Terms of Reference

United Nations Population Fund (UNFPA) Sub-Regional Caribbean Office (SRO)
7th Sub-Regional Programme
(2022-2026)

Sub-Regional Country Programme Evaluation

May 2025

Contents

Acronym

AIDS	Acquired Immunodeficiency Syndrome
BBE	Build Back Equal
CCA	Common Country Assessment/Analysis
CO	Country Office
SRP	Sub-Regional Programme
SRPD	Sub-Regional Programme Document
SRPE	Sub-Regional Programme Evaluation
CPE	Country programme evaluation
CSE	Comprehensive Sexual Education
DSA	Daily Subsistence Allowance
EQA	Evaluation Quality Assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation Reference Group
GBV	Gender-based violence
HFLE	Health and Family Life Education
HRP	Humanitarian Response Plan
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
LACRO	United Nations Population Fund Latin America and Caribbean Regional Office
M&E	Monitoring and Evaluation
RHCS	Reproductive Health Commodity Security
SDGs	Sustainable Development Goals
SRHR	Sexual And Reproductive Health And Reproductive Rights
SROC	United Nation Populations Fund Sub-regional Caribbean Office
ToR	Terms of Reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals".[1]

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

UNFPA has been operating in the Caribbean since 1969. The support that the UNFPA, Sub-regional Office for the Caribbean (SROC) provides to the Governments in the region under the framework of the 7th Sub-regional Programme (SRP) for the years 2022-2026 focused on supporting both regional and national priorities as articulated in the United Nations Multi-CountrySustainable Development Framework for the period 2022-2026; under the framework of the Caribbean Common Multi-Country Analysis (CMCA) 2021; builds on relevant national development needs and priorities articulated in various policy frameworks that contribute to and give shape to SROC's objectives and goals. These include the second generation United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026, the International Conference on Population and Development (ICPD), the UNFPA Strategic Plan (2022-2025), the 2030 Agenda for Sustainable Development, the Montevideo Consensus on Population and Development, the Modalities for Accelerated Action for Small Island Developing States (SAMOA Pathway), and the relevant national priorities of supported countries and territories. (See Table 1 for a list of some of the relevant strategic documents in the region).

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[1] UNFPA Strategic Plan 2022-2025

The 2024 UNFPA Evaluation Policy encourages Country Offices to carry out Country Programme Evaluations (CPEs) every programme cycle, and as a minimum every two cycles.[2] In the case of the Sub-Regional Office Programme Evaluation (SRPE), the evaluation will provide an independent assessment of the performance of the UNFPA 7th Sub-Regional Programme (SRP) (2022-2026) in the English—and Dutch-speaking Caribbean region, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The SRPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.[3] It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the SRPE manager perform during the different evaluation phases. The evaluators, the SRPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA 22 English and Dutch speaking Caribbean countries and territories where the SROC implements interventions: Anguilla; Antigua and Barbuda; Aruba; Bahamas; Barbados; Belize; Bermuda; British Virgin Islands; Cayman Islands; Curacao; Dominica; Grenada; Guyana; Jamaica; Montserrat; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Sint Maarten; Suriname; Trinidad and Tobago; and Turks and Caicos Islands; (ii) the Government and public authorities within the countries and territories; (iii) implementing partners of the UNFPA; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Teams (UNCTs)/UN Sub-regional Team (UNST); (vi) UNFPA Latin America & the Caribbean Regional Office (LACRO) ; and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the SRPE manager within the SROC, in Jamaica in close consultation with the 6 Liaison Offices located in Barbados, Belize, Guyana, Jamaica, Suriname and Trinidad and Tobago that coordinates the country programmes, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the LACRO Office, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators

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

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

will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

2. Sub-Regional Context

Demographics of the Caribbean region
The SROC serves 22 states and territories, with a total population of approximately 8.07 million. The demographic and economic structures of these states are being impacted by three key trends: declining fertility rates, an aging population, and fluctuating net migration rates, with implications for future economic gains and costs.

Total fertility rates have declined consistently across almost every state in the region and, as of 2023, are below replacement level in all but three of them (Belize, Guyana and Suriname). Declines have occurred consistently since 2000. Correspondingly, there is a relative increase in elderly populations and broad changes in total dependency ratios. Since 2014, the proportion of the population that is 65 or above has increased in every state. Accelerated growth is highest in smaller island states where fertility rates have been below replacement level since 2000.

Further, sustained emigration has shaped the economic and demographic structures of many states in the Caribbean. In 2023, 11 states in the sub-region exhibited rates of migration that were net zero or negative, including 4 of the 6 largest countries by population. The outflow of many younger and skilled workers from Caribbean economies directly affects domestic economic output and the evolution of national dependency ratios (ILO, 2023). These younger skilled workers are also emigrating with their children, thus further reducing the share of children in the populations in the countries. These changes indicate that most Caribbean states are currently progressing through the intermediate to advanced stages of the demographic transition, in which reduced fertility rates and rising life expectancies will change the economic gains and costs that their populations will face.

Caribbean states reflect significant diversity in their progress through the demographic transition and their potential to reap the benefits of a demographic dividend. The total dependency ratios continue to decline in almost all the most significant states, except in Trinidad and Tobago. Population projections from UNDESA suggest that most of these states currently exhibit the conditions that would enable a demographic dividend, while smaller island states with relatively older populations, such as Barbados, are exiting that phase. Most notably, larger states with younger populations, such as Suriname, Belize, and Guyana, are estimated to have just entered the window at which a demographic dividend could occur. To maximize the potential gains from these conditions, these states must strengthen the technical capacities, healthcare, and social services that could fully allow their populations to realize their potential (ECLAC, 2024).

The largest economies of the region depend on tourism and natural resource sectors. External shocks to both sectors over the past five years have led to uneven economic growth rates, varying levels of public debt, and inflationary pressure on consumer prices. It is in this context of economic uncertainty and

exposure to shocks that the aging process will accelerate for the sub-region's population over the next fifteen to twenty years, with essential effects on national capacities to sustain income growth and to allocate additional expenditures towards elderly care (ECLAC, 2024).

Economic situation

The Caribbean, composed of predominantly upper-middle and high-income countries, is projected to experience moderate economic growth of 2.2% and 2.4% in 2024 and 2025, respectively (ECLAC, 2024). While this exceeds the 2015-2024 average of 1.0%, it remains insufficient to significantly narrow the development gap with more advanced economies. Despite the sub-region's income status, poverty, vulnerability, and inequality levels are significant. At least one in five individuals live below the poverty line, a situation potentially exacerbated since the 2007 financial crisis (Caribbean Development Bank, 2016). Poverty rates are particularly high in countries such as Belize, Grenada, Guyana, Saint Lucia, and St. Vincent and the Grenadines. Conversely, inequality is lowest in the British Virgin Islands, Anguilla, and Guyana. Adding to these challenges the sub-region's economies are often heavily reliant on tourism and natural resources, and are particularly vulnerable to external shocks. These are inclusive of climate change, natural disasters, and economic downturns. These vulnerabilities worsen existing inequalities and impact access to essential services, including sexual and reproductive health and rights (SRHR) services.

Inequality, as measured by the Gini coefficient, shows relative stability across the Caribbean sub-region, with the British Virgin Islands (2002) exhibiting the highest in the region. However, some positive trends in consumption distribution are evident, with the poorest 20% of the population experiencing increased shares in Jamaica, Dominica, and Saint Lucia. Intersecting with poverty and inequality are factors such as gender disparities, household composition (with female-headed and larger households often being more vulnerable), the education and employment sector of the household head, and geographic location, including access to infrastructure and exposure to environmental shocks. Indigenous populations also face heightened levels of disadvantage.

Maternal/child health:

Maternal and child health indicators in the Caribbean present a diverse picture, with notable achievements alongside persistent challenges and inequalities. While antenatal care coverage is generally high, exceeding 86% across most countries, and skilled birth attendance is also substantial, ranging from 94% to 100%, disparities based on socioeconomic factors and wealth quintile are evident (UNFPA, 2021).

Maternal mortality ratios (MMR) remain a significant concern, with several countries at or above the Sustainable Development Goal (SDG) target of 70 deaths per 100,000 live births (See subregional programme document - SRPD). For instance, in Suriname, women of Maroon ethnicity experience disproportionately high MMR and stillbirth rates, with a significant proportion of maternal deaths occurring in hospitals, often due to delays in diagnosis. Data from Guyana also indicates regional and wealth-based disparities in antenatal care coverage. The primary causes of maternal deaths vary across the sub-region. In most Caribbean countries, non-communicable diseases (NCDs) such as chronic hypertension, obesity, diabetes, and HIV are leading contributors. This contrasts with Guyana, Jamaica,

and Suriname, where direct obstetric causes, including obstetric sepsis, postpartum hemorrhage, and pregnancy-induced hypertension, are more prevalent (SRPD). Underreporting of maternal deaths and data scarcity further complicate the accurate assessment of the situation. However, available data suggests that most maternal deaths occur in health facilities and disproportionately affect women from low-income backgrounds and specific ethnic groups (UNFPA, 2021).

High levels of intimate partner violence during pregnancy, excessive caesarean section rates, elevated stillbirth rates, and negative childbirth experiences contribute to maternal morbidity and mortality across the sub-region. The ongoing migration of health workers and healthcare workforce shortages further strain the quality of care provided in several Caribbean nations (UNFPA, 2021).

Prevalence of diseases that affect sexual and reproductive health:
Inequities in adolescent pregnancy rates and access to family planning persist across Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago. Disparities in income, geography, and education suggest that sub-populations within each country lack access to information and services in family planning. In Belize and Jamaica, disparities are most significant by wealth quintile and education, which often jointly indicate the existence of economically marginalized groups. In Belize, these groups are more likely to reside in rural areas to the west and south. In Guyana and Suriname, adolescent fertility rates are much higher in the hinterlands, harder-to-reach communities of Indigenous and, in Suriname, tribal descent, particularly for those who are not in the primary or secondary schooling system.

Sexual behavior and knowledge of sexual and reproductive health issue
Integrating comprehensive sexuality education (CSE) into school curricula faces strong resistance across the Caribbean, though Belize, Suriname, and Jamaica have made some progress in content and teacher training. Resistance to CSE and gender mainstreaming, alongside teacher training gaps and low GBV reporting (e.g., in Jamaica), remain key barriers. Faith-based organizations exert significant influence, often opposing CSE in schools, and implementation is frequently inconsistent. Teachers also show resistance to delivering CSE, hindering comprehensive implementation within Health and Family Life Education (HFLE) curricula across the CARICOM region. However, collaborative work in the area of CSE has shown more success in out-of-school settings in some countries.

Data from Guyana's 2016 survey indicates a high rate of early sexual debut, with 71% of students who had intercourse doing so before age 14. A significant percentage of young women (11.8%) reported partners 10 or more years older (UNICEF, 2014). Condom use with non-cohabiting partners was higher among young men (87.5%) than young women (57.2%) (UNICEF, 2014). Older data from the 2003 Health Sector Analysis in the sub-region revealed alarmingly early sexual debut, with 50% of children having intercourse by age 13 and 90% by 15. Multiple partners were common, and overall contraceptive use was low among adolescents (PAHO & WHO, 2003).

Contraceptive prevalence rate and unmet need for family planning:
A persistent gap exists between relatively constant unmet needs for family planning (since 2020) and modern contraceptive use, indicating challenges in reaching specific populations with information, commodities, and services. Sub-national inequalities are significant, with poorer, rural, less educated,

and indigenous/tribal (Maroon) women and girls experiencing higher adolescent fertility, unmet needs, and lower contraceptive use.

The regional unmet need for family planning was estimated at 16.3% in 2015, with considerable variations among countries (e.g., Bahamas 5.6%, Jamaica 5.8%, Trinidad and Tobago 19%). Age-based disparities are also stark, with adolescents in Guyana (61.9%) and Suriname (59.7%) showing much higher unmet needs compared to older women. Unmet needs exceeding 20% persist in Dominica, Saint Vincent and the Grenadines, and Turks and Caicos. Limited contraceptive method mix, particularly of long-acting reversible methods, and supply chain weaknesses exacerbated by COVID-19, contribute to low availability and use of modern contraceptives across age groups.

Prevalence of GBV and harmful practices:
GBV is a significant challenge across the Caribbean, with intimate partner violence and sexual violence being prevalent. Studies in several countries show that 27-40% of women report experiencing intimate partner violence over the course of their lives, rooted in gender inequality and male dominance. A culture of silence and victim-blaming hinders survivors' access to services. While most nations have laws against domestic and sexual violence, the definition of GBV is often narrow, with marital rape not universally criminalized (exceptions: Dominica, Guyana, Jamaica, Trinidad and Tobago).

Progress in women's empowerment is hampered by a misconstrued concept of male marginalization, leading to resistance. GBV prevention and response are often not integrated into national emergency response and climate change strategies, limiting support during crises, particularly for marginalized groups. Engaging men and boys in challenging harmful social norms is crucial.

Relatively higher rates of child marriage and early unions also persist across many Caribbean states. Surveys over the past decade suggest that in Barbados, Belize, Guyana, and Suriname, over 25% of young women were married before turning 18. National laws contextualize relatively higher rates of early unions, as many states only mandate parental consent or consent of the court for them to occur. Across the sub-region, women who were first married or in a union before 18 were much likelier to experience intimate partner violence at some point in their lives, highlighting the importance of addressing both phenomena simultaneously.

Climate change vulnerability increases the incidence of gender-based violence and harmful practices, while placing additional pressures on systems for prevention and response.Infrastructure and institutions are increasingly fragile due to climate impacts, further straining resources for addressing GBV and other social issues.

Capacity of national statistical systems
Most Caribbean countries face challenges in producing adequate and timely official statistics due to factors like a lack of independent or coordinated National Statistical Offices (NSOs), limited authority to source data within National Statistical Systems (NSS), and insufficient technical capacity (small size, scarce expertise, high staff turnover, inadequate funding). This has historically prioritized economic statistics over social and environmental data.

The reporting on SDG indicators have highlighted issues with data lags in the region. While regional statistical production capacity has increased, on average, only 31% of global indicators are produced, rising to 46% with existing primary data. Only a few countries produce over 50% of the indicators. The extensive data demands of the SDGs pose a significant challenge given these limitations. A general absence of timely, relevant, and high-quality statistics hinders evidence-based policymaking, often leading to reliance on anecdotal evidence or international estimates. There is a critical need for better data integration, improved management systems, and enhanced collaboration among regional organizations, NSOs, and international partners to strengthen data capacities in the Caribbean.

3. UNFPA Sub-Regional Programme

UNFPA has been working with the Governments and authorities of the Subregion of the Caribbean since 1969 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development,UNFPA is currently implementing the 7th Sub-Regional Programme (SRP) for 2022-2026 for the Caribbean.

The 7th SRP 2022-2026 is aligned with national development plans and strategies, the Multicountry United Nations Sustainable Development Cooperation Framework (MSDCF) for the Caribbean, and UNFPA's own strategic plans. This alignment ensures that UNFPA's efforts are in harmony with the broader development goals of the region. The programme was developed through extensive consultations with governments, civil society organisations, bilateral and multilateral development partners, including UN organisations, the private sector, and academia. These consultations ensure a comprehensive and inclusive approach to programme design and implementation.

Table 1. Alignment with national and regional development plans

Country/ Region	Strategy/Policy/ Action Plan
Caribbean Region	CARICOM Standards for Comprehensive Sexuality Education (CSE)
Caribbean Region	Gender Based Violence (GBV) Essential Services Package
Caribbean Region	Inter-agency GBV in Emergency Minimum Standards
Caribbean Region	Montevideo Consensus on Population and Development
Caribbean Region	United Nations Multi-Country Sustainable Development Cooperation Framework (UNSDCF)
Guyana	National SRH Policy

Trinidad and Tobago	MISP integrated into Tobago Emergency Management Agency (TEMA) disaster plan
Guyana	National AIDS Programme Secretariat
Jamaica	National Population and Sustainable Development Policy (NPSDP) 2022-2030
Barbados	National Population Policy
Montserrat	National Population Policy
Grenada	Population policy
Guyana	National Population Trends: National Size and Growth
Caribbean Region	SRHR policies developed with the support of UNFPA
Caribbean Region	Adolescent-friendly standards based on WHO/PAHO standards

The SROC delivers its country and regional programmes through various modes of engagement, such as advocacy and policy dialogue, which aims to influence policies and practices related to SRHR and gender equality. Capacity development initiatives focus on strengthening the abilities of local institutions and communities to address these issues effectively. Technical assistance provided by UNFPA experts/specialists support and guide governments and partners towards meeting mutual targets. Knowledge management ensures that lessons learned and best practices are documented and shared. Partnerships and coordination efforts enhance collaboration among different stakeholders, and service delivery aims to provide direct support to individuals and communities.

The overall goal of the UNFPA SRP (2022-2026) is to achieve universal access to sexual and reproductive health, realise reproductive rights, and accelerate progress on the implementation of the ICPD. This goal directly contributes to the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). The country programmes contribute to national priorities, UNSDCF outcomes, and UNFPA's Strategic Plan 2022-2025 outcomes.

The UNFPA 7th Sub-Regional Programme (SRP) for the Caribbean (2022-2026) has six interconnected outputs that contribute to achieving strategic outcomes: (i) Policy and Accountability, focused on enhancing the capacity of government and regional institutions to integrate SRHR into their legal and policy frameworks. (ii) Quality of Care and Services aims to strengthen ministries of health in managing SRH commodities and fostering collaboration with civil society for the delivery of SRHR information and services. (iii) Gender and Social Norms, centers on building national and regional capacity to address structural inequalities and promote the advancement of marginalized groups. (iv) Population data and demographic intelligence drive inclusive and human rights-based sustainable development, resilience building and humanitarian action; (v) Humanitarian Action, which aims to strengthen mechanisms and capacities to address discriminatory gender and social norms that contribute to GBV and undermine SRHR. (vi) Adolescents and Youth focuses on enhancing the capacity of regional entities, national

governments, and civil society organizations to deliver comprehensive sexual education and integrated GBV response services.

All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with the outcomes.

Output 1: *Government entities and regional institutions are better able to integrate sexual and reproductive health and reproductive rights into laws, policies, and plans.*

Significant strides have been made in advancing sexual and reproductive health (SRH) policies and fostering partnerships across the Caribbean. Since the programme's inception, six countries have developed comprehensive SRHR policies with UNFPA's support, marking a critical step towards ensuring accessible and inclusive healthcare. These policies establish frameworks for national SRH services and extend to humanitarian contexts, where comprehensive SRH services are increasingly integrated into emergency responses. A notable example of progress is Guyana, where workshops and training sessions have been conducted to familiarize healthcare providers with the National SRH Policy. These initiatives focus on sensitizing healthcare workers to the policy's practical application, ensuring they are well-equipped to deliver high-quality SRH services. The dissemination and operationalization of these policies among healthcare providers represents a significant achievement, laying the groundwork for sustainable and impactful improvements in SRH services across the region. SROC has supported the development of adolescent-friendly standards based on WHO/PAHO standards in five countries to improve the quality of adolescent-friendly services. These standards will be key in guiding the provision of quality adolescent-friendly services

Ensuring a Minimum Initial Service Package (MISP) is critical to humanitarian preparedness and response. Since the programme's inception, support has been provided to 7 countries in MISP, including MISP readiness assessment, MISP action plan, and capacity building. In all the countries supported to develop comprehensive SRHR policies, MISP is an integral part of these policies. In Trinidad and Tobago, MISP has been integrated into the Tobago Emergency Management Agency (TEMA) disaster plan.

Output 2: *Ministries of health are better able to effectively forecast, procure, distribute, and track sexual and reproductive health commodities and collaborate with civil society organizations to create demand and deliver sexual and reproductive health information and services.*

Capacity Building and Reproductive Health Commodity Security (RHCS). The programme has prioritized strengthening supply chain management for reproductive health commodities, focusing on forecasting, quantification, and procurement processes. Through a strategic partnership with ForoLAC (Reproductive Health Supplies Coalition), innovative business intelligence tools like SEPREMI have been introduced to improve access to family planning commodities. Key collaborations, such as with the Organisation of Eastern Caribbean States (OECS) Pool Procurement Unit, have enhanced supply chain systems in small countries with fragile healthcare infrastructures that struggle to procure reproductive health commodities independently due to economies of scale. This approach has improved cost-effectiveness and expanded access in countries such as Suriname, Belize, and Trinidad and Tobago.

Strengthening HIV/AIDS and SRH Integration. Efforts to integrate SRH and HIV/AIDS services have gained momentum, driven by partnerships with UN agencies like UNAIDS, PAHO, and WHO, as well as national entities like Guyana's National AIDS Programme Secretariat. These initiatives emphasize community-led responses and capacity building, with a particular focus on supporting HIV-positive

women and their families. A key achievement has been the progress made toward eliminating mother-to-child transmission, underscoring the importance of a holistic approach to SRH and HIV/AIDS integration.

Integrated SRH and GBV Services. The programme has implemented integrated service delivery models in regions like Guyana, Trinidad, and Tobago to ensure that SRH and GBV services reach the most vulnerable populations, including Venezuelan migrants. Mobile centers, developed in collaboration with agencies like UNICEF and PAHO, have played a pivotal role in expanding access to essential services such as counseling, psychosocial support, and legal advice. These initiatives address significant service gaps, particularly in hard-to-reach areas, while also responding to the heightened needs exacerbated by the COVID-19 pandemic. By embedding GBV support within SRH service delivery, the programme has enhanced its capacity to serve marginalized communities effectively and holistically.

Output 3: *National Governments and regional institutions have increased capacity to collect, analyze, and utilize data and information to address structural inequalities and ensure the advancement of those at risk of being left furthest behind.*

Strengthening data systems and evidence. UNFPA has prioritized strengthening national statistical systems and generating actionable evidence across 13 Caribbean countries to drive sex- and age-disaggregated data (SADD) and improve operational data for humanitarian outcomes. This has been achieved through strategic partnerships at the sub-regional level, principally with the Caribbean Community (CARICOM) and the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), enabling targeted technical support to selected national statistical offices, including for Multiple Indicator Cluster Surveys (MICS). Funding has been raised in Belize and Suriname by working with sister UN agencies and strategically collaborating with partners such as the Inter-American Development Bank (IADB). This will enable UNFPA to bolster national statistical systems further and further inform cross-country sharing in the Caribbean.

Advancing population policies towards demographic resilience. Significant progress has been made in supporting strategic countries in preparing population policies, from two baseline countries, Jamaica and Suriname, to six countries adopting new frameworks. This shift reflects a growing recognition of the importance of demographic resilience in addressing challenges such as aging populations, low fertility rates, and care needs. Strategic collaboration with CARICOM and ECLAC has reinforced these efforts and is central to strengthening the sub-regional approach to demographic resilience. In 2023, as an example, ECLAC and UNFPA provided technical inputs to CARICOM on a concept note on establishing a Regional Population Commission (still to be adopted). Initiatives to train government staff on National Transfer Accounts in Jamaica and Barbados have provided critical insights into the economic implications of demographic shifts on Gross Domestic Product (GDP), offering strategies to maximize demographic dividends and strengthen financial resilience. UNFPA is currently supporting the preparation of a Population Situation Analysis with special attention to aging in Guyana and a Population policy in Grenada, reflecting the continuous demand from countries in response to the rapid demographic transition facing the Caribbean.

UNFPA's emphasis on capacity building has also been transformative. The organization has empowered national stakeholders to better understand and utilize demographic data by implementing data literacy programmes and providing technical training. These efforts are particularly evident in initiatives like capacity building in using and producing registered-based census results and the Montevideo Consensus monitoring and SDG alignment, where UNFPA has ensured that population data directly informs and shapes development priorities. Donor investments through the SDG Joint Fund were strategically

leveraged to influence high-level policy discussions, demonstrating UNFPA's ability to maximize impact through efficient resource use for convening and high-level policy dialogue.

The Caribbean Forum on Population and Development, held in 2023 in Antigua and Barbuda, brought together 15 countries and territories to assess progress on implementing the Montevideo Consensus on Population and Development. Organized by the Economic Commission for Latin America and the Caribbean (ECLAC), the Government of Antigua and Barbuda, and UNFPA. Discussions, informed by five-year national reviews from seven countries, highlighted key issues such as migration, aging, climate change, adolescent pregnancy, gender-based violence, and violence affecting youth. Specific concerns included high child marriage rates, maternal mortality, especially among Afro-descendent women, and strategies to reverse these trends. In Trinidad and Tobago, as in many other countries, UNFPA supported the Ministry of Planning and Development in updating its Montevideo Consensus Reporting for 2023 through consultancy services, staff training, and capacity building. Jamaica, Guyana, Belize, Suriname, Antigua & Barbuda were all supported similarly. Assistance was provided to the Central Statistical Office of Trinidad & Tobago for gathering up-to-date demographic data and strengthening institutional frameworks for monitoring and implementing priority measures. Efforts also included reviewing the National Population and Development Policy (2015-2021), drafting a revised public policy, and enhancing research and data analysis capacities within the Population and Development Unit.

The recently concluded Joint SDG Fund Programme for Integrated Population Data and Policy Solutions, led by UNFPA in partnership with UN Women, marked a milestone in advancing sustainable development in Barbados and Montserrat. By enhancing national data collection and analysis capacities, the initiative fostered gender equality and inclusive health and social policies, directly addressing SDGs 3 (Good Health and Well-being) and 5 (Gender Equality). In Montserrat, the programme supported drafting a National Population Policy under public review, and significant advancements in civil registration and vital statistics systems. The 2023 Census also provided new insights into unpaid domestic and care work, with enhanced data disaggregation by sex, age, and disability. In Barbados, achievements included a baseline study on SDG indicators and the first national measurement of unpaid care work.

Strategic partnerships and regional collaboration. UNFPA is a long-standing partner of CARICOM in statistics. It is strengthening its cooperation with OECS, CDB, IMF/CARTAC (building on the recently organized training in Panama), and IADB with key regional organizations. UNFPA is, in many ways, recognized as a leader in the UN system in the Caribbean, advancing the UN's joint effort to strengthen data coordination and working closely with UNICEF and ECLAC. The SROC is collaborating with UN Women on gender statistics and WFP to support Caribbean Disaster Emergency Management Agency (CDEMA) in data and emergency preparedness, with great potential for further positioning UNFPA in the climate change space. UNFPA's approaches to supporting South-South learning collaboration have facilitated knowledge exchange, enhanced census implementation processes, and promoted more sustainable development practices across the region.

UNFPA's Positioning and Capacity Building. UNFPA has solidified its reputation as a trusted technical partner in the Caribbean by actively engaging in the census, demographic resilience, and high-level decision-making platforms. Capacity-building initiatives, grounded in the ICPD framework, emphasize the importance of accessible data and institutional strengthening. These efforts have expanded regional knowledge-sharing and created robust mechanisms to ensure data-driven decision-making, advancing UNFPA's mission to foster resilient and inclusive development across the Caribbean. The data and demographic change issue was highlighted in the outcome of the recent 4th International Conference on Small Island Developing States (SIDS4) in Antigua and Barbuda in May 2024, opening further

opportunities for strategic positioning of UNFPA as a convener jointly with other UN agencies on data in SIDS.

Output 4: *Health facilities and service providers can provide high-quality maternal health services better.*

In the Caribbean Sub-region, midwives play a crucial role since midwives in the public sector attend most normal deliveries and antenatal and postnatal care. To strengthen midwifery programming in the sub-region, SROC collaborates with the Caribbean Regional Midwives Association (CRMA), focusing on education, regulation, and association.

UNFPA provided technical support in capacity building of CRMA members through educational sessions and webinars held to enhance midwives' knowledge and skills on key areas to improve quality of care; the topics covered include perinatal outcomes of cancer in pregnancy, respectful maternity care postpartum hemorrhage, and disaster preparedness. A total of 700 participants from approximately 16 states benefitted from these continued learning sessions. A total of 8 countries were supported to develop midwifery country profiles. These country profiles provide information on how midwives are distributed, their qualifications, and years of service. This is essential evidence for planning human resources for health in terms of distribution, deployment, and training. Additionally, in Antigua and Barbuda, a review of the existing midwifery curriculum to bring it in line with international standards was supported through CRMA. UNFPA is part of a broader policy discussion with CARICOM on the harmonization of midwifery curriculum across the sub-region in collaboration with PAHO and other stakeholders.

The other part of this output has presented critical implementation challenges, including getting government buy-in to strengthen the Maternal and Perinatal Death Surveillance and Response (MPDSR) system. Currently, an assessment is underway after dialogue with respective governments. It is envisioned that this Assessment will be instrumental in identifying key challenges and gaps in the MPDSR system.

In line with its ongoing efforts to support vulnerable populations—such as refugees, migrants, women and girls, and persons with disabilities—UNFPA has worked closely with the government of Trinidad and Tobago to provide life-saving services and enhance local capacity to respond to gender-based violence (GBV) and neonatal and antenatal sexual and reproductive health (SRH) needs. As part of this initiative, UNFPA continues to engage the Trinidad and Tobago Association of Midwives (TTAM) to provide antenatal and postnatal care services to the most at-risk populations, particularly refugee and migrant women. The 2024 period has seen 185 pregnant refugees benefiting from essential services such as antenatal care (ANC), ultrasound scans (USS), medical referrals, and comprehensive sexual and reproductive health (SRH) and gender-based violence (GBV) awareness-raising activities.

Output 5: *Government entities and civil society organizations have strengthened mechanisms and capacities to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices and undermine the ability of individuals to exercise their sexual and reproductive health and reproductive rights.*

UNFPA has partnered with the University of the West Indies (UWI) to develop the Caribbean Model for Cultural and Behavior Change, which aims to build capacity among government and civil society to inform transformative gender and social norms programming tailored for the Caribbean context. While this is in the rollout process and would benefit from further refinement leveraging global and regional approaches, this is a good foundation to reinforce UNFPA's work in gender and social norms change. In Belize, a social and behavior change communication strategy developed by UNFPA is recognized as a

critical element for implementing the country's national gender policy and GBV plan of action, which will serve as a model for cross-country sharing in this context.

In collaboration with governments, UNFPA has supported the development and revision of CSE curricula, fostering strong partnerships with Ministries of Education, such as in Belize. Strategic advocacy, led by influential figures like the Prime Minister's spouse, the Special Envoy for Families and Children in Belize, and the CARICOM Action Network, has advanced initiatives like the National Adolescent Health Strategy and various technical working groups involving ministries and umbrella organizations. Challenges persist while progress has been made in adolescent health strategies, such as Belize's National Adolescent Health Strategy. Integration of CSE into school curriculum remains a challenge with strong pushback in the sub-region. Some countries have made progress in improving CSE content within the school curriculum and capacity building for teachers in Belize, Suriname, and Jamaica. Resistance to CSE and gender mainstreaming, coupled with gaps in teacher training and the lack of robust GBV reporting mechanisms, particularly in Jamaica, highlight ongoing barriers.

Comprehensive sexual education (CSE) has proven more effective in out-of-school contexts. UNFPA's Caribbean CSE Toolkit for out-of-school has been instrumental in these efforts, as demonstrated in several countries: Guyana, Dominica, St Lucia, St Vicent, Grenadines, and Grenada, where trainers were equipped with the toolkit and cascaded their training to benefit adolescents and youth. These initiatives emphasized comprehensive sexual and reproductive health services and provided critical information and guidelines to improve access and quality of care for adolescents.

UNFPA is well positioned in the humanitarian space to integrate GBV into emergency response, including targeting migrant and refugee population groups; however, the space is complicated given UN Women's lead role in protection in the Caribbean humanitarian space as of 2024. This requires further coordination to clarify roles and responsibilities between the two agencies.

Youth engagement has been an integral part of the sub-regional programme, specifically enabling strong national youth groups in Suriname and Belize and individual youth leaders in other countries such as Antigua & Barbuda. UNFPA's youth empowerment initiatives have prioritized awareness, advocacy, and leadership development, equipping participants with essential skills in Sexual and Reproductive Health (SRH), Gender-Based Violence (GBV), and other health-related topics through Training of Trainers (ToT) programmes. These efforts have enhanced youth leadership, communication, and problem-solving capacities, enabling young people to address socially taboo issues and actively contribute to their communities.

Through spotlight funding, the Caribbean Observatory on Sexual and Reproductive Health and Rights (SRHR) was established. The Observatory is a civil society-led platform to strengthen the region's positioning to deliver on key advocacy to eliminate GBV and promote SRHR through galvanizing movements to advance legislative and policy changes. The Observatory is an impetus for social monitoring and advocacy to improve SRHR and GBV. During the programme period, through the observatory and, with support from UNFPA, seven policy briefs were produced to inform advocacy and policy dialogue with a focus on adolescent pregnancy prevention. An interactive website with all the evidence produced was developed. International Planned Parenthood Federation (IPPF) Americas and the Caribbean regional office host the Observatory. However, the sustainable functioning of this platform beyond UNFPA support remains a challenge.

Adopting inclusive and culturally responsive approaches, the programmes reached diverse groups, including young mothers and tribal and Indigenous populations, ensuring accessibility and relevance. Youth-led initiatives, supported by innovative tools such as podcasts and satellite Youth Advisory

Groups, bridged gaps in marginalized areas, fostering dialogue and creating safe spaces to discuss sensitive topics. Moreover, these programmes established scalable, sustainable solutions that serve as a model for broader regional dissemination, amplifying the impact and adaptability of youth-driven projects across diverse contexts.

Despite these efforts, more significant investment in sensitization, capacity building, and advocacy is needed to overcome societal and institutional resistance and ensure the effective implementation of CSE across the region.

Output 6: *Regional entities, national Governments, and civil society organizations have improved capacities to deliver comprehensive and integrated gender-based violence response services.*

UNFPA's active engagement with the Spotlight Initiative to end violence against women and girls and interagency collaboration allowed it to produce evidence, studies, and protocols to address GBV. This initiative's achievements have provided a solid basis for continuing to work on GBV prevention and response at different levels and with a multi-stakeholder perspective.

GBV continues to be a relevant issue in Caribbean countries and territories, and the adaptation of tools and protocols, the use of the studies carried out incorporating the perspective of new masculinities, and the participation of boys and men in the eradication of GBV and the change of social norms is significant. Critically, UNFPA has led the accelerated rollout of the GBV Essential Services Package, in line with international standards, in a two-pronged strategy: regionally through the ESP Community of Practice established with CARICOM and at the country level in selected countries including Guyana, Jamaica, Belize, and Trinidad & Tobago. These tools are relevant and available, whereas governmental commitment and dissemination are crucial in implementing follow-up and ownership measures to ensure gains from the previous phase.

UNFPA has made significant strides in integrating Gender-Based Violence (GBV) considerations into humanitarian action, disaster preparedness, and response strategies while addressing the challenges of climate change. Rapid on-the-ground actions, including advocacy with CDEMA and the government of Grenada, have facilitated the incorporation of GBV assessments and psychosocial support services into emergency responses. These efforts were further strengthened by empowering Gender Bureaus to advocate for GBV integration through task force discussions and capacity-building initiatives for responders.

Substantial progress has been made in integrating the Minimum Initial Service Package (MISP) into disaster preparedness policies across four Build Back Equal (BBE)[4] countries in sexual and reproductive health (SRH). Technical capacities within the Ministries of Health have been reinforced through clinical management training and the development of a regional pool of trainers in countries such as Guyana and Jamaica. These initiatives enhance the region's emergency preparedness and align SRH policies with international standards.

Resource mobilization and strategic collaborations have been crucial in advancing emergency response efforts. UNFPA's engagement with national entities—including Ministries of Health, disaster management bodies, and civil society organizations—in Suriname, Belize, and Trinidad and Tobago has bolstered the capacities of national actors. In Belize, efforts have extended to include non-traditional

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[4] This project is being implemented in Dominica, Grenada, St. Lucia, and St. Vincent and the Grenadines.

emergency response stakeholders at national and sub-national levels, ensuring comprehensive preparedness.

Awareness and sensitization around MISP have expanded through training initiatives conducted in countries like Belize, Guyana, Jamaica, and Suriname, with further advancements expected in Trinidad and Tobago in 2024. These training programmes, particularly the Training of Trainers (ToT) conducted in 2022, have proven pivotal in addressing technical expertise gaps. Developing a roster of regional experts to provide training across the Caribbean could further strengthen this approach.

Despite these advancements, integrating emergency planning into broader institutional frameworks remains a complex, long-term process influenced by political dynamics, leadership structures, and inter-departmental coordination. For instance, closer collaboration with the Ministry of Health has highlighted the need for harmonizing emergency planning across various units and leadership structures in Belize. Addressing these challenges will ensure that disaster preparedness and response efforts are sustainable, cohesive, and impactful in the long term.

UNFPA has provided technical support in health stem strengthening about GBV response within the health sector. During the programme period, a total of 7 countries have been supported to develop GBV protocols on clinical management of sexual violence and intimate partner violence. Additionally, more than 100 healthcare workers were trained in the clinical management of rape. In collaboration with PAHO, UNFPA supported the development of training on strengthening the regional health sector's capacity to prevent and respond to violence against women in the Caribbean. This course is designed explicitly for policymakers in the Caribbean to build their skills in public health approaches to preventing and responding to violence against women and girls. The free, open-to-the-public course on self-study is available on the PAHO virtual campus.

Through these initiatives, UNFPA continues demonstrating its commitment to building resilient systems and fostering collaboration to address the unique humanitarian and environmental challenges the Caribbean region faces.

The UNFPA Sub-Region also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. Beyond the UNCT, the SROC participates in Humanitarian Country Teams (HCTs) to ensure that inter-agency humanitarian action is well-coordinated, timely, principled, and effective. The aim is to alleviate human suffering and protect the lives, livelihoods, and dignity of people affected by humanitarian crises. Through these initiatives, UNFPA continues to demonstrate its commitment to building resilient systems and fostering collaboration to address the unique humanitarian and environmental challenges the Caribbean region faces.

Evaluation Methodology and the SRP Theory of Change
The central tenet of the SRPE is the Sub-Regional programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the Sub-Regional programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The Sub-Regional programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the Sub-Regional programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and

reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next Sub-Regional programme's theory of change.

The UNFPA SRP (2022-2026) is based on the following results framework presented as follows:

RESULTS AND RESOURCES FRAMEWORK FOR THE ENGLISH- AND DUTCH-SPEAKING CARIBBEAN (2022-2026)

REGIONAL PRIORITY: An inclusive and equitable region, with gender equality and healthy and empowered people.				
MSDCF OUTCOME: National Governments and regional institutions use relevant data and information to guide and inform the design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those at risk of being left furthest behind. People in the Caribbean equitably access and utilize universal, quality and shock-responsive, social protection, education, health and care services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in the unmet need for family planning has accelerated.				
MSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
MSDCF Outcome indicators: • Number of countries with the proportion of women of reproductive age who have their need for family planning satisfied with modern methods above 77 per cent *Baseline: 4;* *Target: 13* • Number of countries with an adolescent birth rate below 40 per 1,000 girls aged 15-19 years *Baseline: 4;* *Target: 10*	Output 1. Government entities and regional institutions are better able to integrate sexual and reproductive health and reproductive rights into laws, policies and plans.	• Number of countries that have a comprehensive national sexual and reproductive health and rights policy in place that incorporate an essential, integrated service package of sexual and reproductive interventions, including in humanitarian contexts *Baseline: 3; Target: 13* • Number of countries that have a legislative/policy framework that allows adolescents to access sexual and reproductive health services without parental consent, based on their maturity and level of risk *Baseline: 3; Target: 12* • Number of ministries of health with standards for high-quality health care services for adolescents in place, in line with WHO standards, including for the most marginalized adolescent groups *Baseline: 2; Target: 10* • Number of countries and territories where the MISP is integrated into national health sector emergency plans *Baseline: 0; Target: 18*	Caribbean Community; Organization of Eastern Caribbean States, Ministries of Health, Gender Affairs, Justice and Education; National Planning Offices; National Disaster Management Units; academia; national family planning associations and other civil society organizations, including faith-based and community-based organizations; youth networks; Inter-American Parliamentarians Group; international development partners; national statistics offices; and United Nations organizations	$5.7 million ($1.6 million from regular resources and $4.1 million from other resources)
	Output 2. Ministries of health are better able to effectively forecast, procure, distribute and track sexual and reproductive health commodities and collaborate with civil society organizations to create demand and deliver sexual and reproductive health information and services.	• Number of countries with a costed reproductive health commodity security strategy in place *Baseline: 0; Target: 9* • Number of countries with a reproductive health commodity security maturity score of at least 3.5 *Baseline: 2; Target: 9*		$5.0 million ($1.6 million from regular resources and $3.4 million from other resources)
	Output 3. National Governments and regional institutions have increased capacity to collect, analyse and utilize data and information to address structural inequalities and ensure the	• Number of countries and territories with disaggregated population data, by age and sex, for each enumeration area, from the 2020 round of census *Baseline: 2; Target: 22* • Number of countries and territories that produce (a) a common operational data set on population statistics;		$2.6 million ($0.9 million from regular resources and $1.7 million from other resources)

advancement of those at risk of being left furthest behind.	and (b) population projections at subnational levels *Baseline: 6; Target: 22* • Caribbean population data appreciation index populated with information from at least 13 countries *Baseline: No; Target: Yes* • Number of countries with population policies in place that explicitly integrate the ICPD Programme of Action goals and strategies *Baseline: 2; Target: 11*			

REGIONAL PRIORITY: An inclusive and equitable region, with gender equality and healthy and empowered people.

MSDCF OUTCOME: National Governments and regional institutions use relevant data and information to guide and inform the design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those at risk of being left furthest behind. People in the Caribbean equitably access and utilize universal, quality and shock-responsive, social protection, education, health and care services.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction of preventable maternal deaths has accelerated

MSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
MSDCF Outcome indicators: • Number of countries with a maternal mortality ratio below 70 per 100,000 live births *Baseline: 6;* *Target: 13*	Output 4. Health facilities and service providers are better able to provide high-quality maternal health services.	• Number of countries with functioning maternal death surveillance and response systems, with UNFPA support *Baseline: 0; Target:3* • Number of countries with a midwifery workforce profile to inform sexual and reproductive health workforce needs and plans *Baseline: 0; Target:10*	Ministries of Health; regional and national midwives associations; academia; and United Nations organizations;	$2.6 million ($0.9 million from regular resources and $1.7 million from other resources)

NATIONAL PRIORITY: Promotion of rule of law, justice and transnational safety and security and eradication of the culture of violence, including gender-based violence.

MSDCF OUTCOME: Regional and national laws, policies, systems and institutions improve access to justice and promote peace, social cohesion and security.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in gender-based violence and harmful practices has accelerated.

MSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
MSDCF Outcome indicators: • Number of countries with 2021 baseline data that report on a proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, verbal or psychological violence by a current or former intimate partner in the previous 12 months below 5	Output 5. Government entities and civil society organizations have strengthened mechanisms and capacities to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices and undermine the ability of individuals to exercise their sexual and reproductive health and reproductive rights.	• Number of government and civil society organizations with the skills to design and implement positive social norms change interventions in line with the Caribbean Model for Cultural and Behavior Change. *Baseline: 0; Target: 12* • Number of evidence-based advocacy materials produced by the Caribbean Observatory on Sexual Reproductive Health and Rights that were used for legislative or policy reform interventions by civil society organizations and parliamentarians *Baseline: 0; Target:9* • Number of countries with comprehensive sexuality education integrated into the national Health and	Caribbean Community; Organization of Eastern Caribbean States, Ministries of Health, Gender Affairs, Justice and Education; national disaster management units, academia; national family planning associations; civil society organizations, including faith-based and community-based organizations; youth networks, international development	$6.4 million ($1.7 million from regular resources and $4.7 million from other resources)

Baseline: 0; *Target: 5*		Family Life Education curriculum, following international standards *Baseline: 0; Target:9* Number of countries in which civil society organizations deliver out-of-school comprehensive sexuality education, following international standards *Baseline: 3; Target:9*	partners; and United Nations organizations	
	Output 6. Regional entities, national Governments and civil society organizations have improved capacities to deliver comprehensive and integrated gender-based violence response services.	Number of countries that implement the essential service package for survivors of gender-based violence, in line with international standards. *Baseline: 2; Target: 13* Number of countries in which standard operating procedures and protocols are in place in the health sector for the provision of high-quality care to women subjected to intimate partner violence or sexual violence, in line with WHO tools and guidelines *Baseline: 3; Target:13* Number of countries and territories that have coordination mechanisms for gender-based violence in emergencies as a result of UNFPA guidance and leadership *Baseline: 3; Target:8*	Caribbean Community; Organization of Eastern Caribbean States, Ministries of Health, Gender Affairs, Justice and Education; national disaster management units, academia; national family planning associations; civil society organizations, including faith-based and community-based organizations; youth networks, international development partners; and United Nations organizations	$5.8 million ($1.9 million from regular resources and $3.9 million from other resources)

The above Results Framework was revised following the Mid-Term Review exercise conducted at the end of 2024, keeps the original outputs; however, two output indicators have been discontinued and most of the targets have been adjusted. An updated version will be shared with the selected Evaluation team as part of the programming documents.

4.   Evaluation Purpose, Objectives and Scope

The scope of UNFPA's Subregional Office 7th Programme Evaluation aligns with the UNFPA Independent Evaluation Office guidance. It encompasses a comprehensive analysis of the organization's strategic geographical coverage and thematic areas and aims to provide a better understanding of UNFPA's overall performance and strategic positioning within the region, contribution to evidence-based decision-making that is reflective of the subregional needs and priorities through the advancement of the three transformative results in the the context of demographic and social change of countries of the region.

4.1.   Purpose

The SRPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) enhance oversight and accountability to stakeholders by assessing progress towards results and resource use; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; (iii) promote organizational learning by identifying what works, what does not, for whom, under what circumstances, and why; and (iv) empower community, national, sub-regional and regional stakeholders.

4.2.   Objectives

The **objectives** of this SRPE are:
   i.   To provide the SROC, national stakeholders and rights-holders, the LACRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the SROC 7th SRP (2022-2026).
   ii.   To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this SRPE are:
   i.   To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.
   ii.   To provide an assessment of the role played by the SROC in the coordination mechanisms of the UNCTs, with a view to enhancing the United Nations collective contribution to national development results.
   iii.   To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3.   Scope

Geographic Scope

The evaluation will cover the 6 liaison offices within the Caribbean region and territories served by the SROC where UNFPA implemented interventions. The Evaluation team will determine a **sampling strategy** across relevant countries that considers interventions and activities based on relevance, data availability, and contextual considerations. Criteria for relevance may include the distribution of

disbursed core and non-core funds, the distribution of activities that are most important to the outputs of the SRP7 Results Framework, and the distribution of key cross-cutting policy dialogues (such as those related to human rights, gender equity, and disability inclusion) that inform activities at the national and sub-regional levels.

Thematic Scope

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

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current SRP: 2022-2026.[5].

5.   Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs/SRPEs outlined in section 6 (below) and in the UNFPA Evaluation Handbook, the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.[6]

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.

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[5] The evaluators data collection phase will be finalised by the end of Aug 2025.

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

Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

5.2.   Preliminary Evaluation Questions

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

Relevance
1.   To what extent has the SRP addressed the **diverse needs and priorities of multiple countries** in the Caribbean, and what **adaptive and differentiated strategies** could enhance its responsiveness to sub-regional complexities in the future?
2.   To what extent has the SRP leveraged **data as a catalyst for policy and programmatic change**, and what strategies can strengthen data-driven decision-making and impact in the future?
3.   To what extent has the SROC played a relevant role in advancing **resilience building**, and what improvements are needed to enhance UNFPA's **added value** across its transformative results in the Caribbean region?

Coherence
4.   How effectively has the SRP leveraged complementarity, synergies and **joint programming approaches** with other UN agencies or partners at the national and sub-regional level?
5.   How can the SROC support an **integrated programmatic approach** to achieving the 3 transformative results, while enhancing coordination, cooperation and maintaining a **context-specific , differentiated approach**?

Effectiveness

6. To what extent has the **SRP achieved its intended outcomes and outputs**, particularly in strengthening national SRH policies and programmes, GBV services, data and evidence generation, and social norms change?
7. What key factors have influenced the **acceleration of results** under the SRP, and what strategies can be implemented to further enhance the pace and scale of impact in the next programme cycle?

Efficiency

8. Have there been any significant delays or bottlenecks in **programmatic and operational implementation**? If so, what were the main causes and how were they addressed?
9. To what extent has the **internal configuration** of the SROC enabled the efficient achievement of results?

Sustainability

10. How effective is the SRP's **business model** in mobilizing resources, fostering partnerships, and ensuring programmatic and financial sustainability for long-term impact in the Caribbean, and what strategic shifts are needed to enhance its effectiveness in the future?

6. Approach and Methodology

6.1. Evaluation Approach

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

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Sub-Region of the Caribbean 7th (2022-2026), (**see Annex A**) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to

assess how relevant, coherent, effective, efficient and sustainable has the support provided by the SROC been during the period of the 7th Sub-Regional country programmes. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Sub-Region of the Caribbean 7th (2022-2026) made.

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

The SRPE manager in the SROC has established an Evaluation Reference Group (ERG) comprised of key stakeholders of the country programme, including: governmental and non-governmental counterparts at national level, including organizations representing persons with disabilities, the regional M&E adviser in UNFPA LACRO – See [Handbook](#): section 1.5. The ERG will provide inputs at different stages in the evaluation process.

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

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information

about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

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

The SRPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation,*[7] *Ethical Guidelines for Evaluation,*[8] *Code of Conduct for Evaluation in the UN System*[9], *and Guidance on Integrating Human Rights and Gender Equality in Evaluations.*[10] When contracted by the SROC, the evaluators will be requested to sign the UNEG *Code of Conduct*[11] prior to starting their work.

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

The evaluation matrix

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

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the

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[7] Document available at: http://www.unevaluation.org/document/detail/1914.

[8] Document available at: http://www.unevaluation.org/document/detail/102.

[9] Document available at: http://www.unevaluation.org/document/detail/100.

[10] Document available at: http://www.unevaluation.org/document/detail/980.

[11] UNEG Code of conduct: http://www.unevaluation.org/document/detail/100.

matrix, all data and information collected. The SRPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.

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

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

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

Sampling strategy
The SROC will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the SROC has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the SRP.

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

that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

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

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

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

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources assembled by the SROC in a Document repository. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 4-5 weeks *and ensure that it is aligned with the indicative timeframe in Section 10 and in the evaluation work plan in Annex B* weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g., interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

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

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

phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the SRPE manager. During a debriefing meeting with the SROC and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPE/SRPEs

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

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the SRPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the SRPE manager, the evaluator must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- **Verification of accuracy**: The evaluator commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use**: The evaluator is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of 'leaving no one behind', ensuring that AI tool usage avoids exclusion or disadvantage to any group.

7. Evaluation Process

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

7.1. Preparation Phase *(Handbook, Chapter 1)*
The SRPE manager at the SROC leads the preparation phase of the SRPE. This includes:
- SRPE launch and orientation meeting for SROC staff
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference

- Assembling and maintaining background information
- Mapping the SRPE stakeholders
- Recruiting the evaluation team.

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

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

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

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

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

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the SROC and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the SRPE. A period of **3-4 weeks** for data collection is planned for this evaluation. However, the SRPE manager will determine the optimal format and duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:
- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level
- Supplementing with secondary data

- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidation of the feedback

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

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

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

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

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting SRPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of SRPE report version 1 and recommendations worksheet by the SRPE manager and RO M&E Adviser
- ERG meeting on SRPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting SRPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of SRPE report version 2 by the SRPE manager and RO M&E Adviser
- Final SRPE report with compulsory set of annexes (incl completed evaluation matrix)

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

The evaluation report is considered final once it is formally approved by the SRPE manager in the SROC.

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

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

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

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the editorial guidelines of the United Nations and the UNFPA editorial and style guide to ensure high editorial standards
- Contribute to the SRPE communications plan

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

8.   Expected Deliverables
The evaluation team is expected to produce the following deliverables:
- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the situation of the Caribbean sub-region situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the SRPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meetings with the SROC and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, SROC staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Version 1 evaluation report.** The version 1 evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the

SRPE manager, the SROC, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.

- **Recommendations worksheet.** The process of co-creating the SRPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see <u>Handbook</u>, section 4.3).
- **Final evaluation report.** The final evaluation report *(maximum 80 pages, excluding opening pages and annexes)* will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

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

All the deliverables will be developed in English.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process and involves a proactive approach which aims to prevent the production of an evaluation report that would not comply with the ToR. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

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

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the SRPE report comply with the quality assessment criteria

outlined in the EQA grid[12] before submission to the SRPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the version 1 and version 2 of the evaluation report must meet.

- **Executive summary**: Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and country programme; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluation (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
- **Design and Methodology**: The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
- **Recommendations**: They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
- **Structure and presentation**: The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.
- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this SRPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the SRPE manager in the SROC, (iii) the

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

regional M&E adviser in UNFPA LACRO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

10.   Indicative Timeframe and Work Plan

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

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the SRPE[13]

Main tasks	Responsible entity	Deliverables	Estimated Duration
Preparation Phase			
Launch and orientation meeting for SROC staff	M&E Adviser, Dep. Director, SRPE Manager		4-6 weeks
Evaluation questions workshop	M&E Adviser, Dep. Director, SRPE Manager	Revised Evaluation Questions	
Establishing the Evaluation Reference Group (ERG)	M&E Adviser, Dep. Director, SRPE Manager		
Drafting the terms of reference	SRPE Manager, M&E Adviser, SROC Staff	Final version of evaluation ToR	
Assembling and maintaining background information	SRPE Manager, SROC Staff	Document repository with preliminary documents	
Mapping the SRPE stakeholders	SROC staff	Stakeholder Map	
Recruitment of the evaluation team	SROC Senior Management	Call for Evaluators	
Design phase			
Induction meeting with the evaluation team	SRPE Manager and evaluation team		4-5 weeks
Orientation meeting with SROC staff	SROC Representative, SRPE Manager, SRPE staff and RO M&E Adviser		

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[13] For full information on all tasks and responsible entities, see the relevant chapters of the Handbook

Main tasks	Responsible entity	Deliverables	Estimated Duration
Desk review and preliminary interviews, mainly with SROC staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, SRPE Manager	**Stakeholder map**	
Developing the field work agenda	Evaluation team, SRPE Manager	**Field work agenda**	
Developing the initial communications plan	SRPE Manager and SROC communications officer	**Communication plan** *(see Evaluation Handbook, Chapter 5)*	
Drafting the design report version 1	Evaluation team	**Design report- version 1**	
Quality assurance of design report version 1	SRPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, SRPE manager	**PowerPoint presentation on design report version 1**	
Drafting the design report version 2	Evaluation team	**Design report - version 2**	
Quality assurance of design report version 2	SRPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	**Final design report** (see Evaluation Handbook, section 2.4.4)	
Field phase			
Preparing all logistical and practical arrangements for data collection	SRPE Manager		
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	**Photos** *(see Evaluation Handbook, Section 3.2.5)*	3-4 weeks
Filling in the evaluation matrix	Evaluation team	**Evaluation matrix**	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with SROC and ERG	Evaluation team and SRPE manager	**PowerPoint presentation**	
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	**Evaluation matrix**	
Drafting SRPE report version 1	Evaluation team	**Evaluation report - version 1**	9-10 weeks
Quality assurance of SRPE report version 1	SRPE Manager and RO M&E Adviser		

Main tasks	Responsible entity	Deliverables	Estimated Duration
ERG meeting on SRPE report version 1	Evaluation team and SRPE Manager	**PowerPoint presentation**	
Recommendations workshop	Evaluation team, SRPE manager, ERG members	**Recommendations worksheet**	
Drafting SRPE version 2	Evaluation team	**Evaluation report - version 2**	
Quality assurance of SRPE report version 2	SRPE Manager and RO M&E Adviser		
Final SRPE report	Evaluation team	**Final SRPE report** *(see Evaluation Handbook, section 4.5)* **with powerpoint presentation** and **audit trail**	

11. Management of the Evaluation

The **SRPE manager** in the UNFPA SROC, in close consultation with LOs that coordinates the programme at national level, will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The SRPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the SRPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the SRPE manager, for each phase of the SRPE, are detailed in the Handbook.

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

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

- Support the SRPE manager in the development of the ToR, including the validation of evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the version 1 evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in LACRO will provide guidance and backstopping support to the SRPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the quality assurance of the SRPE deliverables. This

includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the SRPE are indicated in the Handbook.

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

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of at least three (3) independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members, including a young and emerging evaluator if possible, who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; gender equality and women's empowerment; and population dynamics). In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the SRPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 7th UNFPA Sub-Regional Caribbean programme.

The evaluation team leader will be recruited internationally (including within the region or sub-region), while the evaluation team members could be recruited at the local level to ensure adequate knowledge of the Sub-region's context. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation Team Leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and guarantee the quality of all outputs at each stage of the process. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the SROC. The team leader will also liaise with the SRPE manager. The team leader will also serve as technical expert for one of the thematic areas of the evaluation

Evaluation Team Members

The other team members of the evaluation team will bring complementary thematic expertise in areas including, but not limited to, SRHR, adolescent and youth, gender equality and women's empowerment, population data and dynamics. Collectively, the team will ensure coverage of all the thematic areas deemed relevant to the SRP.

Team members will contribute to the development of the evaluation design, participate in data collection and analysis and ensure high-quality inputs to all deliverables in their respective areas of expertise, as agreed with the team leader. Team members will also participate in internal and external meetings, including those with the SRPE manager, SROC staff and the ERG, to provide substantive inputs throughout the evaluation process.

12.2. Qualifications and Experience of the Evaluation Team

The evaluation team will combine technical expertise, thematic knowledge and regional experience necessary to conduct a high-quality, independent evaluation in line with UNFPA and UNEG standards.

The team should include professionals with:
- Advanced degrees (Master's degree or higher) in relevant fields such as public health, social sciences, demography or population studies, statistics, or development studies.
- A minimum of 15 years of combined experience in designing, conducting and managing complex evaluations in international development and/or humanitarian settings with a strong record of complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated thematic expertise across the key thematic areas relevant to the SRP, including SRHR (maternal health, family planning), gender equality and women's empowerment, gender-based violence, population dynamics and data for development.
- Proven ability to apply theory-based evaluation designs and mixed-methods approaches, with skills in both qualitative and quantitative data collection and analysis.
- Capacity to uphold the ethics and integrity of the evaluation process, integrating consistently human rights, gender equality and inclusivity throughout all phases of the evaluation
- Understanding of the development and humanitarian context of the Caribbean sub-region, including institutional landscapes and national policy frameworks.
- Strong experience in working effectively within multidisciplinary teams, across sectors.
- Excellent analytical, interpersonal and communication skills .
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluency in English (written and spoken), with the capacity to engage with a wide range of stakeholders in the Caribbean sub-region.

The composition of the team will be aligned with the evaluation design proposed by the team, ensuring the expertise and struct

13. Budget and Payment Modalities

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

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	50%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	30%

The evaluators' lump sum budget will cover consultancy fees, travel expenses and the daily subsistence allowance (DSA).

14. Bibliography and Resources

- World Employment and Social Outlook: Trends 2023. Geneva: International Labour Office, 2023.
- United Nations Population Fund. (2021, June 9). Sub-regional programme document for English-speaking and Dutch-speaking Caribbean (DP/FPA/CPD/CAR/7)
- ECLAC (2024). Population and development in the Caribbean (2018–2023): Accelerating Implementation of the Montevideo Consensus. Economic Commission for Latin America and the Caribbean
- UNICEF (2018). Guyana - Situation Analysis of Adolescent Pregnancy 2018.
- PAHO & WHO (2003). Health Sector Analysis: Sub-regional Report on Adolescent Sexual and Reproductive Health. Washington, DC: Pan American Health Organization and World Health Organization.

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

UNFPA documents
1. UNFPA Strategic Plan (2018-2021) (incl. annexes)
2. UNFPA Strategic Plan (2022-2025) (incl. annexes)
3. UNFPA Evaluation Policy (2024)
4. UNFPA Evaluation Handbook
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office
    - *Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022*
    - *Regional Programme Evaluation*
    - *Evaluation of UNFPA's Strategic Plan 2022 - 2025*
    - *Formative evaluation of UNFPA support to adolescents and youth*

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

SROC programming documents
6. UNFPA Sub-Region of the Caribbean 7th Programme Document (2022-2026)
7. United Nations Common Country Assessment/Analysis (CCA)
8. Situation analysis for the Caribbean UNFPA 7th Country Programme (2022-2026)
9. SROC annual work plans
10. Joint programme documents
11. Reports on core and non-core resources
12. SROC resource mobilization strategy

UNFPA Sub-Region of the Caribbean M&E documents

13. Caribbean Sub-Region/UNFPA 7th Programme M&E Plan (2022-2026)
14. CO annual results plans and reports (SIS/MyResults/QuantumPlus)
15. CO quarterly monitoring reports (SIS/MyResults/QuantumPlus)
16. Previous evaluation of the UNFPA 6th Caribbean Subregional Programme (2017-2021), available at: https://web2.unfpa.org/public/about/oversight/evaluations/
17. Mid-Term Review Seventh Sub-Regional Programme for the English- and Dutch-speaking Caribbean (2022–2026),

Other documents
18. Implementing partner annual work plans and quarterly progress reports
19. Implementing partner assessments
20. Audit reports and spot check reports
21. Meeting agendas and minutes of joint United Nations working groups
22. Donor reports of projects of the SROC
23. HRP- Humanitarian Response Plan and related reports https://response.reliefweb.int/ [optional: for CPE with a humanitarian component]
24. RRP- Refugee Response Plan and related reports https://www.unhcr.org/refugee-response-plans [optional: for SRPE with a humanitarian component]
25. Evaluations conducted by other UN agencies
26. IAHE- Inter-Agency Humanitarian evaluations https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations

15. Annexes

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

Annexes B and C will be made available to the evaluation team upon recruitment.

Annex A: Theory of change
Sub-regional Programme for the Caribbean - Theory of Change

Annex B: Stakeholder map
SROC Directory of Stakeholders (N.B. Link to be added upon recruitment of Evaluation team)

Annex C
Analysis of UNFPA SROC interventions (N.B. Link to be added upon recruitment of Evaluation team)

Annex D: Tentative time frame and workplan

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Design phase																																												
Induction meeting with the evaluation team							■																																					
Orientation meeting with SROC staff							■																																					
Desk review and preliminary interviews, mainly with SROC staff							■	■																																				
Developing the initial communications plan							■																																					
Drafting the design report version 1								■	■																																			
Quality assurance of design report version 1										■																																		
ERG meeting to present the design report										■																																		
Drafting the design report version 2											■																																	
Quality assurance of design report version 2											■																																	
Submission of final design report to SRPE manager											■																																	

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Update of communication plan (based on final stakeholder map and evaluation work plan presented in the approved design report)											■																																	
Fieldwork phase																																												
Inception meeting for data collection with SROC staff												■																																
Individual meetings of evaluators with relevant programme officers at SROC												■																																
Data collection (document review, site visits, interviews, group discussions, etc.)												■	■	■																														
Conducting a data analysis workshop															■																													
Debriefing meeting with SROC staff and ERG															■																													
Update of communication plan (as required)															■																													
Reporting phase																																												

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Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Preparation of SRPE report version 1 and recommendations worksheet															■	■	■																											
Quality assurance of SRPE report version 1 and recommendations worksheet																	■	■																										
ERG meeting on SRPE report version 1																		■																										
Recommendations workshop																			■																									
Revision of SRPE report version 1																				■	■																							
Drafting SRPE version 2																					■	■																						
Quality assurance of SRPE report version 2																						■	■																					
Submission of final evaluation report to EO																							■																					
Development of independent EQA of final evaluation report																									■	■																		
Update of communication plan (as required)																										■																		

Evaluation Phases and Tasks	May				June				July				August				September				October				November				December				January				February				March			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Dissemination and facilitation of use phase																																												
Preparation of management response and submission to PSD																										█	█																	
Finalization of communication plan for implementation																											█																	
Development of PowerPoint presentation of key evaluation results																												█																
Development of evaluation brief																													█															
Publication of final evaluation report, independent EQA and management response in UNFPA evaluation database																														█														
Publication of final evaluation report, evaluation brief and management response on SROC website																															█													
Dissemination of evaluation report and evaluation brief to stakeholders																															█	█	█	█	█	█								

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