0	0	361	334
2008-2013	**Dem Republic of Korea**	16,630	12,662	1,101	944	0	0	0	0	1,101	944
2008-2013	**India**	86,105	75,504	8,408	7,157	0	0	0	0	8,408	7,157
2008-2013	**Indonesia**	44,761	39,892	2,328	2,123	0	0	0	0	2,328	2,123
2008-2013	**Iran**	13,462	13,058	499	486	0	0	0	0	499	486
2008-2013	**Lao**	21,984	19,963	4,744	4,500	2,684	2,421	1,052	980	6,376	5,941
2008-2013	**Malaysia**	2,643	2,456	187	179	0	0	0	0	187	179
2008-2013	**Maldives**	4,967	4,371	713	675	0	0	0	0	713	675
2008-2013	**Mongolia**	24,220	21,746	2,301	2,104	1,981	1,738	757	641	3,525	3,201

2008-2013	**Myanmar**	66,611	59,546	0	0	0	0	0	0	0	0
2008-2013	**Nepal**	48,112	36,557	0	0	264	29	0	0	264	29
2008-2009	**Fiji**	3,968	3,322	454	373	17	24	1	0	470	397
2008-2013	**Pakistan**	27,756	26,325	2,167	1,813	0	0	0	0	2,167	1,813
2008-2013	**Papua New Guinea**	22,565	19,125	1,027	749	447	228	407	191	1,067	786
2008-2013	**Philippines**	81,035	58,915	2,369	1,143	25	0	0	0	2,394	1,143
2008-2013	**Sri Lanka**	22,073	19,528	0	0	253	210	0	0	253	210
2008-2013	**Thailand**	16,960	14,684	0	0	0	0	0	0	0	0
2008-2013	**Timor Leste**	23,880	20,392	3,352	2,201	342	233	278	180	3,416	2,254
2008-2013	**Vietnam**	46,005	43,342	5,963	5,808	0	0	0	0	5,963	5,808
Subtotal APRO		**852,939**	**701,209**	**46,257**	**39,608**	**6,233**	**5,047**	**2,705**	**2,156**	**49,785**	**42,499**
Latin America and the Caribbean											
2008-2013	**Argentina**	5,160	4,703	0	0	0	0	0	0	0	0
2009/2012	**Belize**	23	18	0	0	0	0	0	0	0	0
2008-2013	**Bolivia**	21,349	19,848	5,221	4,872	2,256	2,008	2,256	2,008	5,221	4,872
2008-2013	**Brazil**	23,330	21,223	0	0	32	31	0	0	32	31
2008-2013	**Chile**	1,830	1,573	0	0	0	0	0	0	0	0
2008-2013	**Colombia**	46,324	44,302	0	0	0	0	0	0	0	0
2008-2013	**Costa Rica**	7,228	7,094	26	26	0	0	0	0	26	26
2008-2013	**Cuba**	1,090	745	154	47	0	0	0	0	154	47
2008-2013	**Dominican Republic**	12,885	11,966	0	0	56	56	0	0	56	56
2008-2013	**Ecuador**	18,989	16,972	1,924	1,650	2,590	2,043	1,236	1,132	3,278	2,561
2008-2013	**El Salvador**	16,247	14,229	352	354	400	389	0	0	752	743
2008-2013	**Guatemala**	48,367	40,481	0	0	0	0	0	0	0	0
2008-2013	**Haiti**	66,183	54,135	4,956	3,827	4,270	3,521	1,793	1,629	7,433	5,719
2008-2013	**Honduras**	22,492	20,810	977	817	466	327	417	279	1,026	865
2008-2013	**Mexico**	23,752	22,889	2,562	2,463	0	0	0	0	2,562	2,463
2008-2013	**Nicaragua**	49,841	42,297	6,537	5,197	3,756	3,315	1,732	1,586	8,561	6,926
2008-2013	**Panama**	8,096	7,434	1,706	1,417	424	405	233	230	1,897	1,592
2008-2013	**Paraguay**	8,108	7,827	0	0	0	0	0	0	0	0
2008-2013	**Peru**	28,540	26,857	1,036	1,034	498	507	186	187	1,348	1,354
2011-2013	**Uruguay**	2,493	1,551	1,805	1,118	98	98	98	98	1,805	1,118
2008-2013	**Venezuela**	27,859	22,189	5,954	4,281	0	0	0	0	5,954	4,281
Subtotal LACRO		**440,186**	**389,143**	**33,210**	**27,103**	**14,846**	**12,700**	**7,951**	**7,149**	**40,105**	**32,654**
Arab states											
2008-2013	**Algeria**	7,846	5,131	0	0	0	0	0	0	0	0
2008-2013	**Djibouti**	11,347	8,749	827	357	577	383	527	333	877	407
2008-2013	**Egypt**	22,508	21,445	2,377	2,712	0	0	0	0	2,377	2,712
2008-2013	**Iraq**	50,563	35,513	4,281	3,408	0	0	0	0	4,281	3,408
2008-2013	**Jordan**	14,011	11,498	4,147	3,758	0	0	0	0	4,147	3,758
2008-2013	**Lebanon**	16,628	13,101	0	0	0	0	0	0	0	0

2012-2013	**Libya**	2,466	1,450	0	0	0	0	0	0	0	0
2008-2013	**Morocco**	25,293	18,342	3,890	998	0	0	0	0	3,890	998
2008-2013	**Palestine**	34,116	29,749	0	0	250	268	0	0	250	268
2008-2013	**Oman**	6,191	4,697	0	1	0	0	0	0	0	1
2012-2013	**Qatar**	26	0	0	0	0	0	0	0	0	0
2008-2013	**Somalia**	46,933	36,411	0	0	530	458	0	0	530	458
2008-2013	**Sudan**	113,171	94,518	5,680	4,879	1,203	1,091	1,054	942	5,829	5,028
2008-2013	**Syria**	37,697	30,976	2,808	1,242	0	0	0	0	2,808	1,242
2008-2013	**Tunisia**	6,318	5,020	0	0	0	0	0	0	0	0
2008-2013	**Yemen**	46,629	33,403	1,373	1,067	0	0	0	0	1,373	1,067
Subtotal ASRO		**441,743**	**350,003**	**25,383**	**18,422**	**2,560**	**2,200**	**1,581**	**1,275**	**26,362**	**19,347**
Eastern Europe and Central Asia											
2008-2013	**Albania**	11,236	8,568	2,734	2,039	0	0	0	0	2,734	2,039
2008-2013	**Armenia**	6,110	5,552	3	3	0	0	0	0	3	3
2008-2013	**Azerbaijan**	7,789	7,087	391	383	0	0	0	0	391	383
2008-2013	**Belarus**	3,726	3,538	0	0	0	0	0	0	0	0
2008-2013	**Bosnia & Herzegóvina**	6,131	4,928	77	75	0	0	0	0	77	75
2008-2012	**Bulgaria**	985	716	0	0	0	0	0	0	0	0
2010-2011	**Cyprus**	148	0	0	0	0	0	0	0	0	0
2008-2013	**Georgia**	12,314	11,741	624	604	54	53	0	0	678	657
2008-2013	**Kazakhstan**	5,808	5,380	543	530	0	0	0	0	543	530
2008-2013	**Kosovo**	5,694	5,047	214	152	0	0	0	0	214	152
2008-2013	**Kyrgyzstan**	7,280	6,904	0	0	141	141	0	0	141	141
2009-2010	**Lithuania**	29	0	0	0	0	0	0	0	0	0
2008-2013	**Moldova Republic**	4,509	4,321	1,007	951	0	0	0	0	1,007	951
2008	**Poland**	16	16	0	0	0	0	0	0	0	0
2008-2012	**Romania**	3,520	3,470	0	0	0	0	0	0	0	0
2008-2013	**Russian Federation**	10,992	10,170	0	0	0	0	0	0	0	0
2008-2013	**Serbia**	1,325	1,059	95	67	0	0	0	0	95	67
2008-2013	**Tajikistan**	7,424	7,230	1,110	1,083	149	148	149	148	1,110	1,083
2008-2013	**Macedonia**	3,164	2,606	204	198	0	0	0	0	204	198
2008-2013	**Turkey**	22,201	20,157	42	41	0	0	0	0	42	41
2008-2013	**Turkmenistan**	5,250	5,035	209	236	123	121	0	0	332	357
2008-2013	**Ukraine**	8,453	9,695	666	662	160	159	160	159	666	662
2008-2013	**Uzbekistan**	10,620	9,995	671	655	88	86	88	86	671	655
Subtotal EECARO		**144,724**	**133,215**	**8,590**	**7,679**	**715**	**708**	**397**	**393**	**8,908**	**7,994**

000 US $	UNFPA BUDGET/EXPENDITURE		FAMILY PLANNING BUDGET/EXPENDITURE							
	TOTAL		FP only		GPRHCS only		GPRHCS as FP		(FP+GPRHCS) – GPRHCS as U3	
Region	BUDGET	EXPENDITURE	BUDGET	EXPENDITURE	BUDGET	EXPENDITURE	BUDGET	EXPENDITURE	BUDGET	EXPENDITURE
Eastern and Southern Africa	1,103,578	911,720	95,404	79,333	47,278	38,529	22,892	19,008	119,790	98,854
West and Central Africa	902,362	744,479	101,570	72,631	85,211	72,417	36,578	31,366	172,828	133,803
Asia and the Pacific	852,939	701,209	46,257	39,608	6,233	5,047	2,705	2,156	49,785	42,499
Latin America and the Caribbean	440,186	389,143	33,210	27,103	14,846	12,700	7,951	7,149	40,105	32,654
Arab States	441,743	350,003	25,383	18,422	2,560	2,200	1,581	1,275	26,362	19,347
Eastern Europe and Central Asia	144,724	133,215	8,590	7,679	715	708	397	393	8,908	7,994
TOTAL WORLD	**3,885,532**	**3,229,769**	**310,414**	**244,776**	**156,843**	**131,601**	**72,104**	**61,347**	**417,778**	**335,151**

Period covered: 2008-2013. Data not available for the entire period: this is indicated in the left column.

ANNEX 6: PURPOSEFUL SAMPLING OF UNFPA PARTNER COUNTRIES FOR COUNTRY CASE STUDY SELECTION

IND	Future focus	Past investment			Past FP performance	Past performance		Checklist criteria for matrix							
		Capacity	*Priority*		*Change in mCPR*	*Unmet need*	*mCPR*								
All UNFPA regional clusters	*All countries in regional country clusters. Selecting FP2020 focus countries (highlighted)*	*UNFPA 2013 programme expenses (core and non-core funding).Selecting top-10 per region*	*UNFPA past country programme budget (overlap with evaluation period). (USDx000,000)*	*Country past programme budget: ranking top-10 per region. Selecting those in both top-10s*	*mCPR growth rate (average annual change over period between 2 points measured). Divide into best/worst 50%; using 2012 mCPR as tiebreaker if needed. Excluding ineligible countries.*	*Unmet need (total in %, data from last year avail. as per source).Among each half, select highest and lowest unmet need*	*mCPR (date of last survey, as per source)**	*Delivering as One (UN)*	*FP2020 Committer*	*UNFPA Strategic Plan 2014 quadrant*	*GPRHCS Phase 1 Stream 1*	*UNFPA 2013 programme expenses (core and non-core funding) - in thousands of US$*	*Population (x000)*	*Programme expenditure per capita, 2013 (USD)*	*Programme expenditure per capita 2013: ranking. (Low/High, taking median of USD 0.40 as cut-off)*
	FP2020 countries	Top-10		In both top-10s	Worst mCPR performance	Highest unmet need									
					Best mCPR performance	Lowest unmet need									
Eastern and Southern Africa															
	Angola		30.0												
	Botswana														
	Burundi				1 = 0-0.5	32.4	11.9								
	Comoros		4.0		1	35.6	9.8								
	DRC	4	60.0	2	2 = 0.5-1.0	24.2	10.8								
	Eritrea		19.0	10	1	28.5	8.2								
	Ethiopia	5	96.0	1	3 = 1.0-1.5	26.3	20.2	Y	Y	Red	Y	12270	87,095	0.14	Low
	Kenya		33.0	4	2	25.6	31.4								
	Lesotho		7.0		3	23.3	39.3								
	Madagascar	9	18.0		4 = 1.5-2.0	19.0	29.3								
	Malawi	6	20.0	9	4	26.1	36.0								
	Mozambique	7	21.0	8	1	18.9	12.1								
	Namibia		6.0			20.7									
	Rwanda	10 = 5.4m USD	30.0	6	6 = >2.5	20.8	32.3	Y	Y	Red	N	5471	11,780	0.46	High
	Seychelles														
	South Africa		13.0		1	13.8	51.1								
	South Sudan*	3					2.0								

	Swaziland		6.0			13.0									
	Tanzania	8	23.0	7	3	25.3	25.8								
	Uganda	2	30.0	5	3	34.3	21.8	Y	Y	Red	N	17452	33987	0.51	High
	Zambia		15.0		3	26.6	30.1								
	Zimbabwe	1 = 19.5m USD	41.0	3	1	14.6	40.9	N	Y	Red	N	19579	14,150	1.38	High
West and Central Africa															
	Benin		20.0	5	1	27.3	9.3								
	Burkina Faso	5	18.0	6	2	24.5	15.6	N	Y	Red	Y	8267	16,930	0.49	High
	Cameroon	10 = 4.6m USD	18.0	7	1	23.5	16.5								
	Cape Verde		5.0			16.7									
	CAR		14.0		1	19.1	13.5								
	Chad	6	12.0		1	28.5	5.0								
	Congo		15.0		3	19.5	21.9								
	Cote d'Ivoire	4			1	28.9	13.9								
	Equatorial Guinea		6.0												
	Gabon		5.0			27.9									
	Gambia		6.0		1	21.5	7.4								
	Ghana		27.0	3	6	35.7	22.2								
	Guinea	7	16.0	10	1 - ineligible (Ebola)	21.9	7.0								
	Guinea-Bissau		8.0		6	6	66.3								
	Liberia	8	18.0	8	1 - ineligible (Ebola)	35.7	12.8								
	Mali		21.0	4	1	27.6	6.7								
	Mauritania		12.0		1		6.3								
	Niger	3	27.0	2	3	16.1	10.8	N	Y	Red	Y	10663	17831	0.60	High
	Nigeria	1 = 18.5m USD	64.0	1	2	18.9	14.2	N	Y	Red	Y	18527	159708	0.12	Low
	São Tomé				1	37.6	22.4								
	Senegal	9	18.0	9	1	28.8	9.3	N	Y	Red	N	4765	14,130	0.34	Low
	Sierra Leone	2	9.0		4	27.4	17.6								
	Togo		10.0		1	37.2	16.4								
	Western Sahara*				NA										
Asia and the Pacific															
	Afghanistan	2			1		15.6								
	Bangladesh	4	41.0	2	3	13.5	42.2	N	Y	Red	N	11030	156,600	0.07	Low
	Bhutan		5.0		6	11.7	52.8								
	Cambodia	8	27.0	5	3	16.9	23.8	N	N	Red	N	5002	14,365	0.35	Low
	China	10 = 4.1m USD	27.0			2.3									
	DRK		8.0		1		50.2								
	India		65.0	1	2	20.5	42.5								
	Indonesia		25.0	6	1	11.4	42.7								
	Iran														

	Japan														
	Lao		11.0	10	3	27.3	29.6								
	Malaysia														
	Maldives														
	Mongolia	9	8.0		1		36.4								
	Myanmar	1 = 16.8m USD	21.0	7	5 = 2.0-2.5	19.1	31.4	N	N	Orange	N	16854	53,260	0.32	Low
	Nepal		28.0	4	1	27.5	33.2								
	Pacific Island Countries	7													
	Pakistan	5			2	25.2	18.1								
	PNG		12.0		1	27.4	20.0								
	Philippines	3			2	22	24.3								
	Solomon Islands				NA	11.1	19.1								
	Sri Lanka		18.0	8	2	27.3	38.6								
	Thailand					13.1									
	Timor-Leste		11.0	9	5	31.5	17.4								
	Vietnam	6	28.0	3	1	4.3	40.1	Y	N	Red	N	5445	89709	0.06	Low
Latin America and the Caribbean															
	Argentina														
	Bolivia	7	15.0		1	20.1	24.2	N	N	Orange	N	2796	10,670	0.26	Low
	Brazil	9				6									
	Caribbean	5													
	Chile														
	Colombia	2	11.0			8									
	Costa Rica														
	Cuba														
	Dominican Republic					11.1									
	Ecuador	10 = 1.9m USD				7.4									
	El Salvador			No ranking, limited options		8.9									
	Guatemala	3				27.6									
	Haiti	1 = 7.7m USD	20.0		2 - ineligible (security)	37.3	21.6								
	Honduras	6	12.0		2	16.8	43.3	N	N	Orange	N	3260	8,098	0.40	High
	Mexico	8				12									
	Nicaragua	4	25.0		2	10.7	39.9	Y	N	Orange	Y	5422	6,080	0.89	High
	Panama														
	Paraguay					4.7									
	Peru					6.1									
	Uruguay														
	Venezuela					18.9									
Arab states															

	Algeria														
	Djibouti		5.0		6		24.9								
	Egypt	9	18.0		1	11.6	39.5	N	N	Yellow	N	2343	78100	0.03	Low
	Iraq	5			1 - ineligible (security)	8	22.3								
	Jordan	6	6.0			13.4									
	Lebanon	8													
	Libya			No ranking, limited options											
	Morocco	10 = 1.5m USD				11.9									
	Palestine	7	8.0		2 - ineligible (security)		26.4								
	Somalia	1 = 14.8m USD	27.0		1 - ineligible (security)		3.6								
	Sudan	2	91.0		1	28.9	8.6	N	N	Red	N	14654	37960	0.39	Low
	Syria	4													
	Tunisia					7									
	Yemen	3			6 - ineligible (security)	40	31.5								
Eastern Europe and Central Asia															
	Albania	10													
	Armenia														
	Azerbaijan	9													
	Belarus	8													
	Bosnia and Herzegovina														
	Georgia	2													
	Kazakhstan														
	Kyrgyzstan	5		No ranking, limited options	1	11.8	21.8	Y	N	Orange	N	1105	5,720	0.19	Low
	Moldova														
	Russian Federation	7													
	Serbia														
	Tajikistan	4	9.0		1	22.2	16.0	N	N	Orange	N	1417	8208	0.17	Low
	Macedonia														
	Turkey	1													
	Turkmenistan														
	Ukraine	6													
	Uzbekistan	3			1	13.7	41.3	N	N	Orange	N	1763	30241	0.06	Low

ANNEX 7: PURPOSEFUL SAMPLE: COUNTRY CHARACTERISTICS AGAINST SELECTION CRITERIA

UNFPA quadrant classification*		**Red quadrant** 12/40 countries		**Orange quadrant** 7/21		**Yellow quadrant** 1/16		**Pink quadrant** 0/44	
Performance quadrants*									
Low mCPR growth rate, High unmet need	High mCPR growth rate, High unmet need								
Low mCPR growth rate, Low unmet need	High mCPR growth rate, Low unmet need								
Legend									
Low/High	Low/High 2013 program Expenditure/Capita								
S1	GPRHCS Phase 1 Stream 1 support								
D1	Deliver as One (UN) Country								
C	FP2020 Committer country								
REGIONS									
Eastern and Southern Africa, ESARO		**Ethiopia** (Low, S1, D1, C)	**Uganda** (High, D1, C)						
		Zimbabwe (High, C)	**Rwanda** (High, D1, C)						
West and Central Africa, WCARO		**Senegal** (Low, C)	**Burkina Faso** (High, S1, C)						
		Nigeria (Low, S1, C)	**Niger** (High, S1, C)						
Asia and the Pacific, APRO		**Cambodia** (Low)			**Myanmar** (Low)				
		Vietnam (Low, D1)	**Bangladesh** (Low, C)						
Latin America and the Caribbean, LACRO				**Bolivia** (Low)	**Honduras** (High)				
					Nicaragua (High, S1)				
Arab States		**Sudan** (Low)					**Egypt** (Low)		
Eastern Europe and Central Asia, EECAR				**Tajikistan** (Low)	**Uzbekistan** (Low)				
					Kyrgyzstan (Low)				

*Not all regions contain all four quadrants; see related Annex for details.

ANNEX 8: COUNTRY SELECTION: INPUT FROM REGIONAL OFFICES ON ADDITIONAL SELECTION CRITERIA

ESARO, Eastern And Southern Africa			
Criterion	**Uganda**	**Zimbabwe**	**Rwanda**
Data availability	Good. They have just done a stakeholder consultation which will provide useful data	Good	May be more difficult
Fragile/humanitarian	No	Fragile	No
1-UN	Yes	No	Yes
Supportive/non-supportive government	Yes, there is progress but still some shortcomings. Advances in government support for family planning and QA, but human rights challenges e.g. with reference to	Government is generally supportive but there have been difficulties with some specific donors (family planning is donor-driven and donor-supported)	Full government support
Changing modes of engagement and implementation risk	No change	Exceptional modes of engagement	Some progress
Other evaluations	No	No	No
Conclusions: Uganda is recommended for the country visit, with a desk study in Rwanda.			

WCARO, West and Central Africa				
Criterion	**Burkina Faso**	**Niger**	**Senegal**	**Nigeria**
Data availability	Yes	Yes	Yes	Yes
Fragile/humanitarian	Yes	No	No	No
High population	No	No	No	Yes
1-UN	No	No	No	No
Supportive/non-supportive government	Supportive	Supportive	Supportive	Supportive
Changing modes of engagement and implementation risk	Efforts are being made to move upstream but there is still a lot of work to do in service delivery	Efforts are being made to move upstream but there is still a lot of work to do in service delivery	Efforts are being made to move upstream but there is still a lot of work to do in service delivery	Efforts are being made to move upstream but there is still a lot of work to do in service delivery
Other evaluations	No	No	No	No
Conclusions: Burkina Faso is proposed as an in-country case study (alternative Niger), and Senegal as the desk study (alternative Nigeria).				

APRO, Asia and the Pacific			
Criterion	**Myanmar**	**Vietnam**	**Cambodia**
Data availability	Poor	Average	Good
Fragile state/humanitarian situation	Yes	No	No
Large population	No	No	No
One - UN	No	Yes	No
Supportive/non-supportive government context	Most difficulties	Supportive context	Best supportive context
Modes of engagement	Moving upstream from service delivery	Already upstream and refining modes	Trying to move upstream
Concurrent implementation of other evaluations	Many activities and CO may not have capacity to support evaluation team	No other evaluations	Field work for CPE will be finished by Feb and will not conflict with evaluation field visit from April onwards
Conclusions: Although Myanmar would provide important insights on several of the evaluation questions, the large number of other activities will affect the CO's capacity to support the family planning evaluation team. Cambodia is recommended for in-country case study, with desk studies in Myanmar and Vietnam.			

LACRO, Latin America and the Caribbean			
Criterion	**Bolivia**	**Nicaragua**	**Honduras**
Data availability	Good	Good	Good
Fragile/humanitarian	No	No	No
High population	No	No	No
1-UN	No	Yes	No
Supportive/non-supportive government	Supportive for FP	Supportive for FP	Supportive for FP
Changing modes of engagement and	Several modes of	Several modes of engagement	Several modes of

implementation risk	engagement simultaneously, with some move upstream especially in the area of commodity security	simultaneously, with some move upstream especially in the area of commodity security	engagement simultaneously, with some move upstream especially in the area of commodity security
Other evaluations	Have just finished a CPE	CPE late 2015	CPE late 2015
Conclusions: Bolivia is recommended for the country visit - high levels of unmet need, GBV and inequality; division of responsibility for family planning between central and municipal governments, and UNFPA has 3 sub-COs (Sucre, Cochabamba and Santa Cruz); have analysed lessons learnt and best practices from culturally sensitive programme. Nicaragua recommended for desk study due to advances in RHCS and changing modes of engagement.			
ASRO, Arab states			
Criterion	**Sudan**		**Egypt**
Data availability	May be some difficulties but it should be available. New Representative and Deputy, but former family planning expert has gone to Uganda and can be contacted.		Plenty of data availability, studies and analysis available
Fragile/humanitarian	Darfur has had a humanitarian programme for years, and continues to do so. The high level of spending in Sudan is due to Darfur.		No, despite political changes
High population	No		Yes, and growing very fast
1-UN	No		No
Supportive/non-supportive government	Non-supportive, government is against family planning and there are frequent attacks on UNFPA in the media		Neither supportive nor non-supportive. Family planning is included in the new population strategy, but is rarely mentioned in the media. There have been significant changes since 2011, with setbacks for women's rights and related issues including family planning.
Changing modes of engagement and implementation risk	No change, and performance has stayed very poor		There have been changes since 2011, and UNFPA is now the largest family planning donor after withdrawal of USAID
Other evaluations	No		No
Conclusions: Sudan should remain as a case study due to the high level of spending on humanitarian issues, lack of government support, religious and cultural barriers and the overall poor performance, all of which provide insights to evaluation questions. Egypt will be a good alternative if necessary and could provide insights into the reasons behind stagnation in CPR growth and in the impact of changing government support.			
EECARO, Eastern Europe and Central Asia			
Criterion	**Tajikistan**	**Kyrgyzstan**	**Uzbekistan**
Data availability	Yes	Yes	Poor
Fragile/humanitarian	Contingency plans for potential instability in Afghanistan	Recovering from ethnic clash in 2010	Contingency plans for potential instability in Afghanistan
1-UN	No	Initiated plans	No
Supportive/non-supportive government	Yes	Generally supportive, but parliamentary government leads to frequent changes and some factions don't support ICPD	Very supportive government policy, perhaps over-stepping the mark (possible violation of HHRR with female sterilization). Government now has a commodity budget and UNFPA does not need to provide any financial support for purchasing
Changing modes of engagement	Too early for significant change, but are moving out our service delivery towards advocacy and capacity building	Too early for significant change, but are moving out our service delivery towards advocacy and capacity building	Economic growth is good, already left service delivery, are leaving capacity building and will focus on advocacy and knowledge management
Implementation risk	Just had elections therefore politically stable	Parliamentary government leads to frequent policy/personnel change in government	Most sustainable
Other evaluations	No, but there is always	No	CPE done

	something happening with frequent donor presence		
Conclusions: First choice for desk study is Tajikistan, second is Kyrgyzstan, with Uzbekistan as last choice. Interesting initiatives in Total Market Approach with government in driving seat, to follow up in desk study. Documents are on Google Drive and in Eziz's link (see Skype page) and RO web site. Co is working with PATH to involve the private sector in TMA, choosing specific issues in each country for advocacy on policy change and working with Futures Group to train public sector staff in market segmentation in each country.			

REFERENCES

Alkema, Leontine, and others (2013). National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis. Lancet vol. 381, No. 9878: 1642-1652.

Barot, Sneha (2008). Back to basics: The rationale for Increased funds for international family planning. Guttmacher Policy Review vol. 11, No. 3: 13-18.

Bongaarts, John, and others (2012). Family Planning Programs for the 21st Century. Rationale and Design. New York, The Population Council, Inc.

Cleland, John, and others (2006). Family planning: the unfinished agenda. Lancet vol. 368, No. 9549: 1810-1827.

FP2020 (2013). FP2020 Partnership in Action 2012-2013. New York, Family Planning 2020. 55

Girard, Françoise (2012). Will the London Family Planning Initiative Measure Up? RH Reality Check Available from http://rhrealitycheck.org/article/2012/07/23/will-london-family-planning-initiative-measure-up/

Halperin, Daniel T, John Stover and Heidi W Reynolds (2009). Benefits and costs of expanding access to family planning programs to women living with HIV. AIDS vol. 23 Suppl 1, No.: S123-130.

Jacobstein, Roy, and others (2013). Meeting the need for modern contraception: effective solutions to a pressing global challenge. International Journal of Gynaecology and Obstetrics vol. 121, No. S1: S9-15.

Jain, Anrudh K, and others (2013). Reducing unmet need by supporting women with met need. International Perspectives on Sexual and Reproductive Health vol. 39, No. 3: 133-141.

Mayne, John. (2008). Contribution Analysis: An approach to exploring cause and effect.Available from http://betterevaluation.org/resources/guides/contribution_analysis/ilac_brief

Mwaikambo, Lisa, and others (2011). What works in family planning interventions: a systematic review. Studies in Family Planning vol. 42, No. 2: 67-82.

Ortayli, Nuriye and Shawn Malarcher (2010). Equity analysis: identifying who benefits from family planning programs. Studies in Family Planning vol. 41, No. 2: 101-108.

Pawson, Ray, and others (2005). Realist review – a new method of systematic review designed for complex policy interventions. Journal of Health Services Research & Policy vol. 10, No. suppl 1: 21-34.

Petticrew, Mark and Helen Roberts (2006). Systematic Reviews in the Social Sciences. Oxford, Blackwell Publishing.

Ross, John A and William L Winfrey (2001). Contraceptive Use, Intention to Use and Unmet Need During the Extended Postpartum Period. International Family Planning Perspectives vol. 27, No. 1: 20-27.

Sedgh, Gilda, Susheela Singh and Rubina Hussain (2014). Intended and unintended pregnancies worldwide in 2012 and recent trends. Studies in Family Planning vol. 45, No. 3: 301-314.

Seiber, Eric E, Jane T Bertrand and Tara M Sullivan (2007). Changes in contraceptive method mix in developing countries. International Family Planning Perspectives vol. 33, No. 3: 117-123.

Singh, Susheela and Jacqueline E Darroch (2012). Adding It Up: Costs and Benefits of Contraceptive Services. Estimates for 2012. New York, Guttmacher Institute. Available from http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf

UNEG (2005). Standards for Evaluation in the UN System. New York, UNEG, United Nations Evaluation Group

---------- (2011). Integrating Human Rights and Gender Equality in Evaluation - - Towards UNEG Guidance. New York, UNEG, United Nations Evaluation Group. 54. Available from http://www.unevaluation.org/HRGE_Guidance

UNFPA (2008-2013). UNFPA Country Programme documents 2008-2013. Available from http://executiveboard.unfpa.org/execDoc.unfpa?method=docRepos

---------- (2012). Evaluation of UNFPA Support to Maternal Health. Mid-Term Evaluation of the Maternal Health Thematic Fund. Country Report: Ethiopia. New York, United Nations Population Fund, Evaluation Branch, Division for Oversight Services. 92

---------- (2013a). Annual Report 2013. Realizing the Potential. New York, United Nations Population Fund. 60. Available from http://www.unfpa.org/public/home/publications/pid/17581

---------- (2013b). Choices not Chance. UNFPA Family Planning Strategy 2012-2020. New York, United Nations Population Fund. 34

---------- (2013c). The Global Programme to Enhance Reproductive Health Commodity Security. Annual Report 2012. New York, United Nations Population Fund. 180. Available from http://www.unfpa.org/public/home/publications/pid/14412

---------- (2013d). United Nations Populations Fund. The UNFPA Strategic Plan, 2014-2017. New York, United Nations Population Fund. 24

---------- (2014a). Data as reported in the UNFPA FP Thematic Evaluation indicator table, September 2014. New York, United Nations Population Fund

---------- (2014b). Evaluation of UNFPA Support for Family Planning 2008-2013. Preparatory Phase: Background Analysis for Country Sampling. PowerPoint Presentation, October 2014. New York, United Nations Population Fund Evaluation Office

---------- (2014c). Terms of Reference: Evaluation of the UNFPA Support to Family Planning 2008-2013. May 2014. New York, United Nations Population Fund. 38

United Nations (2014a). 2014 Update for the MDG Database: Unmet Need for Family Planning. New York, UN Department of Economic and Social Affairs, Population Division. POP/DB/CP/B/MDG2014. Available from http://www.un.org/en/development/desa/population/theme/family-planning/index.shtml

---------- (2014b). Delivering as One Countries, update 11 August 2014. New York, United Nations Development Group. Available from http://www.undg.org/docs/13413/Delivering as One countries_Aug 2014.pdf

World Bank (2014). Total population per country 2013 data. Washington DC, World Bank. Available from http://data.worldbank.org/indicator/SP.POP.TOTL

Judith Bruce, "Fundamental Elements of Quality of Care: A Simple Framework," Studies in Family Planning 21, no. 2 (1990): 61-91.

References not cited in main text

UNFPA (2007). *Strategic plan, 2008-2011: Accelerating progress and national ownership of the ICPD Programme of Action. Report of the Executive Director*. New York, United Nations Population Fund. DP/FPA/2007/17. 43. Available from http://www.unfpa.org/exbrd/2007/secondsession/dpfpa_2007_17_eng.pdf

---------- (2008). *UNFPA Strategic Plan 2008-2011. Development and Management Results Frameworks. Indicators, Baselines and Targets*. New York, United Nations Population Fund. 11

---------- (2008). *UNFPA 2008. Annual Report*. New York, United Nations Population Fund. 44. Available from http://www.unfpa.org/public/home/publications/pid/2858

---------- (2008). *The Campaign to End Fistula: The Year in Review. Annual Report 2008*. New York, United Nations Population Fund. 42. Available from http://www.unfpa.org/public/home/publications/pid/4072

---------- (2008). *Making Reproductive Rights and Sexual and Reproductive Health A Reality for All. Reproductive rights and sexual reproductive health framework (2008-2011)*. New York, United Nations Population Fund. 40. Available from http://www.unfpa.org/webdav/site/global/shared/documents/UNFPA_SRH_Framework_FinalVersion.pdf

---------- (2008). *UNFPA Strategic Plan 2008-2011: Development Results Framework*. New York, United Nations Population Fund

---------- (2009). *The End Is In Sight. Moving Toward the Abandonment of Female Genital Mutilation/Cutting. Annual Report 2009*. New York, UNFPA-UNICEF Joint Programme Female Genital Mutilation/Cutting: Accelerating Change. 36. Available from http://www.unfpa.org/public/home/publications/pid/10763

---------- (2009). *Accelerating Change: 2008 Annual Report*. New York, UNFPA/UNICEF Joint Programme on Female Genital Mutilation/Cutting. 32. Available from http://www.unfpa.org/public/home/publications/pid/10764

---------- (2010). *UNFPA Annual Report 2009*. New York, United Nations Population Fund. 34. Available from http://www.unfpa.org/public/home/publications/pid/6057

---------- (2010). *UNFPA Annual Report 2010*. New York, United Nations Population Fund. 36. Available from http://www.unfpa.org/public/home/publications/pid/7797

---------- (2010). *The Global Programme to Enhance Reproductive Health Commodity Security. Annual Report 2010*. New York, United Nations Population Fund. 104. Available from http://www.unfpa.org/public/home/publications/pid/6437

---------- (2010). *The Global Programme to Enhance Reproductive Health Commodity Security. Annual Report 2009*. New York, United Nations Population Fund. 99. Available from http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/gprhcs_2009_annualreport.pdf

---------- (2011). *United Nations Population Fund. Midterm review of the UNFPA strategic plan, 2008-2013. Report of the Executive Director*. New York, United Nations Population Fund. DP/FPA/2011/11. 32. Available from http://executiveboard.unfpa.org/execDoc.unfpa?method=docDetail&year=2011&sessionType=SRS

---------- (2011). *Adolescent and Youth Programme Annual Action Plan 2011*. New York, UNFPA Technical Division. 33

---------- (2011). *The Maternal Health Thematic Fund. Annual Report 2010*. New York, United Nations Population Fund. 118. Available from http://www.unfpa.org/public/home/publications/pid/6423

---------- (2011). *Accelerating Change: 2010 Annual Report*. New York, UNFPA/UNICEF Joint Programme on Female Genital Mutilation/Cutting. 44. Available from http://www.unfpa.org/public/home/publications/pid/10761

---------- (2012). *Annual Report 2011. Delivering Results in a World of 7 Billion*. New York, United Nations Population Fund. 44. Available from http://www.unfpa.org/public/home/publications/pid/10236

---------- (2012). *Promises to Keep. Annual Report 2012*. New York, United Nations Population Fund. 52. Available from http://www.unfpa.org/public/home/publications/pid/14239

---------- (2012). *Mid-Term Evaluation. The Maternal Health Thematic Fund Contribution to UNFPA Support to Maternal Health*. New York, United Nations Population Fund, Evaluation Branch, Division for Oversight Services. 131. Available from http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Maternal_health_report/MHTF%20evaluation%20report%2001.02.2013.pdf

---------- (2012). *Thematic Evaluation. UNFPA Support to Maternal Health 2000-2011*. New York, United Nations Population Fund, Evaluation Branch, Division for Oversight Services. 143. Available from http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Thematic%20Evaluations%20-%20Sept%202013/MHTE%20-%20Sept%202013/MHTE_12_12R.pdf

---------- (2012). *Preventing HIV and Unintended Pregnancies: Strategic Framework 2011-2015*. New York, Inter-agency Task Team for Prevention and Treatment of HIV Infection in Pregnant Women, Mothers, and their Children. 108. Available from http://www.unfpa.org/public/cache/offonce/home/publications/pid/10575

---------- (2012). *By Choice Not By Chance. Family Planning, Human Rights and Development. State of the World Population 2012*. New York, United Nations Population Fund. 140

---------- (2012). *Annual Action Plan 2012. Population and Development Branch*. New York, UNFPA Technical Division. 14

---------- (2012). *The Global Programme to Enhance Reproductive Health Commodity Security. Annual Report 2011*. New York, United Nations Population Fund. 132. Available from http://www.unfpa.org/public/home/publications/pid/10416

---------- (2012). *Maternal Health Thematic Fund. Annual Report 2011*. New York, United Nations Population Fund. 84. Available from http://www.unfpa.org/public/home/publications/pid/10419

---------- (2012). *Synthesis Report. UNFPA Global Programme to Enhance Reproductive Health Commodity*

Security Mid-Term Review. Final draft (version 2). New York, United Nations Population Fund. 116. Available from http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/Synthesis%20Report%2011th%20January%202011-1.pdf

---------- (2012). *UNFPA SP 2008-2013 Updated Development and Management Results Framework for 2012-2013*. New York, United Nations Population Fund

---------- (2012). *Annual Action Plan 2012 - HIV AND AIDS Branch*. New York, UNFPA Technical Division

---------- (2012). *Sexual and Reproductive Health Branch. 2012 Annual Action Plan*. New York, United Nations Population Fund

---------- (2012). *Annual Action Plan 2012. Contraceptive Security Branch*. New York, UNFPA Technical Division

---------- (2013). *United Nations Populations Fund. The UNFPA Strategic Plan, 2014-2017. Annex 2. Outcome theories of change*. New York, United Nations Population Fund. 13

---------- (2013). *United Nations Populations Fund. The UNFPA Strategic Plan, 2014-2017. Annex 3. Business model*. New York, United Nations Population Fund. 13

---------- (2013). *United Nations Populations Fund. The UNFPA Strategic Plan, 2014-2017. Annex 4. Funding arrangements*. New York, United Nations Population Fund. 6

---------- (2013). *Increasing Access to Reproductive Health: Key Results of the Global Programme to Enhance Reproductive Health Commodity Security 2007-2012*. New York, United Nations Population Fund. 20. Available from http://www.unfpa.org/public/home/publications/pid/14325

---------- (2013). *Joint Evaluation UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change 2008-2012. Volume 1*. New York, Evaluation Office, UNFPA, Evaluation Office, UNICEF. 92. Available from http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Joint%20Evaluation%20-%20Sept%202013/Main%20Report/FGM-report%2012_4_2013.pdf

---------- (2013). *Handbook. How to Design and Conduct a Country Programme Evaluation at UNFPA*. New York, United Nations Population Fund. 239. Available from http://www.unfpa.org/public/home/about/Evaluation/Methodology

---------- (2013). *United Nations Population Fund. The UNFPA Strategic Plan, 2014-2017*. New York, United Nations Population Fund. DP/FPA/2013/12. 24. Available from http://www.unfpa.org/public/home/about/strategic-direction

---------- (2013). *UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Annual Report 2012. Scaling Up a Comprehensive Approach to Abandonment in 15 African Countries*. New York, United Nations Population Fund. 64. Available from http://www.unfpa.org/public/home/publications/pid/14643

---------- (2013). *Annual Action Plan 2013 - HIV AND AIDS Branch*. New York, UNFPA Technical Division

---------- (2013). *Sexual and Reproductive Health Branch. 2013 Annual Action Plan*. New York, United Nations Population Fund

---------- (2013). *Annual Action Plan 2013. Population and Development Branch*. New York, UNFPA Technical Division

---------- (2014). *The Global Programme to Enhance Reproductive Health Commodity Security. Annual Report 2013*. New York, United Nations Population Fund. 104. Available from http://www.unfpa.org/public/home/publications/pid/17481

---------- (2014). *Maternal Health Thematic Fund. Annual Report 2013*. New York, United Nations Population Fund. 86. Available from http://www.unfpa.org/public/home/publications/pid/18333

---------- (2014). *Sexual and Reproductive Health Branch. 2014 Annual Action Plan*. New York, United Nations Population Fund

UNFPA and Guttmacher Institute (2012). *Adding It Up: Costs and Benefits of Contraceptive Services. Estimates for 2012*. New York, United Nations Population Fund, UNFPA and Guttmacher Institute. 28. Available from http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf

UNFPA and HLSP (2010). *Strategies to Enhance Reproductive Health Commodity Security in UNFPA Category A*

Countries. Reproductive Health Commodity Security in UNFPA Category A Countries. New York, United Nations Population Fund and HLSP. 125

UNFPA Bolivia (2011). *2011 Annual Report. Bolivia*, United Nations Population Fund

UNFPA Cameroon (2012). *2012 Country Office Annual Report. Cameroon*. Yaoundé, United Nations Population Fund Cameroon

UNFPA Lebanon (2014). *Independent Country Programme Evaluation. Lebanon*. Beirut, United Nations Population Fund Lebanon. 117. Available from http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Lebanon%20CPE_Final%20report.pdf

UNFPA Madagascar (2012). *2012 Country Office Annual Report. Madagascar*. Antananarivo, United Nations Population Fund Madagascar. 30

For countries proposed as case studies, we reviewed the available documents of

UNFPA *UNFPA Evaluation reports 2008-2013*
---------- *UNFPA Country Programme Action Plans 2008-2013*
---------- *UNFPA Country Office Annual Reports 2008-2013*
---------- *UNFPA Country Programme documents 2008-2013*

Annex 9: Terms of Reference

Evaluation Office

TERMS OF REFERENCE

Evaluation of the UNFPA Support to Family Planning 2008-2013

New York

May 22, 2014

Table of contents

List of acronyms

CO	Country Offices
EQA	Evaluation Quality Assessment
EO	UNFPA Evaluation Office
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
HIV AND AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
MDG	Millennium Development Goal
M&E	Monitoring and evaluation
MISP	Minimum Initial Service Package
NGO	Non-governmental organization
OECD DAC	Organization for Economic Co-operation and Development - Development Assistance Committee
PMCT	Prevention of mother-to-Child transmission
RHCS	Reproductive health commodity security systems
RO	Regional Office
SBCC	Social Behaviour Change Communication
SRHR	Sexual and reproductive health and rights
STIs	Sexually Transmitted Infections
ToR	Terms of reference
UN	United Nations
UNAIDS	Joint United nations Programme on HIV AND AIDS
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund

1. Introduction

Evaluation at the United Nations Population Fund (UNFPA) serves three main purposes: (a) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (b) support evidence-based decision-making; (c) contribute key lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD).[12]

The Evaluation Office (EO) will conduct an independent evaluation of the UNFPA support to family planning (2008-2013) to inform decision-making and policy formulation as per the Transitional Biennial Budgeted Evaluation Plan, 2014-2015[13] approved by the UNFPA Executive Board in 2014.

This evaluation will commence in May 2014 and will be presented to the Executive Board in September 2016. It will be managed by the Evaluation Office, UNFPA, and conducted by a team of external specialists.

These terms of reference were prepared by the evaluation manager based on a document review and initial consultations with stakeholders. They will be finalized based on further comments and discussion with the evaluation reference group. The evaluation team shall conduct the evaluation in conformity with the final terms of reference and under overall guidance from the Evaluation Office and the evaluation reference group.

2. Rationale

The independent evaluation of UNFPA support to family planning is a matter of corporate strategic significance that contributes to the assessment of progress against the current and past strategic plans. It is expected that its results will provide an overall independent assessment of UNFPA interventions in the area of family planning and identify key lessons learned for the current and future strategies. The particular emphasis of this evaluation will be on learning with a view to informing the implementation of the UNFPA family planning strategy *Choices not chance* 2012-2020, as well as other related interventions and programmes, such as the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS 2013-2020). The evaluation will constitute an important contribution to the mid-term review of UNFPA strategic plan 2014-2017.

As an integral part of sexual and reproductive health and rights, family planning covers a wide range of interventions which overlaps with other recent, ongoing or future UNFPA evaluations. With view to avoiding duplication, the evaluation will be based on a focused scoping and will **build upon key issues identified in previous evaluations and reviews**.

3. Users of the evaluation

The evaluation will serve programming and management purposes and will generate important findings, lessons and recommendations that will be of use to a variety of stakeholders. The main users of the evaluation include UNFPA (at the global, regional and country level), programme countries and civil society organizations, diverse stakeholders (including NGOs) as well as other agencies in the UN system in countries where UNFPA has supported family planning interventions.

[12] See UNFPA evaluation policy (revised, 2013) - DP/FPA/2013/5

[13] DP/FPA/2014/2

4. Context

Demand for family planning in developing countries is projected to increase from 818 million (2008) to 933 million women (2015). It is estimated that currently, 222 million sexually active women in developing countries are not using any modern method yet want to avoid pregnancy, which means that they have an unmet need for modern contraceptives. Unmet need increased in the 69 poorest countries from 153 million in 2008 to 162 million in 2012. Serving all women in developing countries that currently have unmet need for modern contraceptives would prevent an additional 54 million unintended pregnancies, including 21 million unplanned births, 26 million abortions (of which 16 million would have been unsafe) and seven million miscarriages; this would also prevent 79,000 maternal deaths and 1.1 million infant deaths.[14]

Fewer unintended pregnancies also mean fewer infants born to mothers living with HIV, thus resulting in a smaller number of potentially HIV-positive infants. Preventing HIV and unintended pregnancies for the 16 million women currently living with HIV would also lead to reductions in maternal morbidity and mortality, and would generate additional benefits for women. Yet, ensuring that family planning is available to women and young people who use or want to use contraceptives entails addressing challenges such as strengthening all aspects of health systems, overcoming issues such as lack of data, unavailability of health care providers, eliminating contraceptive stock-outs, as well as issues of access, quality of care with human rights standards and equity. It also requires countries to take ownership of, and leadership in family planning financing and accountability.

UNFPA is the United Nation lead agency on family planning programming and reproductive health commodity security. UNFPA is committed to delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The support provided by UNFPA aims to fulfil the **Programme of Action of the 1994International Conference on Population and Development** (ICPD) which secured reproductive rights as the basic right of *all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so* (family planning services), as well as t*he right to attain the highest standard of reproductive health*. The ICPD Programme of Action also includes *the right to make decisions concerning reproduction free of discrimination, coercion and violence*(Para.7.12).

The ICPD agreed that, in order to achieve reproductive rights, couples and individuals need to have access to integrated, comprehensive, and quality sexual and reproductive health services, including family planning. Family planning thus became **an integral part of sexual and reproductive health and reproductive rights** (SRHR). Effective family planning is achieved when all individuals can *effectively exercise their right* to choose the number, spacing and timing of their children and have access to affordable, quality reproductive health commodities of their choice when they need them. This, in turn, requires a well-functioning health system to provide equitable access to a necessary mix of contraceptives for all populations, and national capacity to procure and manage its supply chain.

The **Millennium Development Goals** (MDGs) 5a and 5b on improving maternal health and universal access to reproductive health (which includes contraceptive prevalence) are the central focus of UNFPA work. The benefits of family planning range from improved maternal and new-born health to increased education and empowerment for women, to more financially secure families, to stronger national economies. Furthermore, family planning services provide an

[14] See *Choices not chance*, UNFPA Family Planning Strategy 2012-2020, pp.4-6.

important entry point to prevent HIV infections (dual protection) in women, men and adolescents and reduce potential HIV infection in children (MDGs 4, 5 and 6). Access to contraception is also integral to efforts to reduce recourse to unsafe abortion and is essential if girls and women are to fully enjoy their rights to education, employment and political participation (MDGs 1, 2, and 3).

5. Strategic frameworks

UNFPA is committed to, and active across the full scope of family planning interventions: advocating and supporting strategies, policies and intersect oral interventions to empower and engage communities and improve access to contraceptive information and services, mobilizing global and national resources, strengthening health systems, ensuring reproductive health commodity security. In the recent years, UNFPA is a key player for the promotion of family planning at the global level, most notably through playing a leadership role in the recent *Family Planning 2020* goal of expanding access to contraceptives to an additional 120 million women and girls with unmet needs in the poorest countries by 2020.

UNFPA reproductive health and rights approach seeks to support integrated reproductive health services, including interventions to address maternal mortality, gender-based violence, harmful practices, sexually transmitted infections including HIV, adolescent reproductive health, as well as family planning. **UNFPA strategic plan 2008-2011** provided guidance at the level of outcomes, which country offices should aim to achieve. Specifically, the strategic plan's reproductive health and rights focus was organized around 5 outcomes, including *access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention*. A more detailed delineation of UNFPA support to family planning was set out in the **Reproductive rights and sexual reproductive health framework (2008-2011)**. The framework proposed a series of three strategies, which, in turn, were further broken down into a list of key activities, and with indicators to measure progress.

In line with the strategies, UNFPA also launched the **Global Programme to Enhance Reproductive Health Commodity Security** (GPRHCS) to move towards more predictable, planned and sustainable country-driven approaches for securing essential reproductive health supplies, as well as ensuring their effective use. The GPRHCS (2007-2012) aimed to promote the prioritisation and mainstreaming of RHCS by:(i) providing reproductive health commodities (procurement, product and technologies for family planning, condom programming); (ii) strengthening health information management system (HIMS for forecasting and logistics); and (iii) building governments' capacities **in 46 countries** as well as in countries facing commodity stock-outs and humanitarian needs. The GPRHCS has now entered its second phase (2013-2020).

In 2011, UNFPA launched the **Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive**. The Global Plan focuses on **22 countries** where nearly 90% of pregnant women living with HIV are in need of services. The **Preventing HIV and Unintended Pregnancies: Strategic Framework 2011-2015**provides guidance for preventing HIV infections and unintended pregnancies (which are both essential strategies for improving maternal and child health) and eliminating new paediatric HIV infections.

In 2011, the midterm review of UNFPA Strategic Plan[15] presented a revised strategic direction to help strengthen the focus of the organization and prioritize key issues in a streamlined set of outcomes and outputs. Outcome 3 of the **Development Results Framework** (DRF) -- *Increased*

[15]UNFPA Strategic Plan 2008-2011 (DP/FPA/2007/17) was extended until 2013.

access to and utilization of quality family planning services for individuals and couples according to reproductive intentions, strengthened UNFPA focus on family planning, and included its integration within comprehensive reproductive health services as well as linkages with maternal health care and HIV prevention. This priority was reinforced at the London Summit on Family Planning in July 2012 with the commitment by UNFPA to increase the proportion of its programme funds for family planning **from 25 per cent to 40 per cent**.

As part of the UNFPA resolve to prioritize family planning within its broader mandate, the Fund designed a **family planning strategy, *Choices not chance*2012-2020**with a specific focus on the 69 low income countries that have the highest levels of unmet need for family planning and low contraceptive prevalence rates (CPR) and with the overarching goal of *accelerating delivery of universal access to rights-based family planning as part of efforts to achieve universal access to sexual and reproductive health and reproductive rights*. This new strategy sets out a framework for five results:

(1) Enabling environment for human rights-based family planning at national, regional and global levels as part of sexual and reproductive health and reproductive rights (incorporating strengthened political and financial commitment);
(2) Increased demand for family planning according to clients' reproductive health intentions;
(3) Improved availability and reliable supply of quality contraceptives;
(4) Improved availability of good quality, human rights-based family planning services;
(5) Strengthened information system pertaining to family planning.

These objectives are aligned with the orientation set out in **UNFPA Strategic Plan 2014-2017**.Family planning is identified as one of three major pillars of UNFPA work in sexual and reproductive health (together with maternal health and HIV). A specific output of the Strategic plan seeks *increased national capacity to strengthen enabling environments, increase demand for, and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence*.[16]The Strategic Plan states that UNFPA will be active across the full range of interventions needed to ensure quality of care: increasing supply of services, generating demand and improving the enabling environment. This approach builds on the key concepts of *not trying to do everything every where* and of better addressing the changing needs of programme countries. It reflects the United Nations system shift away from *delivering things* to *delivering thinking* or moving upstream to focus on advocacy and policy dialogue/advice while limiting service delivery to a limited number of countries.[17] This shift is reflected in UNFPA business model phased in during 2014-2015. It acknowledges the organization's limited budget and should allow the Fund to build on its strongest comparative advantage with a view to improving efficiency and effectiveness.[18]

[16] Output 2 under outcome 1 on: *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.*UNFPA Strategic Plan 2014-2017 (DP/FPA/2013/12) - Integrated Results Framework.
[17] See the Quadrennial comprehensive policy review (A/Res/67/226).
[18]UNFPA Strategic Plan 2014-2017 - Annex 3: Business Model (DP/FPA/2013/12).

Strategic Plan 2008-2011
Outcome 3 - Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intentions
Output 1 - Strengthened national systems for reproductive health commodity security
Output 2 - Strengthened national capacity for community-based interventions for family planning

Reproductive Rights and Sexual and Reproductive Health Framework 2008-2011
Priorities **Unmet needs :** • Will be addressed by demand creation; emphasis placed on disadvantaged groups and availability of a broad range of FP methods. • Family planning services need to be an integrated part of relevant SRH services. **Capacity Development:** • Will focus on those cadres of service providers who deliver outreach services. • Offer of a wide range of safe and effective modern methods; ensure a sufficient supply of commodities through a reliable logistics system.
Strategy 1 Undertaking advocacy and policy support for quality family planning as part of SRH services
Strategy 2 Developing capacity within health systems, particularly among providers, for the provision of quality family planning services.
Strategy 3 Integrating family planning within SRH services

Global Programme to Enhance Reproductive Health Commodity Security 2007-2012
Outcome Increased availability, access to and utilization of reproductive health commodities for voluntary family planning, HIV/STI prevention and maternal health services in the GPRHCS focus countries.
Output 1 Country RHCS strategic plans developed, coordinated and implemented by governments with their partners.
Output 2 Political and financial commitment for RHCS enhanced
Output 3 Capacity and systems strengthened for RHCS.
Output 4RHCS mainstreamed into UNFPA core business.

Preventing HIV and Unintended Pregnancies – Strategic Framework 2011-2015
Prong 2 Prevention of unintended pregnancies in women living with HIV (as part of rights-based sexual and reproductive health of people living with HIV.

Strategic Plan 2014-2017
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*
Output 1 - *Increased national capacity to strengthen enabling environments, increase demand for, and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence.*

6. Evaluation purpose, objectives and scope

6.1 Purpose

The purpose of the evaluation is to assess the performance of UNFPA in the field of family planning during the period covered by the Strategic Plan 2008-2013 and to provide learning to inform the implementation of the current UNFPA Family Planning Strategy *Choices not chance* (2012-2020). The evaluation will also inform other relevant programmes such as the GPRHCS (2013-2020) and the HIV/Unintended pregnancies framework (2011-2015). Finally, the evaluation results will feed into the mid-term review of UNFPA current Strategic Plan 2013-2017.

6.2 Objectives

The primary objectives of the evaluation are to:

3. Assess how the framework as set out in UNFPA Strategic Plan (and revised DRS) 2008-2013 and further specified in the Reproductive rights and sexual and reproductive health framework(2008-2011)as well as in the GPRHCS (2007-2012) and the HIV/Unintended Pregnancies framework (2011-2015), has guided the programming and implementation of UNFPA interventions in the field of family planning;
4. Facilitate learning and capture good practices from UNFPA experience across a range of key programmatic interventions in the field of family planning during the 2008-2013 period to inform the implementation of both outcome 1 of UNFPA current Strategic Plan[19] and the *Choice not chances 2012-2020* strategy; inform the GPRHCS (2013-2020) and the HIV/Unintended pregnancies framework (2011-2015) as well as future programming of interventions in the field of family planning.

6.3 Geographical and temporal scope

The evaluation will cover UNFPA programmatic interventions in the field of family planning during the period 2008-2013. For the coverage of intended effects, and whenever necessary, 2014 data will be presented in the analysis. The evaluation will be forward-looking and will take into account the most recent strategy and UNFPA programming orientations in the field of family planning. Evaluators will provide lessons and recommendations for UNFPA continued support to quality family planning services within the present context and relevant strategic orientations, as well as taking into consideration the current programming and implementation processes within the Fund.

The geographical scope should include all countries where family planning interventions were undertaken and will particularly focus on countries, which can illustrate UNFPA support to availability of quality family planning. This includes programme countries in UNFPA six regions of operation: Western and Central Africa; Eastern and Southern Africa, Asia and the Pacific, Arab States, Eastern Europe and Central Asia, Latin America and the Caribbean.

In consultation with the evaluation manager and the reference group, the evaluators will propose a sample of countries from which to collect data and a list of countries where detailed country case studies will be conducted. To identify both sample countries and country case studies, the evaluators will take into consideration the different national contexts, as well as diverse needs and range of capacities when it comes to strengthening family planning. In particular, the 69 poorest countries[20] with low rates of contraception and the highest unmet need experience significant challenges in quality family planning provision. On the other hand, middle-income

[19] See footnote 5.

[20] Defined as having a per capita gross national income less than or equal to $2,500 in 2010.

countries are often characterized by high degrees of inequality in access to health care, and must manage diverse population dynamics ranging from high to low fertility, ageing and migration. Evaluators will also take into consideration those countries affected by fragility and conflict and which face severe development challenges (weak institutional capacity, poor governance systems, political instability and continuing violence or the effects of its legacy).

6.4Thematic scope

UNFPA support to quality family planning services refers to an overall concept encompassing the full set of UNFPA programmatic interventions in the area of family planning. Therefore, the evaluation team will examine the family planning outcomes, outputs, strategies as well as key activities as outlined in the UNFPA Strategic Plan (including its revised DRS)2008-2013,and further specified in the Sexual and reproductive health framework, the GPRHCS and, more recently, in the Preventing HIV/Unintended pregnancies framework. The evaluation will examine primarily the results presented in the diagram below (see also annex 4 and selected bibliography) and review, inter alia, the overall consistency of the set of interventions implemented to support family planning during the period 2008-2013.

The evaluation will cover interventions directly relevant to family planning services financed from core and non-core resources, in particular resources channelled through the GPRHCS and other funds. Relevant activities undertaken by other institutions or donors active in the field of family planning are to be looked at under the angle of coherence as well as coordination and eventual partnerships, but are not assessed as such. In order to clearly define and delineate the field of study, the evaluators will **analyze the theory of change** (represented in the intervention logic). The focus of the evaluation will be specifically identified with the **choice of a set of evaluation questions**.

7. Evaluation criteria and indicative areas of investigation

The evaluation will be informed by criteria endorsed by the OECD DAC as well as other criteria relevant to the present evaluation.

Relevance	to both national needs, programme country government priorities and UNFPA policies and strategies, and how they address different and changing national contexts – e.g. diverse cultural/individual practices; large disparities between regions and within countries (related to poverty, age, gender, geographical location and marital status, etc.)
Effectiveness	the extent to which intended results were achieved
Efficiency	in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results
Sustainability	the extent to which the benefits from UNFPA support are likely to continue, after it has been completed, while taking into account the institutional capacity required for maintaining consistent levels of access to, and delivery of quality family planning services
Coordination	with other national partners and other prominent actors in the area of family planning with a view to creating synergies and partnerships

The above criteria are translated into indicative areas for investigation, referred to **as evaluation questions** in the ToR, and each question may address one or more of the criteria in its intent. The evaluation questions are intended to give a more precise form to the evaluation criteria and articulate the key areas of interest to stakeholders, thereby optimising the focus and utility of the evaluation. The evaluation manager, in consultation with the Technical Division at UNFPA, developed the following indicative areas of investigation:

(1) Extent and scope of UNFPA support to the **integration of family planning with other sexual and reproductive health services** in health plans and at the primary health care level, including condoms for dual protection, prevention of mother-to-Child transmission(PMTCT), as well as emergency contraception. *Particular attention to*: programming guidance and technical support provided by UNFPA regional offices and headquarters to country offices. *(relevance, effectiveness)*

(2) Extent of UNFPA efforts for the **coordination** of actions, resources and leadership on family planning to ensure **national ownership** of family planning policies/programmes and **institutionalization of their implementation,** and to establish approaches that safeguard achievements and extend/improve gains in a sustainable manner.*(coordination, sustainability)*

(3) Extent of UNFPA efforts as a **broker** to promote family planning as an essential part of SRHR in programme countries. *Particular attention to*: UNFPA **partnerships** with public sector, private sector and other non-state service providers. *(effectiveness, sustainability)*

(4) Extent of UNFPA support to the creation of an **enabling environment at the national and community levels** allowing for communication to, and information of individuals and couples on the availability of family planning programmes so they can effectively exercise their rights to choose the number, spacing and timing of their children. *Particular attention to*: communities support(including the engagement of men and boys) towards demand for, access to, and use of SRH and HIV services.*(relevance, effectiveness)*

(5) Level of focus on the needs of the **most vulnerable groups and marginalized populations**(e.g. adolescents, unmarried people, the urban poor, rural communities, sex workers and people living with HIV, persons living with disabilities, indigenous people).*Particular attention to:*(I) UNFPA analysis of country situations and needs of population groups facing a combination of access barriers (including gender inequalities) and rights violations in relation to family planning with a view to identifying the most disadvantaged groups; (ii) UNFPA strategic allocation of resources to reach these groups/populations and ensure efficient achievement of results; (iii) UNFPA promotion of reproductive rights and ensuring access to rights-based family planning for a number of disadvantaged groups.*(relevance, effectiveness, efficiency)*

(6) Extent of implementation of a **human-rights based approach** in UNFPA supported family planning interventions. *Particular attention to*: (i) UNFPA support to human rights values in access, quality of care (i.e. provision of the widest possible range of contraceptive choices; adequate facilities and equipment; application of evidence-based clinical protocols; technical, managerial and interpersonal skilled staff), integration of family planning with other SRH services, outreach and communication activities to those with unmet need for family planning, quality assurance mechanisms and knowledge management; (ii) UNFPA **regional offices and headquarters technical support for country offices** to effectively apply a human-rights based approach to the design, programming and implementation of family planning interventions.*(relevance, effectiveness)*

(7) UNFPA **choice and use of different modes of engagement in different settings** to respond to evolving country needs and context (low/lower-middle/upper-middle income countries)through approaches ranging from provision of goods and services to upstream work on advocacy and policy dialogue/advice. *Particular attention to*: (i) UNFPA responsiveness to local circumstances in determining the most appropriate **programming strategies**; (ii) UNFPA use of evidence-based information to identify good practices and **scale-up" what works" and innovative approaches** based upon reliable data and information collected through monitoring and evaluations.*(relevance, efficiency, sustainability)*

The **wording of evaluation questions** (including rationale; assumptions to be assessed; and corresponding qualitative and/or quantitative indicators) **will be performed during the inception phase** when the evaluation team will have acquired a clear understanding of UNFPA intervention logic/rationale in the field of family planning during the period under review. The evaluation team will also take into account issues raised by key informants. The **potential usefulness as well as feasibility of each proposed question will be assessed** in close collaboration with the reference group with a view to determining the final set of evaluation questions.

Note: the specific issues related to the access of **young people (including adolescents)** to contraception services and how their specific needs are addressed within UNFPA interventions will be analysed within the scope of a **thematic evaluation of UNFPA support to adolescents and youth (2008-2014)**, which will be launched contemporaneously by UNFPA Evaluation Office. Coordination between the two thematic evaluations will be ensured in order to seek synergies and avoid duplication.

8. Evaluation methodology and approach

The evaluation will be **transparent, inclusive, participatory, as well as gender and human rights responsive**. The evaluation will utilize mixed methods and draw on quantitative and qualitative data. These complementary approaches will be deployed to ensure that the evaluation:

a) responds to the needs of users and their intended use of the evaluation results;
b) integrates gender and human rights principles throughout the evaluation process including participation and consultation of key stakeholders (rights holders and duty-bearers) to the extent possible;[21]
c) utilizes both quantitative and qualitative data collection and analysis methods to provide credible information about the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups.

Data will be disaggregated by relevant criteria (age, sex, etc. wherever possible). The evaluation will also be sensitive to fair power relations amongst stakeholders.

The evaluation will follow the guidance on the integration of gender equality and human rights principles in the evaluation focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.

The evaluation will utilize a **theory of change approach** to the evaluation of UNFPA support to the availability of quality family planning services -- its intended outcomes, the activities implemented to achieve those outcomes, and the contextual factors that may have had an effect on implementation of UNFPA interventions and their potential to bring about desired outcomes. Where outcome-level data is lacking, evaluators will assess the extent to which programmes and interventions have contributed to the achievement of results foreseen in UNFPA strategies.

The evaluation team will design **evaluation methods and tools** that will allow the evaluation to answer the questions and to come up with an overall assessment backed by clear evidence. The methodological design will include: an analytical framework; a strategy for collecting and analysing data; a series of specifically designed tools; and a detailed work plan.

[21] See UNEG Handbook on *Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance.*

The evaluation team will propose a provisional methodological design within the bid (including cost estimates). The main elements of the methodology will be further developed during inception phase in line with the agreed evaluation questions and related analytical framework; they should include the following:

Documentary review and secondary data: A preliminary list of relevant documentation (together with electronic copies) including key documents related to UNFPA activities, reports from other stakeholders and existing literature in the theme has been prepared by the Evaluation Office in consultation with UNFPA technical experts (see selected bibliography in annex). Access to these documents will be made available to interested bidders on request.

A full set of available documents will be shared with the evaluation team during the inception phase. It will include global/regional-level resources that are already available in headquarters such as strategic documents, annual reports, portfolio analysis containing financial information, thematic papers, related studies, evaluations, etc.

Previous thematic, country, or programme evaluations, reviews, audits and assessments carried out by UNFPA and key partners should be used to inform the present exercise. The evaluators will also take into account documentation produced by other donors, experts, and international institutions. In addition, evaluators will be responsible for identifying and researching further information (both qualitative and quantitative) at global, regional and country levels. The available documentation will be reviewed and analysed during the inception phase to determine the need for additional information and finalisation of the detailed evaluation methodology.

During the preparatory phase, The Evaluation Office will undertake a review of the UNFPA portfolio of interventions to inform the inception phase. This will constitute a basis for in-depth analysis to be performed by the evaluation team during the inception phase.

Interviews with key informants: Interviews will be conducted by the evaluation team. Key staff from programme countries and global/regional advisors/experts will be interviewed during the inception phase. During the field phase, interviews will be conducted with experts and staff involved in managing family planning interventions. Additional interviews will be conducted with policy makers and actors in the field of family planning in the programme countries as well as with beneficiaries. Interviews will also be held with staff of other agencies that contribute to, and partner in UNFPA family planning interventions at global and/or national levels.

Group interviews and focus groups*:* with selected UNFPA staff, family planning programme participants/beneficiaries, service providers, and decision/policy makers as well as other actors in the field of family planning. The specific plans for focus group discussions will be developed during the inception phase. When organising focus group discussions and interviews, attention will be given to ensure gender balance, geographic distribution, cultural sensitivity, representation of population groups and representation of the stakeholders/duty bearers at all levels (policy/service providers/target groups/communities).

Survey: An internet-based survey to assess achievements, adequacy of guidance and technical support, challenges and needs, etc. will be designed and implemented to generate additional information from a sample of programme countries for the evaluation. The justification, scope and timing of such a survey will be provided in the inception report.

Country and regional case studies*:* the evaluation team will assess UNFPA support at global, regional and country level. The team will conduct between five to six country case studies (involving field visits) to provide an in-depth assessment and illustrate UNFPA support at

country level as well as analysing to what extent UNFPA headquarters and regional offices support country offices in terms of guidance and technical support. The evaluation team, will propose a sample of countries spanning the six UNFPA regions of intervention. It is anticipated that this will include at least two-three case studies covering WCARO and ESARO, one- two case studies in APRO, one case study in LACRO.

In addition, for a balanced approach, the team will undertake between five to ten desk-based country and/or regional case studies (no field visits involved) to supplement the field visits and inform the synthesis report. Methodology for the desk cases will involve documentary review and interviews.

In selecting country case studies, much attention will be paid to the large disparities between regions -- e.g. sub-Saharan Africa is marked by the lowest CPR of modern methods of all region (at 20%) and the highest unmet need for family planning (at 25%), as well as the disparities attached to cultural and political issues related to access to rights-based family planning and other sexual and reproductive health services. The criteria to identify and select country case studies will be developed by the evaluation team at the inception phase in close collaboration with the evaluation manager and the reference group.

9. Evaluation process and deliverables

The evaluation will consist of six phases, subdivided in subsequent methodological stages and/or related deliverables. All **evaluation deliverables will be drafted in English** (see Annex 1.e) to the exception of: (I) the *executive summary* of the final evaluation report and of the *evaluation brief* which will be produced in English, French and Spanish versions.

Evaluation Phases	Methodological Stages	Deliverables
1. Preparatory	➢ Drafting of terms of reference ➢ Setting-up of reference group	➢ Final terms of reference (UNFPA Evaluation Office)
2. Inception	➢ Structuring of the evaluation	➢ ***Inception report***
3. Data collection	➢ Data collection, verification of hypotheses	➢ ***Presentation of the results of data collection***
4. Reporting	➢ Analysis ➢ Judgments on findings ➢ Recommendations	➢ ***Country case studies notes*** ➢ ***Final report***
5. Management response	➢ Response to recommendations	➢ Management response (UNFPA Technical /Programme Divisions)
6. Dissemination	➢ Dissemination seminars	➢ ***Executive Summary*** *(French and Spanish versions)* ➢ ***Evaluation briefs*** *(English, French and Spanish)* ➢ ***PowerPoint presentation of the evaluation results***

I. Preparatory phase

The EO evaluation manager leads the preparatory work. This phase includes:

- initial documentary review
- drafting of terms of reference
- selection and recruitment of the external evaluation team;
- constitution of an evaluation reference group.

II. Inception phase

The evaluation team will conduct the design of the evaluation in consultation with the EO evaluation manager. This phase includes:

- A **documentary review** of all relevant documents available at UNFPA headquarters, regional office and country office levels
- a **stakeholder mapping**. The evaluation team will prepare a mapping of stakeholders relevant to the evaluation indicating the relationships between different sets of stakeholders
- a reconstruction of the **intervention logic** of the UNFPA support, i.e. the theory of change meant to lead from planned activities to the intended results of the UNFPA support;
- the **development of a list of evaluation questions** addressing the main topics/issues identified (section 4.5 above), the identification of the assumptions to be assessed and the respective indicators, sources of information and methods and tools for the data collection
- the development of a **data collection and analysis strategy** as well as a concrete work plan for the field and reporting phases
- the selection of the **case studies** and **desk notes**
- the **pilot field mission**(10 working days) to test and validate core features such as the evaluation approach, evaluation questions, tools in addition to collecting and analyzing the data required in order to answer the evaluation questions as agreed upon at the design phase
- Following the pilot country case study, the evaluation team will produce an **inception report**, displaying the results of the above-listed steps and tasks. The evaluation team will submit the final inception report and present it to the reference group. The inception report will be considered final upon approval by the evaluation manager.

The inception report will follow the structure as set out in **Annex 1.a**

III. Data collection phase

At data collection phase, the evaluation team will conduct an in-depth documentary review, interviews at global, regional and country levels, desk-based country studies and a survey. The evaluation team will also conduct fieldwork in the programme countries selected for the case studies in the final inception report. Each in-country mission will last a minimum of eight working days.

At the end of each mission, the evaluation team will provide the country office with a **debriefing presentation** on the preliminary results of the case study, with a view to validating preliminary findings and testing tentative conclusions to feed in the synthesis report

The evaluation team will present to the reference group the **results of the data collection** including the case study findings, the results of the survey, desk review results as well as interviews at regional and global levels.

For each country case study, the evaluation team will proceed to prepare a case study note. These notes will be annexed to the final report.

The country case study notes will follow the structure as set out in Annex 1.b

IV. Reporting Phase

The reporting phase will open with a **two-day analysis workshop** bringing together the evaluation team and the evaluation manager to discuss the results of the data collection phase including the

case study findings. The purpose of this analysis workshop is to generate substantive and meaningful comparison between the different case studies. The objective is to help the various team members to deepen their analysis with a view to identifying the evaluation's findings, main conclusions and related recommendations. The evaluation team then proceeds with the drafting of the report.

This **first draft final report** will be submitted to the evaluation manager for comments. The evaluation manager will control the quality of the submitted draft report. If the quality of the draft report is satisfactory (form and substance), the manager will circulate it to the reference group members. In the event that the quality is unsatisfactory, the evaluators will be required to produce a new version of the draft report.

The report will be presented by the evaluation team during a meeting with the reference group. On the basis of the comments expressed, the evaluation team should make appropriate amendments and submit the **final report**. For all comments, the evaluation team will indicate in writing how they have responded ("trail of comments").

The final report should clearly account for the strength of the evidence on which findings are made so as to support the reliability and validity of the evaluation. The report should reflect a rigorous, methodical and thoughtful approach. Conclusions and recommendations should build upon findings.
The report is considered final once it is formally approved by the evaluation manager in consultation with the reference group.

The final report will follow the **structure as set out in Annex1.c**

V. Management response

During this phase, the Programme Division will coordinate the preparation of the **management response** to the evaluation report for presentation to the Executive Board. The management response will be published on the UNFPA evaluation webpage.

VI. Dissemination

The **evaluation report**, the **executive summary** and the **evaluation brief** (in English, French and Spanish) will be published on the UNFPA evaluation webpage.
The evaluators will be required to assist the evaluation manager during the dissemination phase. In particular, they will present the results, the conclusions and recommendations of the evaluation during a **stakeholder workshop** to be held at UNFPA headquarters in New York City. The evaluation report will also be presented by the Director of the Evaluation Office to the September 2016 **UNFPA Executive Board session**.

10. Management and governance of the evaluation

The responsibility for the management and supervision of the evaluation will rest with the Evaluation Office. The **evaluation manager** will have overall responsibility for the management of the evaluation process, including hiring and managing the team of external consultants. The evaluation manager is responsible for ensuring the quality and independence of the evaluation (in line with UNEG Norms and Standards and Ethical Guidelines – see Annex 2).The main responsibilities of the evaluation manager are to:

- prepare the terms of reference

- lead the hiring of the team of external consultants, reviewing proposals and approving the selection of the evaluation team
- chair the reference group and convene review meetings with the evaluation team
- supervise and guide the evaluation team all through the evaluation process
- participate in the data collection process both at inception and field phases
- review, provide substantive comments and approve the inception report, including the work plan, analytical framework, methodology, and selection of countries for in-depth case studies
- review and provide substantive feedback on the country notes, as well as draft and final evaluation reports, for quality assurance purposes
- approve the final evaluation report in coordination with the reference group
- disseminate the evaluation results and contribute to learning and knowledge sharing at UNFPA

The evaluation manager will be supported by a **research assistant** during the inception phase of the evaluation. Under the guidance of the evaluation manager, the researcher will carry out selected analytical work on:

- the collection of key internal documentation and preparation of an initial literature
- the portfolio of UNFPA interventions including a financial analysis
- the preliminary review of the portfolios of the specific countries once identified for desk or field case studies
- the stakeholder mapping

The researcher will also set up, populate and maintain a dedicated web/drop box site to share the collected data with the evaluation team.

The progress of the evaluation will also be followed closely by the **reference group** consisting of members of UNFPA services and selected external experts who are directly interested in the results of this thematic evaluation. The reference group will support the evaluation at key moments of the evaluation process. Staff from UNFPA relevant administrative units will be represented in the reference group. They will provide substantive technical inputs, will facilitate access to documents and informants, and will ensure the high technical quality of the evaluation products. The main responsibilities of the reference group are to:

- contribute to the preparation and scoping of the evaluation including the finalization of evaluation questions and the selection of countries for field and desk case studies
- provide feedback and comments on the inception report as well as country notes, and on the overall technical quality of the work of the consultants
- provide comments and substantive feedback from a technical expert perspective on the draft and final evaluation reports
- actas the interface between the evaluators and the UNFPA services (in headquarters, regional and country offices), notably to facilitate access to informants and documentation
- assist in identifying external stakeholders to be consulted during the evaluation process
- participate in review meetings with the evaluation team as required
- play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the results of the evaluation as well as to the completion and follow-up of the management response

11. Quality assurance

Since the evaluation team is expected to be hired through a company, the latter will conduct quality control of all outputs prior to submission to the Evaluation Office. They will be expected to dedicate specific resources to quality assurance efforts, and must consider all time, resources, and costs related to this in their technical and financial bid. The bidder must present the quality assurance mechanisms, which will be applied throughout the evaluation process as part of the technical offer.

UNFPA Evaluation Office quality assurance system, based on the UNEG norms and standards and good practices of the international evaluation community, defines the quality standards expected from this evaluation. A key element is the evaluation quality assessment grid (EQA (see Annex 3), which sets out processes with in-built steps for quality assurance and outlines for the evaluation report and the review thereof. The EQA will be systematically applied to this evaluation.

The first level quality assurance of evaluation reports will be conducted by the Evaluation Office evaluation manager. The second level quality assurance will be conducted by the Evaluation Office internal reviewer. To further enhance the quality and credibility of this evaluation, the evaluation reference group will also comment on the reports, notably to verify accuracy of facts presented and validity of interpretations of evidence. The Director of the Evaluation Office maintains an oversight and quality assurance of the final evaluation report.

12. Indicative time schedule

Evaluation Phases and Stages	Deliverables(*)	Dates	Meetings
PREPARATORY PHASE			
Consultations and documentary research with a view to drafting the Terms of Reference	Terms of reference	May 2014	
Tendering Process		May-June 2014	
Review of technical proposal (Evaluation Office/UNFPA)		July 2014	
Review of financial proposal (PSB/UNFPA)		July 2014	
Contracts Review Committee		July 2014	
Contract award		July 2014	
INCEPTION PHASE			
Structuring stage Desk study	**Inception report (*draft*)**	August-November 2014	Reference group meeting(team leader + at least one team member)
Pilot mission (Country case study #1)	**Debriefing presentation** to country office(PowerPoint)	December 2014	Exit meeting in country office (team leader + team members)
Reporting stage	**Final Inception report**	December 2014	
DATA COLLECTION PHASE			
	Pilot country case study note (*draft*)	January 2015	
	Presentation of the Inception report (incl. findings from Pilot case study) to the reference group (PowerPoint)	February 2015	Reference group meeting - (Video conference with team leader + team members)
	Final Pilot country case study note	February 2015	
Field missions to four UNFPA programme countries	**Debriefing presentations** to country offices (PowerPoint)	February - June 2015	Exit meetings in country offices (team leader + team members)
Reporting stage	**Four country case study notes (*draft*)**	September2015	
	Presentation of the results of the data collection and preliminary findings to the reference group (PowerPoint)	October 2015	Reference group meeting (team leader + core team members)

	Analysis workshop (2 days)	October2015	Evaluation team with evaluation manager (in UNFPA headquarters)
REPORTING PHASE			
	***Draft* final report**	Oct-Dec 2015	
	Presentation of the Draft final report to the reference group (PowerPoint)	February 2016	Reference group meeting (team leader + at least one team member)
	Final report	April 2016	
MANAGEMENT RESPONSE			
	Management response	May 2016	Coordinated by the Programme Division
DISSEMINATION			
	Evaluation briefs (English, French, Spanish) **French and Spanish versions of the Executive summary** of the final evaluation report	May-June 2016	
	Presentation of the evaluation results (PowerPoint) to the stakeholder workshop	May 2016	Presentation by team leader and evaluation manager
	Presentation of the evaluation results	September 2016	Presentation to the Executive Board

(*) *in bold: deliverables to be produced by the evaluation team - for payment modalities, see Section 11.*

13. The evaluation team

This evaluation is to be carried out by a multi-disciplinary team hired through a company. The company and the evaluation team members will not have been involved in the design, implementation or monitoring of UNFPA family planning interventions during the period under review, nor will they have other conflict of interest or bias on the subject.

The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes (see Annex 2).

The core team is expected to be composed of three to four internationally recruited members, including the team leader. The core team should draw upon specialized technical expertise, research and editorial assistance as necessary. It will be complemented by national expertise for the country case studies and should include women and men of mixed cultural backgrounds. The team members must be able to communicate clearly in English and must have excellent analytical and drafting skills. A working knowledge of French and Spanish will be an advantage, in particular for the field phase.

The **team leader** must have an extensive experience in leading evaluations of a similar size, complexity and character, as well as technical expertise in areas related to sexual and reproductive health and rights. His/her primary responsibilities will be:

- guiding and managing the team throughout the evaluation phases
- setting out the methodological approach
- leading the pilot mission
- reviewing and consolidating the team members' inputs to the evaluation deliverables
- liaising with the UNFPA Evaluation Office and representing the evaluation team in meetings with stakeholders
- delivering the inception reports, and evaluation report (including the country case study notes) in line with the requested outlines and quality standards (see Annexes 1 and 3)

The **team members** will bring together a **complementary and balance combination of the necessary technical expertise in the thematic areas directly relevant to the evaluation** (e.g. family planning, sexual and reproductive health and rights, developing countries health systems, gender equality and women's empowerment, human rights, behaviour and social change, community empowerment). They must also have experience in applying evaluation methods in their respective areas of expertise. Team members will:

- contribute to the design of the evaluation methodology
- undertake in-depth documentary review
- conduct field work to generate additional evidence from field visits and consultations of a wide range of stakeholders
- participate in team meetings, including with stakeholders
- prepare inputs and make contributions to the evaluation deliverables

14. Specification of tender, cost of the evaluation and payment modalities

The bidder should submit a proposal consisting of two separate components: technical and financial. The technical proposal will be assessed by the Evaluation Office while the financial proposal will be assessed by UNFPA procurement services.
In responding to the present terms of reference, the technical proposal should detail the services offered, and should contain at least the following (suggested number of pages is indicated):

- Technical profile of the company (2 pages).Information associated with financial stability should be presented in the annexes
- The bidder's understanding of the terms of reference(2 pages max)
- The approach and methodology (7 pages max)
  a. Present the approach and methods for the thematic evaluation
  b. Present how the country case study approach will be combined with desk studies, questionnaires and other methods.
  c. Comment on any challenges or difficulties, which might arise in structuring and conducting the evaluation, suggesting solutions when applicable.
  d. Quality assurance mechanisms, which will be applied throughout the evaluation process, including reference to EQA in Annex 5.

- The proposed composition of the evaluation team (1 page max). Curriculum vitae of each team member should be annexed to the offer.
- A detailed time and work plan for fulfilment of the assignment including:
  a. the roles, functions and responsibilities of the different team members;
  b. estimates of the time required for the different tasks of the assignment, and
  c. a staffing schedule that specifies the tasks performed by the team members and the time allocated to each of them (3 pages max)

The contract will be awarded to the firm who will provide UNFPA with the most competitive technical and financial proposals.

The budget range for the overall cost of the evaluation is **USD 400,000 -USD 440,000**. The costs of the evaluation include:

- The evaluation as defined in the Terms of Reference
- The cost of translation of dissemination products

- The travel costs for participation in the reference group meetings, as well as to the analysis and stakeholder workshops, and all field missions.

Travel Expenses

The Vendor will be responsible for full cost of all travel, accommodation to/from during the full assessment period(s) of the evaluators/consultants. The destination countries at this moment are not known and the exact locations will be determined by UNFPA and the selected firm as part of the initial phase of the evaluation once the contract is in effect.

Travel related expenses will be reimbursed based on the actual values up to, but not exceeding the amount offered by the firm in their financial bid and also in line with maximum expenditure reimbursable limits as per UN travel rules and regulations.

Payment Modalities

The payment modalities will be as follow:

- **30%** on acceptance of the **Final inception report** (December 2014)
- **15%** on acceptance of the **Draft country notes** (September 2015)
- **35%** on acceptance of the **Draft final report** (December 2015)
- 3%on presentation of the evaluation results (PowerPoint) at the stakeholder workshop (May 2016)
- **17%** on acceptance of the **Final report** *including* the **French and Spanish versions of the Executive summary**, as well as the **Evaluation briefs** (English/French/Spanish) (June 2016)

Note that no payment will be processed until the corresponding deliverables are formally approved by the evaluation manager.

Selected bibliography

UNFPA strategic documents

Programme of Action of the 1994 International Conference on Population and Development (ICPD), 1994
https://www.unfpa.org/public/home/publications/pid/1973

ICPD Review Report, 2014
http://issuu.com/shiralevine/docs/icpd_review_global_report_a_69_62_e

UNFPA Strategic plan 2008-2011 (DP/FPA/2007/17)
http://www.unfpa.org/exbrd/2007/secondsession/dpfpa_2007_17_eng.pdf

UNFPA Strategic Plan - Midterm review of the UNFPA strategic plan, 2008-2013(DP/FPA/2011/11)
https://executiveboard.unfpa.org/execDoc.unfpa?method=docDetail&year=2011&sessionType=SRS

UNFPA strategic plan 2014-2017 (DP/FPA/2013/12)
http://www.unfpa.org/public/home/about/strategic-direction

UNFPA Annual reports 2008 through 2013
https://www.unfpa.org/public/cache/offonce/home/publications/annual_reports

Relevant documents on family planning and SRHR

UNFPA - Making reproductive rights and sexual and reproductive health a reality for all. Reproductive rights and sexual reproductive health framework (2008-2011)
http://www.unfpa.org/webdav/site/global/shared/documents/UNFPA_SRH_Framework_Final Version.pdf

UNFPA - Choices not Chance: UNFPA Family Planning Strategy 2012-2020
https://www.unfpa.org/webdav/site/global/shared/documents/publications/2014/UNFPA%20CHOICES%20NOT%20CHANCE_final.pdf

UNFPA, Guttmacher Institute, Adding it up: Costs and benefits of contraceptive services, June 2012
https://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/AIU%20Paper%20-%20Estimates%20for%202012%20final.pdf

Family Planning High Impact Practices. High-impact practices (HIPs), when scaled up and institutionalized, will maximize investments in a comprehensive family planning strategy, 2012
https://www.fphighimpactpractices.org/

GPRHCS Annual Reports 2009 through 2012
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/gprhcs_2009_annualreport.pdf
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/Global_Report_2010_RH_2.pdf
https://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/GPRHCS_Annual%20Report%202011_Print.pdf
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/UNFPA%20GPRHCS%20Annual%20Report%202012_web%20final.pdf

Key Results of the GPRHCS 2007 – 2012
http://www.healthrights.mk/pdf/Vesti/English/2013/2/2007-2012%20GPRHCS%20brochure.pdf

Mid-term Review of GPRHCS 2007-2012
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/Synthesis%20Report%2011th%20January%202011-1.pdf

UNFPA - Increasing Access to Reproductive Health Key Results of the Global Programmed to Enhance Reproductive Health Commodity Security 2007-2012
http://www.unfpa.org/public/home/publications/pid/14325

UNFPA Maternal Health Thematic Fund – Business Plan 2008-2011, UNFPA Contribution to the Joint United Nations Accelerated Support to countries in Maternal and Newborn Health
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/mhtf_business_plan.pdf

UNFPA, How universal is access to reproductive health? A review of the evidence, 2010
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/universal_rh.pdf

UNFPA Global Programme to enhance reproductive health commodity security. The Bill & Melinda Gates Foundation project "Strengthening Transition Planning and advocacy at UNFPA" with the GPRHCS, June 2012
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/Global%20Consultation%20on%20FP_Gates_GPRHCS_web.pdf

Family planning 20202 – Partnership in action
http://advancefamilyplanning.org/sites/default/files/resources/FP2020_PartnershipInAction_2012-2013_lores.pdf

UN Commission on life saving commodities for women and children – Commissioners report, September 2012
http://everywomaneverychild.org/images/UN_Commission_Report_September_2012_Final.pdf

UNFPA - Preventing HIV and Unintended Pregnancies: Strategic Framework 2011 – 2015
http://www.unfpa.org/public/cache/offonce/home/publications/pid/10575

UNICEF – Towards and AIDS-free generation - Children and AIDS: Sixth stocktaking report, 2013
http://www.childrenandaids.org/

UNFPA and Harvard School of Public Health-- *A Human Rights-Based Approach to Programming: Practical Information and Training Materials,* 2010
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/hrba/hrba_manual_in%20full.pdf

UNFPA - *Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned,* 2013
https://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/UNFPA%20Engaging%20men%20and%20boys_web-2.pdf

WHO - *Ensuring human rights in the provision of contraceptive information and services: Guidance and recommendations,* 2014
http://www.who.int/reproductivehealth/publications/family_planning/human-rights-contraception/en/

Evaluation Reports

UNFPA – Evaluation Office, Thematic evaluation of UNFPA support to maternal health (2000-2011)
http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Thematic%20Evaluations%20-%20Sept%202013/MHTE%20-%20Sept%202013/MHTE_12_12R.pdf

UNFPA – Evaluation Office, Mid-term evaluation of the Maternal Health Thematic Fund contribution to maternal health, 2012

http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Maternal_health_report/MHTF%20evaluation%20report%2001.02.2013.pdf

UNFPA, UNICEF Evaluation Offices - Evaluation of the UNFPA-UNICEF joint programme on female genital mutilation/cutting (FGM/C): Accelerating change, 2013
http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Joint%20Evaluation%20-%20Sept%202013/Main%20Report/FGM-report%2012_4_2013.pdf

UNFPA – Evaluation Office, Independent Country Programme Evaluations: Lebanon (2014); Madagascar (2012); Cameroon (2012); Bolivia (2011)
http://www.unfpa.org/public/home/about/Evaluation/EBIER/CPE

UNFPA - Evaluations of UNFPA country programmes managed by UNFPA country offices are also available at:
http://web2.unfpa.org/public/about/oversight/evaluations/

The following evaluation reports were assessed (EQA – see Annex 3) as of good quality:

- Evaluation of UNFPA/Bosnia Herzegovina Country Programme (2013)
- Evaluation of UNFPA/Cambodia 3rd Country Programme (2011)
- Evaluation of the UNFPA/Jordan 7th Country Programme (2011)
- Evaluation of the UNFPA/Mexico Country Programme (2013)
- Evaluation of the UNFPA/Thailand 9th Country Programme (2011)
- Evaluation of the UNFPA/Togo Country Programme (2013)

Note: over 50 country programme evaluations are currently available within UNFPA evaluation database. Each evaluation report is accompanied by a quality assessment (EQA) which evaluators should consult prior to using the information provided in the reports. The overall poor or unsatisfactory quality of a report does not preclude the possibility that some sections of a report could be of good quality and may provide reliable information. Detailed guidance is provided in each EQA.

Second independent evaluation of UNAIDS, 2011
http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/12/20111122_PCB%2029%20SIE.pdf

Evaluation guidance

UNFPA Evaluation Office, **Handbook on How to design and conduct a country programme evaluation at UNFPA**, 2013 http://www.unfpa.org/public/home/about/Evaluation/Methodology

*Note: this handbook was specifically designed as a guide to help evaluation managers and evaluators apply methodological rigor to evaluation practices in UNFPA country offices. The handbook presents a set of evaluation tools and templates for (i) structuring information; (ii) data collection; and (iii) data analysis. A number of those **tools and templates** can be used for the present thematic evaluation, in particular: Evaluation matrix; Effects diagram; List of Atlas projects by CPAP outputs and Strategic Plan Outcome (notably for country case study notes); Stakeholder map, etc.*

UNEG, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance, 2011
http://www.unevaluation.org/HRGE_Guidance

Annex 1.Structure for evaluation reports and country case study notes

Inception report

Table of Contents
List of Acronyms
List of Tables (*)
List of Figures

1 Introduction
Should include: objectives of the evaluation; scope of the evaluation; geographical scope; overview of the evaluation process; purpose of the inception report

2 The Global Context of Family Planning Support
Should include: uneven progress in family planning across the world; the global family planning response; the analysis of the UNFPA strategic framework for family planning; the intervention logic, based on official documentation.

3 UNFPA Strategy and Intervention Logic
Should include: overview of UNFPA family planning framework -- incl. UNFPA Strategic Plan and DRS (2008-2013); Sexual and Reproductive Health (SRH) Framework (2008 – 2012); GPRHCS (2007-2012); HIV/Unintended pregnancies framework (2011-2015); logical reconstruction of UNFPA family planning strategic framework

4 Methodology
Should include: methodology for data and information collection from UNFPA headquarters and decentralized units, international bodies, experts and other actors working in the field of family planning. This proposal will include: (i) a sample of countries to be surveyed; (ii) case studies identified as relevant with a view to respond to the evaluation questions (including criteria and rationale for each country case study); (iii) suitable methods of data collection within the case studies -- incl. data collection plan; preparation of interview and issues guides for interviews and focus groups; harmonization of approaches across country case studies; limitations; preparation process and logistics; recruitment of field teams.

5 Proposed Evaluation Questions
Should include: a set of evaluation questions with the explanatory comments associated with each question; overall approach for answering the evaluation questions; detailed proposed evaluation questions (including: rationale; method/chain of reasoning; assumptions to be assessed and corresponding qualitative and/or quantitative indicators; feasibility); coverage of theme/issues stated in the ToR by each Evaluation Questions (table). The aim is to adequately focus the evaluation taking into consideration the usefulness of the questions, available information, limitations and constraints;

6 Next Steps
Should include: a detailed work plan for the next phases/stages of the evaluation, including detailed plans for the visits in programme countries, including the list of interventions for in-depth analysis in the field (explanation of the value added for the visits); team composition and distribution of tasks; the contractor's approach to ensure quality assurance of all evaluation deliverables.

7 Annexes

Should include: portfolio of UNFPA family planning interventions; evaluation matrix; stakeholder map; template for survey; bibliography; list of persons met; terms of reference

(*) *Tables, graphs and diagrams should be numbered and have a title.*

Country case study notes

Table of Contents
List of Acronyms
List of Tables (*)
List of Figures

1. Introduction

Should include: scope of the thematic evaluation; purpose and structure of the country case study

2. Methodology of the Country Case Study

Should include: the selection of country case studies (process and criteria); justification for selecting Country X; scope of the country case study; data collection and analysis during the country case study incl. limitations and restrictions

3. Short description of Family Planning in [name of Country]

Should include: country background; country health sector; health indicators; UNFPA response in the country

4. Findings of the Country Case Study

Should include: findings corresponding to the issues/themes corresponding to the evaluation questions (note: the purpose is not to answer to the evaluation questions in the case studies).

5. Conclusions

6. Annexes

Should include: key data of country X; overview of UNFPA interventions in country X (2008-2013); data triangulation; data collection result matrix; focus groups report template; list of documents consulted; list of people interviewed;

(*) *Tables, graphs and diagrams should be numbered and have a title.*

Final report

Table of Contents
List of Acronyms
List of Tables (*)
List of Figures

Executive Summary

1. Introduction
Should include: purpose of the evaluation; mandate and strategy of UNFPA in the field of family planning

2. Methodology
Should include: overview of the evaluation process; methods and tools used in evaluation design; analysis of UNFPA strategic framework; evaluation questions and assumptions to be assessed; the typology of UNFPA-funded activities; staged sampling to define the geographical scope of the evaluation; methods and tools used for data collection; desk review; survey; country case studies; limitations to data collection; methods and tools used for data analysis; methods of judgment; the approach to triangulation

3. Main findings and analysis
Should include for each response to evaluation question: assumptions to be assessed; evaluation criteria covered; summary of the response; detailed response

4. Conclusions
Should include for each conclusion: summary; origin (which evaluation question(s) the conclusion is based on); evaluation criteria covered; related recommendations(s); detailed conclusion

5. Recommendations
Should include for each recommendation: 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); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized and targeted at specific business units; accompanied by timing for implementation; useful and operational; if possible, presented as options associated with benefits and risks.

The final version of the evaluation report will be presented in a way that enables publication without need for any further editing (see section e below).

Annexes will be confined to a separate volume
Should include: country case study notes; evaluation matrix duly completed; portfolio of interventions; methodological instruments used (survey, focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference.

(*) *Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).*

See examples of evaluation reports at: http://unfpa.org/public/home/about/Evaluation

Reports cover
UNFPA logo(there should be no other logo/ name of company)

Title of the evaluation:

Evaluation of the UNFPA Support to Family Planning Services 2008-2013

Title of the report (example: Inception Report)

Evaluation Office
New York
Date

The following information should appear on page 2:

- Title of the evaluation
- Title of the report
- Name of the evaluation manager
- Names of the members of the reference group
- Names of the evaluation team

Any enquiries about this Report should be addressed to:
Evaluation Office, United Nations Population Fund
E-mail: evb@unfpa.org - Phone number: +1 212 297 2620

See examples of evaluation reports at: http://unfpa.org/public/home/about/Evaluation

Editing guidelines
Evaluation reports and notes are formal documents. Therefore they will be drafted in a language and style which is appropriate and consistent and which follows UN editing rules, in particular:

Acronyms: In each section of the report, words will be spelt out followed by the corresponding acronym between parentheses. The authors must refrain from using too many acronyms; acronyms or abbreviations should be used only when mentioned repeatedly throughout the text. In tables and figures, acronyms should be spelt out in a note below the table/figure.

Capitalization: Capitalize high ranking officials' titles even when not followed by a name of a specific individual. Capitalize national, political, social, civil etc. groups –e.g. Conference for Gender Equity, Committee on HIV AND AIDS, Commission on Regional Development, Government of South Africa.

- Capitalize common nouns when they are used as a shortened title, for example, the 'Conference' (referring to the Conference on Gender Equity) or the 'Committee' (referring to the Committee on HIV AND AIDS). However, do not capitalize when used as common nouns – e.g. 'there were several regional conferences.'
- Some titles/names corresponding to acronyms are *not capitalized* – e.g. human development index (HDI), country office (CO).
- Use lower case for: UNFPA headquarters; country office; country programme; country programme evaluation; regional office, country programme document; results framework; results-based monitoring framework; monitoring and evaluation system.

Numbers: Spell out single-digit whole numbers. Use numerals for numbers greater than *nine. Always spell out simple fractions and use hyphens with them (e.g. one-half of…, a two-thirds majority).*Hyphenate all compound numbers from *twenty-one* through *ninety-nine*. Write out a

number if it begins a sentence. Do not use any symbols such as # and & in the text.Use % symbol in tables and “per cent” in the narrative portion of the text

Terminology: Do not give possession to acronyms, abbreviations or inanimate objects. For example, do not write UNFPA’s, UNDP’s, UNICEF’s, the Government’s, the country’s, etc. Such usage does not comply with United Nations editorial guidelines. Instead, write: the UNFPA programme, the government programme, the UNICEF programme, etc. Do not use the word ‘agencies,’ except in the expression, ‘funds, programmes and specialized agencies of the United Nations system’. Instead, use the correct term, ‘United Nations organizations’. Do not use ‘sister agencies’. Instead, use ‘partner organizations.

Bibliography

Author (last name first), *Title of the book*, City: Publisher, Date of publication.
Author (last name first), "Article title," Name of magazine (type of medium). Volume number, (Date): page numbers, date of issue.
URL (Uniform Resource Locator or WWW address).author (or item's name, if mentioned), date.

List of people consulted

- should include the full name and title of people interviewed as well as the organization to which they belong
- should be organized in alphabetical order (English version) with last name first
- should be structured by type of organization

Before submitting draft country notes and evaluation reports, please check them for grammar, spelling, punctuation, and perform a thorough editing.

See United Nations Editorial Manual Online at: http://dd.dgacm.org/editorialmanual/

Annex 2.Code of conduct and norms for evaluation in the UN system

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous and evaluators must demonstrate personal and professional integrity. In particular:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent.** The members of the evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject under evaluation, nor should they expect to be in the near future. Evaluators must have no vested interest and should have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. The evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. At times, evaluations uncover **evidence of wrongdoing**. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to, and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the dignity and self-worth of all stakeholders.
5. Evaluators are responsible for the **clear, accurate and fair** written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

A **declaration of absence of conflict of interest must be signed by each member of the team and will be annexed to the offer.** No team member should have participated in the preparation, programming or implementation of UNFPA family planning interventions during the period under evaluation.

See **Code of conduct for evaluation in the United Nations System** at:
http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines

See **Norms for evaluation in the United Nations System** at:
http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

Annex 3.Quality assurance of the evaluation report

The Evaluation Office recommends that the evaluation quality assessment grid (below) is used as an element of the proposed quality assurance system.

The main purpose of the evaluation quality assessment grid is to ensure that the evaluation report complies with professional standards while meeting the information needs of the intended users. The assessment of the strengths and weaknesses of the evaluation report gives an indication of the relative reliability of its results.

The quality assurance assessment of the ***draft evaluation report*** must be performed by the contractor. Based upon the results of this assessment, the evaluation team leader will revise and make all necessary corrections (form and substance) to the draft final report prior to submitting the report to the review of the evaluation manager (Evaluation Office/UNFPA).

The contractor should also apply the quality assessment grid to the ***final evaluation report***.

1. Structure and Clarity of the Report
To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards

Does the report clearly describe the evaluation, how it was conducted, the findings of the evaluation, and their analysis and subsequent recommendations? Is the structure *logical*? Is the report *comprehensive*? Can the information provided be *easily understood*?

Checklist of minimum content and sequence required for structure:

- (I) Acronyms; (ii) Executive Summary; (iii) Introduction; (iv) Methodology including Approach and Limitations; (v) Context; (vi) Findings/Analysis; (vii) Conclusions; (viii) Recommendations.
- *Minimum requirements for Annexes (to be presented in a separate volume)*: Country case study notes; Evaluation matrix duly completed/edited; Portfolio of interventions; Methodological instruments used (survey, focus groups, interviews etc.); Bibliography; List of People Interviewed; Terms of reference.

2. Executive Summary
To provide an overview of the evaluation, written as a stand-alone section and presenting main results of the evaluation.
Does it read as a stand-alone section, and is a *useful* resource in its own right? Is it brief yet *sufficiently detailed*, presenting the main results of the evaluation, and including *key elements* such as methodology and conclusions and recommendations?

Structure: (i) Purpose and scope of the evaluation; (ii) Background of the evaluation; (iii) Methodology; (iv) Main findings; (v) Conclusions; (v) Recommendations
Maximum length 6-7 page

3. Design and Methodology
To provide a clear explanation of the methods and tools

Is the *methodology* used for the evaluation clearly described and is the rationale for the methodological choice justified? Have cross-cutting issues (vulnerable groups, youth and gender equality) been paid specific attention in the design of the evaluation? Are key processes (tools used, triangulation, and consultation with stakeholders) discussed in sufficient detail? Are *constraints* and *limitations* made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.) and discussed?

Minimum content and sequence:

- Explanation of methodological choice, including constraints and limitations;
- Techniques and Tools for data collection provided in a detailed manner;
- Triangulation systematically applied throughout the evaluation;
- Details of participatory stakeholders' consultation process are provided;
- Specific attention to cross-cutting issues (vulnerable groups, youth, gender equality) in the design of the evaluation.

4. Reliability of Data

To clarify data collection processes and data quality

Are *sources* of data clearly stated for both primary and secondary data? Is it clear why case studies were selected and what purpose they serve? Are all relevant materials related to case studies, interviews (list of interviewees, questionnaires) etc. annexed to the report? Are the limitations, and methods to address them, discussed? What other *data gaps* are there and how have these been addressed?

- Sources of qualitative and quantitative data have been identified;
- Credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit.

5. Findings and Analysis

To ensure sound analysis and credible findings

Findings: Is there a *clear pathway* from data to findings, so that all findings are *evidence-based*? Are *biases* stated and discussed? Are *unintended* findings reported and discussed?

- Findings stem from rigorous data analysis;
- Findings are substantiated by evidence;
- Findings are presented in a clear manner.

Analysis: Are *interpretations* of the findings understandable? Are *assumptions* clearly stated and extrapolations well explained? Are their *limitations* (or drawbacks) discussed? Does the analysis respond to *all* evaluation questions? If not, are *omissions* (of both evaluation criteria and questions) recognized and explained? Has the analysis examined *cause and effect* links between an intervention and its end results? Are *contextual factors* identified and their influence discussed?

- 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. Conclusions

To assess the validity of conclusions

Are the conclusions organized in priority order? Do the conclusions amount to a reasonable *judgment* of the findings and are their links to evidence made clear? Are there any limitations and are these made clear? Do they present an *unbiased* judgment by the evaluators of the intervention or have they been influenced by preconceptions or assumptions that have not been discussed?

- Conclusions are based on credible findings;
- Conclusions are organized in priority order;
- Conclusions must convey evaluators' unbiased judgment of the intervention;
- Conclusions include: Summary; Origin (which evaluation question(s) the conclusion is based on); Evaluation criteria covered; Related recommendations(s); Detailed conclusion.

7. Recommendations

To assess the usefulness and clarity of recommendations

Is there a *logical flow* from the conclusions to recommendations? Are they strategic and clearly presented in a priority order, which is consistent with the *prioritization* of conclusions? Are they *useful* – sufficiently detailed, targeted and likely to be implemented and lead to *further action*? How have the recommendations *incorporated* stakeholders' views and has this affected their i*mpartiality*?

- Recommendations flow logically from conclusions;
- Recommendations must be strategic, targeted, realistic and operationally-feasible;
- Recommendations must take into account stakeholders' consultations whilst remaining impartial;
- Recommendations should be presented in priority order
- 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); Operational implications.

8. Meeting Needs

To ensure that Evaluation Report responds to requirements (scope and evaluation questions) stated in the ToR

Does the report adequately address the information needs and responds to the *requirements stated in the* ToRs? In particular, does the report respond to the evaluation questions identified in the inception report?

Annex 4. UNFPA strategic frameworks for family planning

Strategic Plan 2008-2011

Outcome 3

Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intentions

Focus

- The urgent need to re-energize family planning programmes including their integration within comprehensive reproduction health services;
- Dual protection with condoms to prevent STIs and HIV infection and pregnancy;
- Greater access to a range of modern contraceptives, including among the most vulnerable, such as women living in poverty and people living with HIV, including young people;
- Improving services, particularly counselling, to facilitate informed choice;
- Ensuring a reliable and consistent supply of reproductive health commodities;
- Demand generation strategies such as strategic communication and community mobilization

Development Results Framework 2012-2013

Outcome 3

(8) Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions

Outputs

1. Strengthened national systems for reproductive health commodity security
2. Strengthened national capacity for community-based interventions for family planning

Outputs related to: Family planning in humanitarian settings

1. Increased capacity to implement the minimal Initial Service Package (MISP) in humanitarian settings *(output 7 under outcome 2)*

2. Strengthened national capacity for addressing gender-based violence and provision of quality services, including in humanitarian settings *(output 13 under outcome 5)*

Reproductive Rights and Sexual and Reproductive Health Framework 2008-2011

Outcome 3

Access to and utilization of quality voluntary family planning services by individuals and couples increased to their reproductive intentions

Priorities

1. **Unmet need:**
   - will be addressed and complemented by demand creation with SBCC and community mobilization
   - Emphasis will be placed on disadvantaged groups (poor people, youth, refugees, IDPs, person with disabilities, and ethnic minorities)
   - Family planning services must ensure availability of a broad range of methods that meet reproductive health needs and intentions
   - Family planning services need to be an integrated part of relevant SRH services
2. **Capacity development:**
   - Will focus on those cadres of service providers who deliver outreach services
   - Quality of care (incl. counselling for method selection and switching) is an important component of capacity development
   - Offer of a wide range of safe and effective modern methods to enable individuals and couples to choose the method that best suit their perceived needs
   - Need to ensure a sufficient supply of commodities through a reliable logistics system within the health system
   - R&D as a long-term venture that needs investment to produce both male and female controlled new methods of contraception

Strategy 1: Undertaking advocacy and policy support for quality family planning as part of SRH services

Key Activities:

- Promoting the development, strengthening and sustainability of family planning information and services, including commodities, with an emphasis on their preventive nature, incl. emergency contraceptives;
- Developing and supporting strategies (e.g. social marketing, community mobilization) to address the population access barriers by reducing out-of-pocket payments and by focusing on target groups;
- Promoting consistent and sustainable access to, and correct use of, male and female condoms;

- Building partnerships and advocating for research on new methods of contraception
- Undertaking advocacy and partnerships with faith-based organizations, religious leaders and parliamentarians.

Strategy 2: Developing capacity within health systems, particularly among providers, for the provision of quality family planning services

Key Activities:

- Supporting technical assistance for including or updating family planning modules as part of the basic professional training of nurses, midwives and medical practitioners;
- Supporting capacity development for improved management of family planning information and services
- Strengthening national systems for RHCS to ensure the availability of a comprehensive range of contraceptive methods, especially underutilized methods such as emergency contraception
- Developing strategies for improved access for disadvantaged groups such as poor people, youth, single women and refugees and IDPs through multiple settings such as clinics, health posts, workplaces, schools and colleges, camps, community outreach programmes and other community spaces, private-sector providers, pharmacists and other retail outlets;
- Supporting demand creation using strategic communications through the application of innovative communication strategies and audio-visual technology that is easily adaptable at field level;
- Meeting needs in emergency, humanitarian and displacement situations through rapid assessments, the distribution of emergency supplies and equipment, training and capacity development, incl. the Minimum Initial Service Package.

Strategy 3: Integrating family planning within SRH services

Key Activities:

- Establishing coordination mechanisms among SRH programme components, especially service provision for HIV-positive women, prevention and management of GBV, and youth-friendly services;
- Applying the results of operations research for innovative approaches to service delivery.

Global Programme to Enhance Reproductive Health Commodity Security 2007-2012
Outcome
(9) Increased availability, access to and utilization of reproductive health commodities for voluntary family planning, HIV/STI prevention and maternal health services in the GPRHCS focus countries
Outputs
1. Country RHCS strategic plans developed, co-ordinated and implemented by governments with their partners
2. Political and financial commitment for RHCS enhanced
3. Capacity and systems strengthened for RHCS
4. RHCS mainstreamed into UNFPA core business

Preventing HIV and Unintended Pregnancies – Strategic Framework 2011-2015
Prong 2
Prevention of unintended pregnancies in women living with HIV (as part of rights-based sexual and reproductive health of people living with HIV
Key interventions
1.Information and counselling to support reproductive rights, including preventing unintended pregnancies
2. Clinical management of HIV -- including treatment as prevention (offering antiretroviral to HIV-positive partners contributes to primary prevention – e.g. HIV-positive partners of HIV-negative pregnant women)
3. Rights-based family planning counselling and services
4. STI screening and management
5. Gender-based violence prevention and impact mitigation
6. Stigma and discrimination eradication
7.* HIV counselling and testing (particularly for pregnant, postpartum, and breastfeeding women and their male partners) and referral for, or on-site treatment
8.* Condoms (female and male): promotion, provision and building skills for negotiation and use
* Key interventions 7 and 8 pertain to *Prong 1 on Primary prevention of HIV: rationale and package of essential services;* they are listed here given their high level of complementary with Prong 2 key interventions