

Annex 1: Terms of Reference

TERMS OF REFERENCE FOR THE EVALUATION OF THE UNITED NATIONS POPULATION FUND (UNFPA) 7TH COUNTRY PROGRAMME OF SUPPORT TO THE GOVERNMENT OF THE PHILIPPINES (2012-2016)

1. INTRODUCTION

In 2017, UNFPA Philippines will conduct an independent evaluation of its 7th Country Programme of Assistance to the Government of the Philippines (2012-2016), in accordance with UNFPA 2013 Evaluation Policy.

In line with the Evaluation Policy, this evaluation will serve the following purposes: demonstrate accountability to stakeholders on the contribution of 7th CP to agreed results, generate evidence and lessons to support evidence-based programming in UNFPA, and provide necessary evidence to design UNFPA's 8th Country Programme of Support. The evaluation results will also feed into the ongoing assessment of the UNDAF in the Philippines.

This will be an external, independent exercise conducted by an independent team of evaluators in accordance with UNFPA guidance on Country Programme Evaluations, ethical norms and UNEG standards. The CPE will be managed by the CO in close collaboration with the Regional Monitoring and Evaluation Advisor at the Asia-Pacific Regional Office (APRO).

The primary users of CPE will be decision-makers in UNFPA (at country office and relevant regional and global units), the Executive Board and counterparts in the Government of the Philippines. Additionally partners among donors (Australia, Canada, EU, Hungary, Japan, Kuwait, the United Kingdom, Procter and Gamble, Virgin Unite), civil society, private sector, and other sister UN agencies (e.g. United Nations Children's Fund [UNICEF], World Health Organization [WHO]) are intended audience for the evaluation results.

These Terms of Reference (ToR) set out the details of the evaluation process, methodology, outputs and management arrangements, including quality assurance mechanisms.

2. CONTEXT

The Philippines is a lower middle income country (real GDP per capita USD 1,393 in 2010)¹ with a population of 92.3 million (2010). It is an archipelago of more than 7,000 islands and about 160 ethnic groups.² Based on 2009 data, 26.3 per cent of the population lived below the poverty line, with the estimated number of poor individuals rising from 22.64 million in 2006 to 23.30 million in 2009.³ There were also wide income disparities among regions. CARAGA and the Autonomous Region in Muslim Mindanao, both located in the south, were the poorest regions in 2009 with poverty rates of 54.4 and 47.4 per cent, respectively.⁴

The country's population grew annually at 1.90 per cent⁵. The total fertility rate declined from 4.1 children per woman in 1993 to 3.3 in 2008 and ranged widely among different income groups, from 1.9 for the highest wealth quintile to 5.2 for the lowest.⁶ Based on the 2011 State of the World Population Report, the country was the twelfth most populous in the world and about 49 per cent lived in urban areas⁷.

Based on the 2011 Family Health Survey, the maternal mortality ratio increased to 221 maternal deaths per 100,000 live births from the 1993 baseline of 209.⁸ The unmet need for family planning increased from 17 per cent in 2003 to 22 per cent in 2008, with 28.2 per cent among women from the poorest wealth quintile and 20.5 among women

¹ Selected Economic and Financial Indicators, Bangko Sentral ng Pilipinas

² Danver, S. (2013). Native peoples of the world: an encyclopedia of groups, cultures, and contemporary issues. Armonk, NY: ME Sharpe, Inc.

³ 2012 Full Year Official Poverty Statistics, National Statistical Coordination Board

⁴ *ibid.*

⁵ 2010 Census of Population and Housing, Philippine Statistics Authority

⁶ 2008 National Demographic and Health Survey, National Statistics Office

⁷ 2011 State of the World Population Report, UNFPA

⁸ 2011 Family Health Survey, National Statistics Office

from the richest quintile.⁹ The modern contraceptive prevalence rate was 34 per cent on the average among married women of reproductive age (26 per cent for the poorest and 33.1 per cent for the richest), but was only 22 per cent among all women of reproductive age.¹⁰ There were stock-outs of contraceptives in many provinces and cities. There were about 560,000 abortions per year.¹¹

The percentage of deliveries by skilled birth attendants was 62.2 per cent in 2008 (26 per cent for the poorest quintile compared to 94 per cent for the richest) while deliveries in health facilities stood at 44.2 per cent (13 per cent for the poorest and 83.9 per cent for the richest).¹² Inadequate access to skilled health professionals, emergency obstetric care, and family planning services were the main causes of preventable maternal deaths. As the earlier data showed, there were inequities in access to RH across economic quintiles and even across geographical areas. For instance, indigenous peoples and coastal communities had high rates of maternal and neonatal deaths, due to the high incidence of early marriage and the inaccessibility of rural health units.

Eighty per cent of Filipinos were Roman Catholic and surveys in 2010 showed that 69 per cent of Filipinos supported the passage of a national reproductive health law.¹³ However, the Catholic Church supports only natural family planning methods. Local RH codes then provided the legal framework for procuring and providing RH information and services at the local level. With a new administration in 2010 that was supportive of responsible parenthood based on informed choice, there were opportunities to improve access to family planning for the poorest.

Young people aged 10-24 made up 30 per cent of the population.¹⁴ The adolescent fertility rate (54 births per 1,000 women aged 15-19)¹⁵ was especially high among the poor. Young people accounted for half of all reported sexually transmitted infections and a third of new HIV cases in 2010.¹⁶

As of 2010, the Philippines ranked 59 of 108 countries on the gender empowerment measure and 9 of 134 countries on the global gender gap index.¹⁷ Nevertheless, violence against women was a continuing public health and human rights concern. In 2008, one in five women aged 15-49 years had experienced physical violence, and one in ten sexual violence.¹⁸ Discriminatory provisions persisted in the family code, anti-rape law, and code of Muslim personal laws.

The Philippines is one of the most disaster-prone countries in the world experiencing an annual average of 8-9 typhoons¹⁹ and earthquakes. Climate change and the long-running armed conflict in the south due to Communist insurgency and various extremist groups exacerbated the vulnerability of the country. The resultant displacements of people and adverse socio-economic impacts contributed to the fragile environment for peace and development.

The country's statistical agencies, national government agencies, and local government units also had a limited capacity to generate, collect, analyze, disseminate and utilize accurate, high-quality and disaggregated data and information on population, reproductive health and gender areas. This hampered efforts to ensure evidence-based planning and policymaking at national and sub-national levels.

3. UNFPA's 7th Country Programme of Support to the Philippines

The 7th Country Program (CP) is an assistance that UNFPA extended to the Government of the Philippines originally for five years (2012 to 2016) and extended in January 2016 for two years (2017-2018) to coincide, in conjunction with UNDP and UNICEF, with the duration of the UN Development Assistance Framework (UNDAF 2012-2018). The CP's overall goal mirrored that of the Revised Global UNFPA Strategic Plan (2008-2013) which aimed to contribute

⁹ 2008 National Demographic and Health Survey, National Statistics Office

¹⁰ *ibid.*

¹¹ <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-unsafe-abortion-philippines>

¹² 2008 National Demographic and Health Survey, National Statistics Office

¹³ <http://www.gmanetwork.com/news/story/207185/news/nation/pulse-asia-survey-69-of-filipinos-agree-with-rh-bill>

¹⁴ http://www.wpro.who.int/topics/adolescent_health/philippines_fs.pdf

¹⁵ 2008 National Demographic and Health Survey, National Statistics Office

¹⁶ DOH NEC HIV AIDS Registry December 2010

¹⁷ www3.weforum.org/docs/WEF_GenderGap_Report_2010.pdf

¹⁸ 2008 National Demographic and Health Survey, National Statistics Office

¹⁹ Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA). (January 2009).

to achieving universal access to Sexual and Reproductive Health (including family planning), promoting reproductive rights, reducing maternal mortality, and accelerating progress on the International Conference on Population and Development (ICPD) agenda and Millennium Development Goal (MDG) 5, in order to empower and improve the lives of underserved populations, especially women and young people, enabled by an understanding of population dynamics, human rights and gender equality, and driven by country needs and tailored to country contexts. For further details, please refer to the country programme document (2012-16) in the Annex.

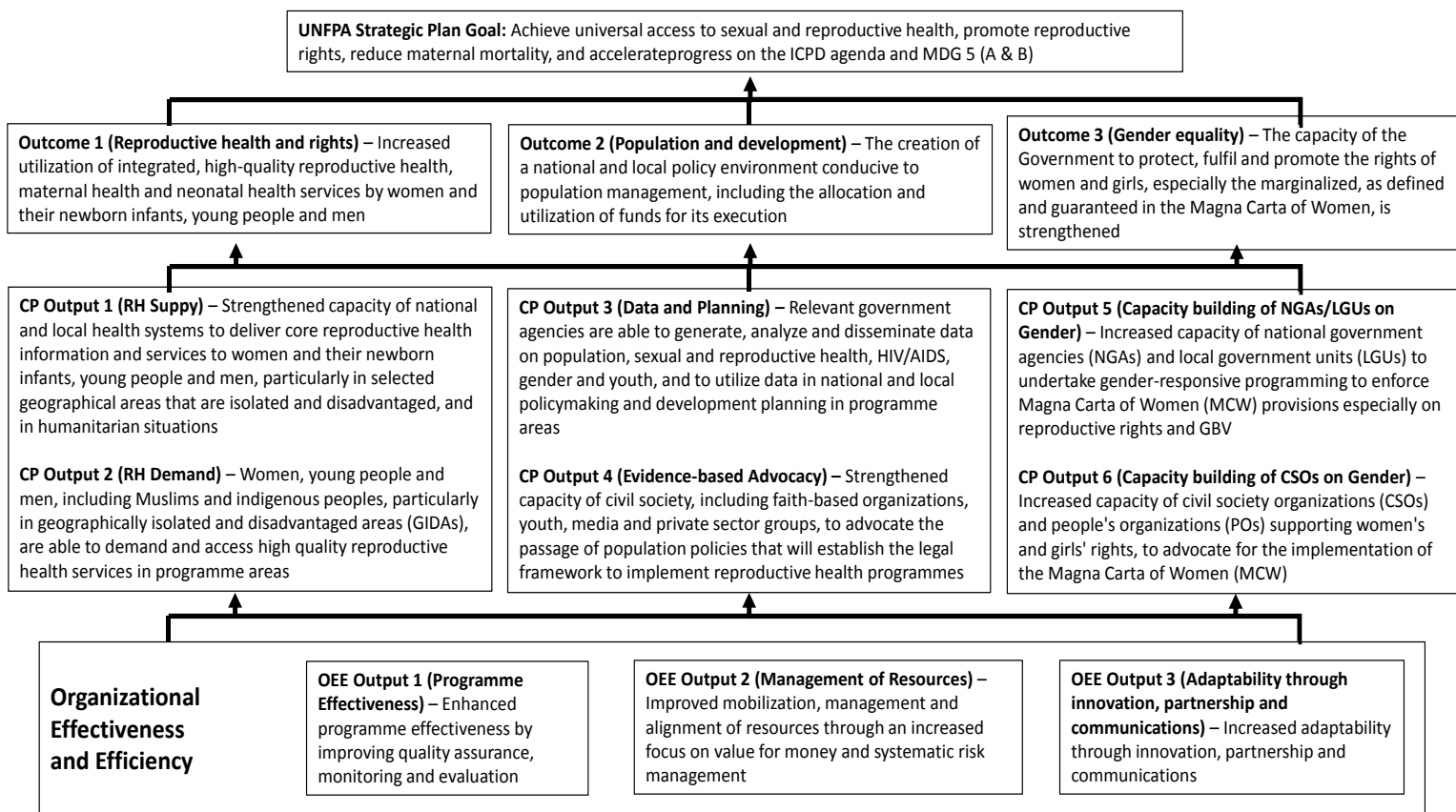
On account of significant external macro- and internal UNFPA-level developments that occurred over the last five years of implementation, the 7th CP's implementation context can be distinguished into two periods -- 2012-2014 and 2015-2016. A more detailed account of the implementation contexts during these periods can be found in Annex B while a summary is provided below.

The first three years was largely characterized by a Country Programme focused on supporting the multi-stakeholder advocacy for the passage of the Responsible Parenthood and Reproductive Health (RPRH) Law in Congress and subsequently defending its constitutionality in the Supreme Court, and on responding to the sexual and reproductive health needs of thousands of women and young people affected by major humanitarian emergencies that were occurring with regularity and increasing intensity every year. Given relatively substantial core and non-core (donor) resources in 2012-2014, UNFPA maintained, alongside its partnerships with national government agencies and national/local civil society organizations, a significantly sized Field Programme characterized by: 1) direct fund transfers to and direct implementation by ten provincial local government partners across the country, and 2) where UNFPA had field officers overseeing one or a cluster of provinces. Support was heavy towards capacity building of service providers of SRH services in said sites, in addition to advocating for the inclusion of SRH, population and development and VAW issues in local government policies and in the local development agenda. A certain level of service delivery in the area of family planning was supported in the context of bridging gaps and needs at a time when the RPRH Law had yet to fully take effect.

On the other hand, the period 2015-2016 marked the full adoption of the UNFPA Global Strategic Plan 2014-2017 and, with it, a business model that clearly differentiated between the way UNFPA engages in a country with the highest need and lowest ability to finance its development programme versus one that has a lower level of need and a higher ability to finance its own interventions. Under this framework, the Philippines was classified as an "Orange" country which presumed that while the country's population showed a high need based on SRH and rights indicators, the government had greater capacity than what "Red" countries would otherwise have to finance its own development programmes.

For 2015-2016, the CO increased its emphasis on upstream and catalytic work and strategic partnerships (which may not necessarily entail signing work plans with the partner) at the national level, such as technical assistance to government to accelerate the implementation of the RPRH Law along key result areas (maternal health, FP, ASRH, HIV/AIDS, GBV), non-traditional partnerships such as with the private sector, and in generating high-quality evidence to support policy-making and programming (e.g. study on the demographic dividend, 15-year longitudinal cohort study on the girl- and boy-child, studies on the social determinants and socio-economic impact of teenage pregnancy). Direct LGU engagement was concentrated in fewer and geographically contiguous provinces, prioritizing support to priority provinces of the updated Philippine Development Plan, and initiating support to Bangsamoro areas as integral to UNFPA's peace-building efforts. UNFPA entered into new modes of engagement with the original 7th CP provinces, shifting from direct programme implementation to more catalytic approaches such as twinning/coaching (exchange of "good" practices between provinces), documentation of 7th CP good practices based on the UNFPA "good practice" criteria, participation in NGA or national NGO-led training or capacity building sessions, participation in national workshops or conferences on issues related to RH and rights, and participation in national advocacy events.

Theory of Change for the UNFPA 7th Country Programme of Support to the Philippines



4. OBJECTIVES AND SCOPE OF THE EVALUATION

The overall objectives of the CPE are: (i) an enhanced accountability of UNFPA and the Philippines country office for the relevance and performance of its country programme, and (ii) a broadened evidence-base for the design of the next programming cycle. The specific objectives of CPE are:

- provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
- provide an assessment of the CO's strategic positioning within the development community and national partners, in view of its ability to respond to national needs while adding value to the country development results; and
- draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

The CPE will cover the time period 2012 up to the first half of 2017 and will include all initiatives under the three outcomes and six outputs of the 7th CP planned and/or implemented during this period, including the humanitarian response. The CPE will cover all national and sub-national level initiatives which were planned and/or implemented during the period 2012 to first half of 2017. Besides the assessment of the intended effects of the programme, the CPE will identify key unintended effects. To complement the assessment of the programme components, the evaluation team will also assess the managerial, operational (e.g. financial, administration, procurement) and monitoring and evaluation systems and structures of the CO.

5. EVALUATION CRITERIA AND EVALUATION QUESTIONS

The CPE will analyze the programmatic areas and the strategic positioning of UNFPA within UNCT. The assessment of programmatic areas will follow the OECD DAC criteria of relevance, effectiveness, efficiency and sustainability.

The strategic position analysis will look at how well UNFPA contributed to the coordination of the UN Country Team and its value addition. Indicative evaluation questions are proposed for each criterion. The evaluation team will select and further refine a maximum of ten evaluation questions in the design report:

Relevance

- a. To what extent is UNFPA support in the fields of RH and rights, population and development, and gender equality (i) adapted to the needs of the population and (ii) in line with the priorities set by the national policy frameworks?
- b. To what extent did the country programme integrate a gender responsive and human rights-based approach to programme planning and implementation?
- c. To what extent has UNFPA ensured that the sexual and reproductive health and other needs of young people (including adolescents) have been integrated in the planning and implementation of all UNFPA supported interventions under the country programme?
- d. To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political change? What was the quality of the response?
- e. **Humanitarian assistance:** To what extent has the country programme taken into account the country's vulnerability to disasters and emergencies in planning interventions?

Effectiveness

- a. To what extent have the 7th CP outputs been achieved, and to what extent have these outputs contributed to the achievement of the 7th CP outcomes?
- b. **Humanitarian assistance:** To what extent has UNFPA responded to the RH and rights issues affecting pregnant and lactating women, young people, and women of reproductive age in general during the major humanitarian crises that occurred from 2012 to the present?
- c. To what extent has UNFPA contributed to an improved humanitarian preparedness in the Philippines in the areas of SRH and gender-based violence from 2012 to the present?

Sustainability

- a. To what extent has UNFPA support helped to ensure that SRH and rights, and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?
- b. To what extent has UNFPA been able to support its partners and target populations in developing capacities and establishing mechanisms to ensure ownership and durability of effects of the 7th CP interventions?
- c. To what extent has the CO established, maintained and leveraged different types of partnerships to ensure that UNFPA can make use of its comparative strengths in the achievement of the country programme outcomes across all programmatic areas?

Efficiency

- a. To what extent has the CO made good use of its human, financial, technical and administrative resources, and has used an appropriate combination of tools and approaches to pursue the achievement of 7th CP outcomes in a timely manner?

UN Country Team Coordination

- a. To what extent has the UNFPA CO contributed to the functioning and consolidation of UN Country Team (UNCT) coordination mechanisms?
- b. To what extent does the UNDAF reflect the interests, priorities and mandate of UNFPA in the country?

Added Value

- a. What is the main UNFPA added value in the country context as perceived by national stakeholders?
- b. To what extent has UNFPA made good use of its comparative strengths to add value to the development results of the Philippines?

6. METHODOLOGY AND APPROACH

The evaluation will be guided by the following standards, among others: Integrating Human Rights and Gender Equality in Evaluation, UNEG Norms and Standards for Evaluation in the UN System, and UNEG Ethical Guidelines for Evaluation (<http://www.unevaluation.org/document/detail/102>). The evaluation will be transparent, inclusive, and participatory, as well as gender and human rights responsive. It will employ quantitative and qualitative methods as necessary. The evaluation will seek and utilize data disaggregated by age, gender, vulnerable groups, etc., to ensure findings that are gender reflective and targeted.

Primary data will be collected through semi-structured interviews and focus group discussions, as appropriate, to measure the achievement of the planned results.

Secondary data will be collected through desk reviews of existing literatures, programme documents, work plans, budgets, progress reports, databases, and various researches conducted by implementing partners.

Stakeholder Participation: The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The evaluation team will refine and finalize the stakeholders mapping initially provided by the CO in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area). These stakeholders may include representatives from the government, non-governmental organizations, private sector, other UN and multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

Sampling strategy. The strategy will reflect the large geographic coverage of 7th CP priority provinces, the wide range of stakeholders, and the time available for data collection. The sampling strategy shall form part of the evaluation team's design report. UNFPA Philippines will provide necessary inputs such as priority programmes, accessibility and logistical support to collect data. The sample of sites and stakeholders shall reflect the variety of 7th CP interventions in terms of themes and contexts (e.g. regular development programming, humanitarian response programming, work with indigenous populations, etc.) across the country's major island groups – Luzon, Visayas, Mindanao.

Validation. All evaluation findings should be supported with evidence. The evaluation team will use a variety of validation mechanisms to ensure quality of data collected. Data must be triangulated across sources and methods. The evaluation team will validate the data with key stakeholders and ensure that there are no factual errors or errors of interpretation and no missing evidence that could materially change the findings.

7. EVALUATION PROCESS

The evaluation will involve the following phases:

a. Design Phase

This phase will include:

- A desk review of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined (2012 up to first half of 2017);
- Stakeholder mapping– the evaluation team will prepare a map of stakeholders relevant to the evaluation and the strength of relationship to the programme. The map will cover state, civil society and other development actors, including UN sister agencies and bilateral donors;
- Reconstructing the intervention logic of the programme – revisit the theory of change and results and resources framework meant to lead from planned activities to the intended results of the programme;
- Developing the Evaluation Matrix: Finalize the list of evaluation questions, identify related assumptions and indicators to be assessed, and data sources (using the template and example provided in the UNFPA Country Programme Evaluation Handbook);
- Developing data collection, sampling, and analysis strategy;
- Developing a concrete work plan for the field phase along with clear delineation of the roles and responsibilities of team members; and

- Finalizing an approved design report. A design report will be produced in accordance to the UNFPA CPE Guidance that is quality assured by the Evaluation Reference Group and approved by the country office.

b. Field Phase

Four weeks will be allocated to collect and analyze data required to answer the evaluation questions. At the end of the field phase, the team will conduct a validation workshop to present to all key stakeholders the data collected, the analysis and emerging findings of the evaluation in an effort to validate these.

c. Synthesis Phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepares a first draft of the evaluation report, taking into account the comments made by the CO and ERG at the debriefing meeting. The draft evaluation report will be submitted to the ERG for formal review and comments. The comments from the ERG will be addressed by the evaluation team in revising the draft final report with an audit trail of response to comments provided. The process will continue until the ERG determines that the report meets the required quality standards.

The country office will convene an **in-country dissemination workshop** attended by the CO as well as key programme stakeholders (including key national counterparts) to share the findings, conclusions and recommendations of the Report. This workshop will provide an opportunity to validate the factual content of the report and broaden the ownership of the evaluation findings and way forward. The team leader will finalize the CPE report, working closely with the team, based on the feedback from this workshop.

The CPE report will be deemed final after being cleared by the ERG. The final CPE report will be submitted to EO for quality assessment. To assist the QA process, the CO will work closely with the APRO M&E Advisor to prepare a draft Evaluation Quality Assessment (EQA) of the CPE and submit it along with the main report.

d. Management Response, Dissemination and Follow Up

The management of the CO will provide management response to each evaluation recommendation. APRO will quality assure the response. The final response will be uploaded in the corporate tracking system within six weeks of CPE submission. The CO will be responsible for periodically updating the status of implementing the management response. The CO senior management will be responsible for ensuring that the lessons and evidence emerging from the CPE fully informs the design of the 8th CP.

A dissemination strategy will be in place to share findings and lessons internally within UNFPA and externally. The evaluation and the management response will be posted on the CO website within six weeks of CPE submission. The findings will be shared with partners and the public through public websites, national and international meetings, conferences, journals and media briefs, as per the dissemination strategy.

8. EXPECTED OUTPUTS AND DELIVERABLES

The evaluation team will produce the following deliverables:

- a. A **design report** (following the attached outline) including (as a minimum):
 - Stakeholder map;
 - Evaluation Matrix (including final list of evaluation questions and indicators);
 - Overall evaluation design and methodology, including a detailed description of the data collection plan for the field phase;
 - Roles and responsibilities of the team members and a work plan;
- b. A **debriefing presentation document** synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO and ERG during the debriefing meeting foreseen at the end of the field phase;

- c. A **draft evaluation report** (followed by a **second draft**, taking into account potential comments from the evaluation reference group);
- d. A **presentation of the results** of the evaluation for the dissemination workshop;
- e. A **final report**, based on comments expressed during the dissemination workshop, and all collected data; and
- f. an **Evaluation Brief**, a two-page summary of key evaluation findings/ conclusions/ recommendations of the final CPE report.

All deliverables will be drafted in English and shall follow the structure and detailed outlines in the Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA.

9. WORK PLAN / INDICATIVE TIMEFRAME

Phases	Activity/ Milestone	Timeframe								Responsible Unit
		Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	
Design	Pre-evaluation briefings with the Evaluation Team (ET) on 7 th CPE expectations and requirements - Presentation by Evaluation Manager (EM), National Programme Officers, International Operations Manager	Wk 1								CO Programme Team, CO Operations Team, Eval'n Manager (EM), ET
	Desk review of secondary data and information for the development of the CPE Design Report	Wks 1-4	Wk 1							ET
	Draft and submit CPE Design Report to the CO/Evaluation Reference Group (ERG)		Wk 1							ET
Field	ET briefing, presentation, and approval of Design Report (including data collection tools and field work plan)		Wks 1-3							ERG, EM, UNFPA CO, ET
	Data collection from Manila-based partners/ stakeholders and those from sampled 7 th CP provinces, including preliminary analysis		Wks 3-4	Wks 1-2						ET
	Debrief at the CO			Wk 3						ET
Reporting	Continuation of analytical work initiated during the field phase			Wks 3-4						ET
	Preparation and submission of first draft evaluation report				Wks 1-2					ET
	Quality assurance of the first draft evaluation report by the ERG, CO, and APRO M&E Adviser				Wks 3-4	Wks 1-4				ERG, EM, UNFPA CO, APRO M&E Advisor
	Preparation and submission of the second draft evaluation report						Wks 1-2			ET
	Presentation and validation of evaluation results in an in-country dissemination workshop						Wk 3			ET, UNFPA CO, ERG, EM
	Preparation and submission of the final evaluation report based on comments expressed during the dissemination workshop, and all collected data						Wks 3-4			ET

	Review of Final Evaluation Report using the EQA Grid and submission of the Final Report and draft EQA to EO							Wks 1-4		ERG (for review and acceptance of final report) EM, APRO M&E Advisor (for review of final report and preparation of draft EQA)
Dissemination and Follow up	Quality assessment of the final evaluation report by HQ								Wks 1-3	EO
	Preparation/ submission to APRO of CO Management Response to Evaluation Recommendations								Wks 1-2	CO Management, UNFPA Programme and Operations Teams, EM
	Quality assessment of the CO Management Response								Wks 3-4	APRO
	National-level dissemination of CPE findings								Wk 4	UNFPA CO, EM

10. COMPOSITION, ROLES AND QUALIFICATIONS OF THE EVALUATION TEAM

The evaluation will be conducted by an independent multi-disciplinary evaluation team composed of an International Consultant/Evaluation Team Leader and three National Evaluation Consultants.

The **Evaluation Team Leader** will have the overall responsibility during all phases of the evaluation to ensure the timely completion and high quality of the evaluation processes, methodologies, and outputs. In close collaboration with national evaluators, she/he will lead the design of the evaluation, guide the methodology and application of the data collection instruments, and lead the consultations with stakeholders. At the reporting phase, she/he is responsible for putting together the draft evaluation report, based on inputs from other evaluation team members, and in finalizing the report based on inputs from the ERG and stakeholders. To complement the assessment of the programme components, she/he will also assess the operational (e.g. financial, administration, procurement) and monitoring and evaluation systems of the CO in both regular development and humanitarian settings.

If feasible, the Team Leader may also serve as the RH, PD, or Gender specialist of the Evaluation Team.

Qualifications, Experience and Competencies of the Evaluation Team Leader (International Consultant)

- An advanced degree in social sciences, political science, economics, statistics, programme management, monitoring and evaluation, or related fields;
- Significant knowledge of and professional experience (minimum 7 years) in complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Should have demonstrable experience in leading multi-cultural, multi-disciplinary evaluation teams;
- Familiarity with the region in general, and Philippines in particular, is essential;
- Substantive knowledge and experience in one of the programmatic areas covered by the evaluation (SRH and rights, population and development, gender equality, adolescent sexual and reproductive health [ASRH], SRH and rights in humanitarian settings);
- Familiarity with UNFPA or UN mandates and operations is necessary;
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Excellent analytical, communication, and reporting skills; and
- Fluency in English.

The three national evaluation consultants will cover the following areas of expertise:

The **Sexual and Reproductive Health Specialist** will primarily be responsible for assessing the RH (including maternal health, family planning, adolescent sexual and reproductive health, and HIV/AIDS) thematic area of the 7th CP in both regular development and humanitarian settings. She/he will take part in the data collection and analysis work during the design and field phases, and shall be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to RH and rights.

Qualifications, Experience and Competencies of the Sexual and Reproductive Health Specialist

- An advanced degree in public health, social sciences, political science, economics, statistics or related fields;
- Substantive knowledge of and professional experience (minimum 5 years) in reproductive health, including themes/issues relevant to: maternal health, family planning, ASRH, HIV/AIDS, cross-cutting themes such as youth and gender, and health systems in general;
- Significant knowledge and experience in complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Good knowledge of the national development context and fluency in English and Filipino (knowledge of other major dialects would be an advantage);
- Familiarity with UNFPA or UN mandates and operations will be an advantage;
- Strong inter-personal skills and ability to work with multi-cultural, multi-disciplinary teams;
- Proven drafting skills in English; and
- Ability to work in a team.

The **Population and Development Specialist** will primarily be responsible for assessing the population and development thematic area of the 7th CP (e.g. collection and analysis socio-demographic data, evidence-based policy advocacy, national capacity development in evidence-based planning, monitoring and evaluation, analysis of population dynamics and their interlinkages with other sectors, strengthening of national statistical systems, etc.), including the use of population data in humanitarian situations. She/he will take part in the data collection and analysis work during the design and field phases, and shall be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to population and development.

Qualifications, Experience and Competencies of the Population and Development Specialist

- An advanced degree in demography, social sciences, political science, economics, statistics or related fields;
- Substantive knowledge of and professional experience (minimum 5 years) in population and development, including themes/issues relevant to: demographic trends (e.g. the demographic dividend), national statistical systems and utilization/analysis of census data, evidence-based policy advocacy, democratic governance, population dynamics, legal reform processes, evidence-based national and local development planning, monitoring and evaluation processes, and cross-cutting themes such as youth and gender;
- Significant knowledge and experience in complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Good knowledge of the national development context and fluency in English and Filipino (knowledge of other major dialects would be an advantage);
- Familiarity with UNFPA or UN mandates and operations will be an advantage;
- Strong inter-personal skills and ability to work with multi-cultural, multi-disciplinary teams;
- Proven drafting skills in English; and
- Ability to work in a team.

The **Gender Equality Specialist** will primarily be responsible for assessing the gender equality thematic area of the 7th CP (e.g. women's human rights and reproductive rights, gender and development, prevention of discrimination, prevention and response to gender-based violence, etc.), including GBV prevention and response in humanitarian situations. She/he will take part in the data collection and analysis work during the design and field phases, and shall be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to gender equality.

Qualifications, Experience and Competencies of the Gender Equality Specialist

- An advanced degree in women/gender studies, social sciences or related fields;
- Substantive knowledge of and professional experience (minimum 5 years) in gender equality, including themes/issues relevant to: women's human rights and reproductive rights, gender and development, prevention of discrimination, prevention and response to gender-based violence, etc., and cross-cutting themes such as youth;
- Significant knowledge and experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Good knowledge of the national development context and fluency in English and Filipino (knowledge of other major dialects would be an advantage);
- Familiarity with UNFPA or UN mandates and operations will be an advantage;
- Strong inter-personal skills and ability to work with multi-cultural, multi-disciplinary teams;
- Proven drafting skills in English; and
- Ability to work in a team.

Indicative Allocation of Working Days per Evaluation Team Member

Evaluation Team Member	Design Phase (Weeks 1-5)	Field Phase (Weeks 5-11)	Reporting Phase (Weeks 11-24)	Total Person-Days Required
Team Leader	16 (incl. travel days)	24 (incl. travel days)	30 (incl. travel days)	70
SRH Specialist	14	22	29	65
PD Specialist	14	22	29	65
Gender Specialist	14	22	29	65
TOTAL	58	90	117	265

11. REMUNERATION AND DURATION OF CONTRACT

Guided by Sections 9 and 10 above, workdays will be distributed between the date of signature and the approval of the submitted final report. The fee to be paid to the evaluation team shall cover professional fees. Travels to 7th CP sites will be covered by a travel advance or reimbursement, as appropriate, following UNFPA's prevailing daily subsistence allowance (DSA) rates. Payment of the fees will be based on the delivery of outputs, as follows:

- | | | |
|----|--|-----|
| a. | Upon signing of the contract | 15% |
| b. | Upon CO acceptance of the design report | 20% |
| c. | Upon CO acceptance of the draft final evaluation report to be used in the dissemination workshop | 40% |
| d. | Upon CO acceptance of the final evaluation report | 25% |

12. MANAGEMENT AND CONDUCT OF THE EVALUATION

Evaluation Reference Group

This evaluation is an independent evaluation, even though it is being commissioned by the unit that is being evaluated. While every effort will be made to protect the independence of the evaluation processes, analysis and reporting, it is also necessary to ensure quality standards are met by the evaluation. To avoid conflict of interest and protect the independence of the evaluation, quality assurance of the evaluation will be entrusted to the Evaluation Reference Group. This group comprises of external group of stakeholders (national government, civil society, multilateral and bilateral donors, sister UN agencies and UNFPA APRO) and will consist of the following members, subject to confirmation and availability:

1. Representative, National Economic and Development Authority (NEDA)
2. Representative, Department of Health (DOH)
3. Representative, Commission on Population (POPCOM)
4. Representative, Department of Social Welfare and Development (DSWD)
5. Representative from Local Government Units (LGUs)

6. Representative from Civil Society Organizations (CSOs)
7. Representative, UNDAF Programme Group (UNPG)
8. Representative, UNDAF Monitoring and Evaluation Group (UNMEG)
9. Representative, Government of Australia's Department of Foreign Affairs and Trade (DFAT)
10. Regional M&E Advisor, APRO UNFPA

The ERG is expected to convene at least three times during the evaluation to ensure the milestones are achieved and has the following specific responsibilities:

- a. Provide inputs to the ToR and assure quality;
- b. Facilitate implementation of the evaluation, particularly during field work (enabling access to key informants, documents, mapping stakeholders, etc.);
- c. Feedback on the quality of evaluation products and processes; and
- d. Broaden the ownership of the evaluation and facilitate broader dissemination of the findings.

The CO M&E Officer will serve as **UNFPA's Evaluation Manager** and will:

- a. Lead the development of the CPE ToR and the preparation of the management response to the evaluation;
- b. Facilitate access to background documents and to key informants during data gathering;
- c. Lead the process of putting together the ERG;
- d. Coordinate the quality assurance process for the evaluation products and processes: ToR, Design Report, Evaluation Report, sampling strategy, validation methods, etc.;
- e. Serve as the CO focal point for APRO, EO and relevant HQ Units;
- f. Coordinate and convene the ERG meetings;
- g. Manage the evaluation budget;
- h. Ensure logistical and administrative support to the evaluation team;
- i. Upload the evaluation ToR, final report, and EQA grid into UNFPA's evaluation database webpage and the CO website; and
- j. Upload on a quarterly basis the implementation status of management response.

The CO Evaluation Manager will be the convener of the ERG and will coordinate and facilitate communications between the evaluation team and the ERG. The ERG team will meet to discuss the ToR of the evaluation, the design report and debriefing after the evaluation fieldwork. Other consultations or requests for inputs from the ERG will be through e-mail communications.

The **UNFPA APRO M&E Adviser** will provide guidance and quality assurance as needed throughout the evaluation process.

The **UNFPA Evaluation Office** will approve the final ToR as well as prequalify the evaluation team. The EO will provide the final Evaluation Quality Assessment of the CPE.

The **UNFPA CO** will provide the necessary documents and reports and refer the team to web-based material or relevant official databases. The CO management and staff will make themselves available for interviews and provide technical assistance, as appropriate. The CO will provide necessary logistical support in terms of providing spaces for the meetings, assist in making the appointments and arranging travels and site visits, when necessary. The CO will assist the evaluation team in preparing and facilitating discussions at the field level. Use of office space will be provided as needed.

13. ETHICAL CONSIDERATIONS

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

14. LIST OF DOCUMENTS AND RESOURCES

Annex 2: List of Persons Met

Serial #	Name of the interviewee and Title	Male/ Female M/F	Representing Organization/Institution	National/Provincial/Municipal/Barangay/other Donor/NGO/
UNFPA Country Office				
1	Klaus Beck	M	UNFPA	National Office (Country Office)
2	Rena Dona	F	UNFPA	
3	Anna Maria	F	UNFPA	
4	Dr Michale Singh	M	UNFPA	
5	Dr. Angelito Umali	M	UNFPA	
6	Dr. Vicente Jurlano	M	UNFPA	
7	Roi Avena	M	UNFPA	
8	Jan Castello	M	UNFPA	
9	Ronnel Villas	M	UNFPA	
10	Philomena Lewis	F	UNFPA	
11	Mukhtar Ahmed	M	UNFPA	
12	Jeff (Finance)	M	UNFPA	
13	Wilmor Israel	M	UNFPA	
14	Ivy Lecitona	F	UNFPA	
15	Rochelle Yu, Cotabato Sub-Office	F	UNFPA	
16	Bel Dado, Former Area Programme Officer, UNFPA	F	UNFPA	
17	Pamela Godoy, Gender Specialist	F	UNFPA	
18	Michelle (Res. Mob)	F	UNFPA	
19	Mario Villamor (Comm)	M	UNFPA	
20	Rio Grace Otara, Gender and Culture Programme Officer	F	UNFPA	
	Sub Total	20	11 M 9 F	
UN Agencies (UNCT)				
21	Ola Almgren, Resident Coordinator	M	RCO	National Office
22	Dr. Gundo Aurel Weiler, Representative	M	WHO	National Office
23	Dr. Jacqueline F. Kitong, Nat' Professional Officer, Technical Office for MCN	F	WHO	National Office
24	Lotta Sylwander, Representative	F	UNICEF	National Office
25	Dr. Mariella Casillo, Health Specialist, Health and Nutrition	F	UNICEF	National Office
26	Mariana , M&E Officer	F	UNDP	National Office
27	Mark Bidder, Head of Office	M	UNOCHA	National Office
28	Akiko Yoshida, Humanitarian Affairs Officer	F	UNOCHA	National Office
29	Rowena Dacsig, Humanitarian Affairs Analyst		UNOCHA	National Office
30	Sapia Taulam	F	UNOCHA	Cotabato Office

31	Dr. Louie Ocampo, Director	M	UNAIDS	National Office
32	Peter Mosende, Strategy Advisor	M	UNAIDS	National Office
33	Maricel Aguilar, Project Officer	F	UN Women	National Office
Donors				
34	Anne Orquiza, Portfolio Manager	F	DFAT	National
35	Nino Rocamora, Snr Programme Officer, Education	M	DFAT	National
36	Name to be inserted	M	DFAT	National
37	Ms. Bryn Sakagawa, Deputy Office Director, Office of Health	F	USAID	National
38	Dr. Yolanda E. Oliveros, Development Assistant Specialist, Office of Health	F	USAID	National
National Government				
Department of Health				
39	Dr. Gerardo Bayugo, Under Secretary	M	DOH	National Government
40	Dr. Eric Tayag, Asst. secretary	M	DOH	National Government
41	Mylene Beltran, Director	F	DOH	National Government
42	Gloria Balboa	F	DO H	National Government
43	Ms Maribeth Afuang	F	DOH	National Government
44	Dr Diego Danila	M	DOH	National Government
45	Francine Lacsamana, Assistant Secretary	F	DOH	National Government
46	Ms Connie Ramos	F	DOH	National Government
47	Ms Ting Marisforque	F	DOH	National Government
48	Ms Niza Cabrera	F	DOH	National Government
49	Ms Cherry Flores	F	DOH	National Government
		11	4m 7f	National Government
National Economic and Development Authority (NEDA)				
50	Rose Edillon, Undersecretary/Depty Dir-General	F		National Government
51	Myrna Asuncion, Asst. Director, SDS	F		National Government
52	Arlene Ruiz, Division Chief, SDS	F		National Government
53	Malou Eudela, M&E Staff Division Chief	F		National Government
54	Tom Javate, Senior Economic Dev. Specilist	M		National Government
Department of Social Welfare and Development (DSWD)				
55	Nolee Macabagdal	F	Social Welfare Officer III, DSWD	National Government
56	Annabel Oidem	F	OIC, Division Chief, DSWD	National Government
57	Helen Suzara	F	OIC, Bureau Director, DSWD	National Government

58	Elgin Mazo	F	Project Development Officer V, DSWD	National Government
59	Jesusa Cabilao	F	Division Chief, DSWD	National Government
Commission on Human Rights (CHR)				
60	Karen Dumpit	F	Commissioner, CHR, Philippines	National Government
61	Leah Barbia	F	OIC of the Gender Equality and Women's Human Rights Centre, CHR	National Government
National Youth Commission				
62	Dr. Robin Espinosa	M	Dir Policy Research and M&E Division	National Government
63	Cynthia Enrique	F	Head of the Policy Development	National Government
64	Mikaela E. Runjo	F	Presidential Staff Officer 1, Policy Research, M&E Division	National Government
65	(name missed)	F		National Government
Other Organizations – NGO/CSO				
66	Prof. Ernesto Garilao, President	M	Zuellig Family Foundation, Health Leadership and Governance Programme	NGO
67	Ramon R. Derige, Vice President for Partnerships	M	Same (ZFF)	NGO
68	Dorielyn Balanoba, MD, Director, HLGP	F	Same (ZFF)	NGO
69	Anjelica Joy Hacnac, MD, Project Manager, HLGP	F	Same (ZFF)	NGO
70	Dr. Carmina A. Aquino, MD Managing Director	F	CHSI	NGO
71	Dr. Cecilia Manuel	F	CHSI	NGO
72	Nilo A. Yacat, Communication Adviser	M	CHSI	NGO
73	Rene Puzalan	M	PDRMO	NGO
74	Marilyn Balocano	F	GAD Focal Person	NGO
75	Rey Occeno	M	Provincial Accountant	NGO
76	Eliza Abejar	F	Accounting staff	NGO
77	Estrella Jolito	F	CHSI field staff	NGO
Municipality of Malungon				
78	Buenvenida Llago	F	Administrative Officer	Local Government Unit
79	Ruth Arango	F	MSWDO	Local Government Unit
80	Ivy Katherine Candelon	F	Nurse	Local Government Unit
81	Rey Ferren	M	Nurse	Local Government Unit
82	Jec Pane	M	Doctor –IP rep	Local Government Unit

83	Dan Benedicto Angonia	M	Vice Mayor Office rep	Local Government Unit
84	Fafaela Hernandez	F	Municipal Health Officer	Local Government Unit
	Province		Sultan Kudarat	Provincial level
85	Datu Pax Mangudadatu	M	Governor	Provincial Government
86	Lily Deretso	F	FP/MNCHN Coordinator	Provincial Government
87	Leticia Rafer	F	Population Officer/PSWDO	Provincial Government
88	Amalia Cachero	F	PPDO	Provincial Government
89	Alelei Guntang	F	PSWDO staff	Provincial Government
90	Elenita Saavedra	F	OIC-PSWDO	Provincial Government
91	Danilo Garcia	M	SP member	Provincial Government
92	Florida Capunan	F	Treasurers Office	Provincial Government
93	Eduardo Duque	M	SB-Chair Committee on Health	Provincial Government
94	Genevieve Garde	F	Accounting Office	Provincial Government
95	Joven Aurejo	M	PPDO staff	Provincial Government
96	Eula Marie Borgado	F	PPDO staff	Provincial Government
97	Viola Tingson	F	Accounting office	Provincial Government
Municipality of Bagumbayan				
98	Jannette de Pedro	F	Municipal Mayor	Local Government Unit
99	Raul Manansala	M	Municipal Health Officer	Local Government Unit
100	Generosa Forro	F	SB Member	Local Government Unit
101	Noel Fuentes	M	SB Member	Local Government Unit
102	Lester Defensor	M	Midwife	Local Government Unit
103	Imee Kasulan	F	Nurse	Local Government Unit
104	Mr. Orania	M	Nurse	Local Government Unit
105	Stephanie Ragados	F	DTTB	Local Government Unit
Municipality of Esperanza				
106	Helen Latog	F	Municipal Mayor	Local Government Unit
107	Dr. Las Pinas	M	Municipal Health Officer	Local Government Unit
108	Donald Jim Owas	M	Nurse	Local Government Unit
109	Araceli Recinto	F	Nurse	Local Government Unit
110	Nelia Yap	F	Nurse	Local Government Unit
111	Delia Yee	F	Midwife	Local Government Unit
112	Mila Almida	F	Midwife	Local Government Unit
113	Margie Alagan	F	Midwife	Local Government Unit
114	Carmeita Manganan	F	Midwife	Local Government Unit

115	Rejina Bareda	F	Midwife	Local Government Unit
	Lambayong District Hospital			
116	Dr. Rex Lampria	M	Chief of Hospital	Local Government Unit
117	Dr. Hermie Baraquia	F	OB-GYNE	Local Government Unit
118	Marissa Figuracion	F	Nurse	Local Government Unit
119	Antonette Rabara	F	Nurse (NDP)	Local Government Unit
120	Emie Lou Gajete	F	Nurse (NDP)	Local Government Unit
121	Jennifer Alcantara	F	Nurse (NDP)	Local Government Unit
	Lambayong National High School (U4U Programme)			
122	Abdula Salisip	M	Principal	
123	Elminhur Usman	M	Student	
124	Norharma Galay	F	Student	
125	Mary Antonnete Blancada	F	Student	
126	Mary Angelique Blancada	F	Student	
127	Mary Angelie Blancada	F	Student	
	Province		North Cotabato	Provincial level
128	Lala Talino Mendoza	F	Governor	Provincial Government
129	Dr. Eva Rabaya	F	Provincial Health Officer	Provincial Government
130	Van Cadungon	M	Provincial Administrator	Provincial Government
131	Noel Baynosa	M	Board Member	Provincial Government
132	Marilyn Balagot	F	Accountant	Provincial Government
133	Ely Nebria	M	FP Coordinator	Provincial Government
134	Junmar Gonzales	M	Population Officer	Provincial Government
	Municipality of Pres. Roxas			
135	Eufemia Mahimpit	F	Nurse	Local Government Unit
136	Lilibeth Bacus	F	Nurse	Local Government Unit
137	Shardin Juen	F	NDP	Local Government Unit
138	Jeanny Fe Herbilla	F	NDP	Local Government Unit
130	Rosalie Ancheta	F	Midwife	Local Government Unit
140	Arabella Yguinto	F	Midwife	Local Government Unit
	Pres. Roxas High School			
141	Melisa Lopez	F	Principal	
142	Rodierito Lopez	M	Head Teacher	
143	Rebecca Lopez	F	Guidance Counselor	
144	Winnie De la Cruz	F	School Nurse	
145	Selected students (7)		U4U initiatives	
	Implementing Partners		Note: Names	Cotabato City

146-149	BDA (names to be inserted)	3M	POPCOM	
150-151	BDA Medical Society	2M	BDA	
156	DOH Region 12- Assistant Regional Director Mateo	1M		
CORDILLERA AUTONOMOUS REGION				
	Province Mountain Province			
157	Bonifacio Lacwasan Jr.	M	Governor	Provincial Government
158	Dr. Penelope Domogo	F	Provincial Health Officer	Provincial Government
159	Mary Falolo	F	Provincial Population Officer	Provincial Government
160	Miguela Augwain	F	PSWDO	Provincial Government
160	Neil Culalisad	M	PDRMO	Provincial Government
161	Edward Chumawar	M	PDRMO	Provincial Government
162	Mary Lee Pilwaen	F	RHM-PHO	Provincial Government
163	Dolores Te-elan	F	Nurse-PHO	Provincial Government
164	Prima Donna Te-glan	F	ARH Coordinator	Provincial Government
165	Judith Padas	F	DMO-DOH	Provincial Government
166	Neil Culalisad	M	PDRMO	Provincial Government
167	Nancy Saganday	F	MSWDO	Provincial Government
168	Judith Pagaduan	F	Medical Officer (Provincial Hospital)	Provincial Government
169	Vergara Kawi	F	MPDO	Provincial Government
170	Nenita Leshardo	F	PHO 1	Provincial Government
171	Miguela Angwain	F	Social Worker, Bontoc General Hospital	Provincial Government
172	Judith Pagaduan	F	Medical Doctor, Bontoc General Hospital	Provincial Government
Luis Hora Medical Center				
173	Dr. Eduardo Calpito	M	Chief of Hospital	
174	Shamae OFO	F	OB	Provincial Government WCPU
175	Delia Ligligen	F	Social Worker	Provincial Government WCPU
176	SPO3 Norma Tuaca	F	PNP-Bauko	Provincial Government WCPU
177	Norma Tuaca	F	Social Worker Luis Hora Memorial Regional Hospital	Provincial Government

Ankileng National High School				
178	Patrick Ponten	M	Principal	
179	Tan-ayen Pecdasen	M	Head Teacher	
180	Kiara Astudillo	F	School Nurse	
181	Cesar Angyab	M	Guidance Counselor	
182	Casandra dawey	F	Teacher-Librarian	
183-194	12 selected students who had undergone U4U and Health Scouts training	11 girls and 1 boy		
Students 1 M 11 F. Other 3 M 2 F				
Municipality of Sagada				
195	Shirley Chiyawa	F	PPO	Local Government Unit
196	Fe Toyokan	F	MSWDO	Local Government Unit
197	Nancy Saganday	F	Nurse	Local Government Unit
198	Josephine Bacolong	F	Midwife	Local Government Unit
199	Esther Kollim	F	Midwife	Local Government Unit
200	Estefania Owaban	F	Midwife	Local Government Unit
201	Andrea Tafala	F	Midwife	Local Government Unit
202	Harriet Aguibing	F	Midwife	Local Government Unit
203	Carol Batoag	F	Nurse	Local Government Unit
Local Women Organization in Sagada provided with livelihood assistance				
204	Maribeth Sanyen	F		
205	Jenny Dawey	F		
206	Alma Indokew	F		
207	Prudence Dawey	F		
208	Leoncia Medine	F		
209	Jennefer Aspelan	F		
Women's group				
Barangay Health Station in Madongo, Sagada				
210	Nancy Awingan	F	Peace and Order staff	Local Government Unit
211	Edward Gayagay	M	Peace and Order staff	Local Government Unit
212	Mary Taudo	F	Barangay Nutrition Scholar (BNS)	Local Government Unit
212	Audrey Diwog	F	BHW	Local Government Unit
213	Julian Dinedip	M	Barangay councilor	Local Government Unit
214	Eusebio Bacdo	M	Committee on Health	Local Government Unit
215	Antonio Cambelod	M	Barangay Captain	Local Government Unit
216	Agnes Ban-ang	F	BNS	Local Government Unit
Province				
Ifugao				
217	Governor	M	Provincial Government	Provincial Government
218	Mary Jo Dulawan	F	Provincial Health Officer	Provincial Government

219	Miriam Baguidudol	F	PPO	Provincial Government
220	Carmelita Buyucan	F	PPDO	Provincial Government
221	Agustina Nocos	F	DMO-DOH	Provincial Government
222	Yvonne Induan	F	DMO-DOH	Provincial Government
224	Jocelyn Aguana	F	PDRMO	Provincial Government
225	Mary Jane Tuway	F	PHO staff	Provincial Government
226	Reynado Jaoraque	M	PHO	Provincial Government
227	Dawlayan Debie	F	PHO	Provincial Government
228	Cecile Unghian	F	PSWDO	Provincial Government
229	Atty Albert Pawingi	M	Provincial Administrator	Provincial Government
230	Raul Sonivestrado	M	DOH-CAR	Provincial Government
231	Manuel Olarte	M	DOH-CAR	Provincial Government
232	Claire Marquez	F	DOH-CAR	Provincial Government
233	Liezel Salosam	F	PSWDO	Provincial Government
234	Florence Banachawe	F	PHO staff	
MPDC FGD				
235	Cherryl Bumanghat	F	MPDC-Lagawe	Local Government Unit
236	Jos Albert Aguana	M	MPDC-Kiangan	Local Government Unit
237	Arnold Guyguyon	M	MPDC-Asipolo	Local Government Unit
	MSWDO FGD			
238	Imelda Cabbigat	F	Population Office	Local Government Unit
239	Susana Gallangi	F	MSWDO	Local Government Unit
240	Maldrid Liwayan	F	PNP	Local Government Unit
241	Maribel Bulinayan	F	PNP	
Barangay Baliwong BHS Birthing Facility				
242	Theresa Kaluydan	F	MHO	
243	Elsa Pagal	F	Midwife	Local Government Unit
244	Kristina Habbiling	F	BHW	Local Government Unit
245	Marceline Bulahao	F	BHW	Local Government Unit
246	Susan Rivera	F	BHW	Local Government Unit
247	Lorna Galap	F	BHW	Local Government Unit
248	Marietta Tayaban	F	BHW	Local Government Unit
249	Jacqueline Tuhog	F	BHW	Local Government Unit
250	Ma. Pauline Tagabat	F	BHW	Local Government Unit
251	Oscar Manoddom	F	Peace and Order staff	Local Government Unit
252	Peter Puhlay	M	Peace and Order staff	Local Government Unit
Youth Center in Lagawe				
253	Evander Kingkingan	M	Student	
254	Gina Kipungon	F	Student	
255	Jane Vhee Paleha	F	Student	
256	April Hongdaan	F	Student	

257	Lorraine Ayoc	F	Student	
258	Antonette Waking	F	Student	
259	Reden Tio-ong	M	Student	
260	Alma Monchiging	F	Caretaker	
Lagawe Women's Crisis Center				
261	Cecile Unghion	F	Social Welfare Officer, Lagawe Women's Crisis Centre	Local Government Unit
262	Susan Gallangi	F	Municipal Social Welfare Development Officer, Municipality of Lagawe	Local Government Unit
263	Mary Jane Gahid	F	Social Worker Lagawe Women's Crisis Centre	Local Government Unit
264	Liezl Saldaan	F	Project Officer, Ifugao Provincial Office	Provincial Government
265	Cecile Unghion	F	Social Welfare Officer, Lagawe Women's Crisis Centre	Local Government Unit
266	Susan Gallangi	F	Municipal Social Welfare Development Officer, Municipality of Lagawe	Local Government Unit
Tacloban City				
	WFS FGD			
267	Carmela Bastes	F	City Social Worker	11 F
268	Joann Luna	F	Social Worker	Local Government Unit
269	Marlyn Macarayan	F	Social Worker	Local Government Unit
270	Mary Ann Avelino	F	WFS facilitator	
271	Ruby Ann Advincula	F	"do"	
272	Estrelita Francisco	F	"do"	
273	Evelyn Acebed	F	"do"	
274	Maricor Delatorre	F	"do"	
275	Roseanne Noveda	F	"do"	
276	Nenita Talisay	F	"do"	
277	Leonora Verunque	F	"do"	
	Eastern Samar Provincial level			
278	Engr. Picardal	M	Acting Governor	
279	Marian Isiderio	F	Provincial Health Officer	Provincial Government
280	Josefina Poligula	F	PSWDO	Provincial Government
281	Doris Canegas	F	PSWDO staff	Provincial Government

282	Alesa Ypil	F	AHP Point person	Provincial Government
283	Edna Tumandao	F	FP Coordinator	Provincial Government
284	Ma. Josefina Titoy	F	PDRMO	Provincial Government
285	Luz Montanez	F	PDRMO	Provincial Government
286	Gene Lomboy	F	Nurse	Provincial Government
287	Sallie Jabinol	F	Nutritionist	Provincial Government
288	Emma Bacoli	F	Admin Officer	Provincial Government
289	Mryna Parones	F	PSWDO	Provincial Government
290	Eva Lea Doncillo	F	PSWDO	Provincial Government
291	Rodel Perlino	M	PHO	Provincial Government
Municipality of Salcedo				
292	Melchor Mergal	M	Mayor	
293	Dr. Ma. Socorro Campo	F	MHO	
294	Ma Amelita Gallego	F	Municipal Social Welfare Development Officer, Eastern Samar	Local Government Unit
Barangay Matarinao BHS- Salcedo -Birthing Facility				
295	Lorna Navidad	F	Midwife	Local Government Unit
296	Albino Garcia	M	Barangay Officials	Local Government Unit
297	Maura Abaronso	F	"do"	Local Government Unit
298	Nilo Padrique	M	"do"	Local Government Unit
299	Antonio Garcia	M	"do"	Local Government Unit
300	Rodolfo Ofarao	M	"do"	Local Government Unit
301	Miguel Ogana	M	"do"	Local Government Unit
302	Jose Corre	M	"do"	Local Government Unit
303	Rolando Baldomero	M	"do"	Local Government Unit
304	Alan Berongoy	M	"do"	Local Government Unit
Barangay Sta Margarita- Quinapondan- Birthing Facility				
305	Vicenta Ablete	F	Midwife	Local Government Unit
306	Denver Balbuena	M	Local Chief Executive Officer	Local Government Unit
Barangay Paya BHS			Giporlos	Birthing Facility
307	Fritzy Odoron	F	Vice Mayor	Local Government Unit
308	Dr. Marilyn Caponong	F	MHO	Local Government Unit
309	Lina Gio	F	Nurse	Local Government Unit
310	Lilia Losanto	F	Midwife	Local Government Unit
311	Richelle Colibao	F	NDP	Local Government Unit
312	Marife Llevado	F	Midwife	Local Government Unit
313	Erlinda Elacio	F	Chair-Committee on Health	Local Government Unit
314	Tomas Cabas	M	Barangay Chairman	Local Government Unit
315	Jenelyn Losanto	F	BHW	Local Government Unit
316	Virginia Matiga	F	BHW	Local Government Unit
317	Milagros Ronille	F	BHW	Local Government Unit
318	Jonalyn Napato	F	BHW	Local Government Unit

319	Nilda Baguis	F	BNS	Local Government Unit
	NGO/CSO			
320	Mary Jardiniano, Executive Director,	F	Women's Care Center, Inc. (WCCI)	NGO
321	Ana Maria Nemenzo	F	National Coordinator, WomanHealth Philippines	NGO
322	Ma. Luisa Lentejas, Program Officer,	F	WomenHealth Philippines	NGO
323	Jean Enriquez, Executive Director,	F	Coalition Against Trafficking in Women - Asia Pacific (CATW-AP)	NGO
324	Clydie Pasia, Program Officer,	F	Coalition Against Trafficking in Women - Asia Pacific (CATW-AP)	NGO
325	Janica Rosales, Researcher	F	Coalition Against Trafficking in Women - Asia Pacific (CATW-AP)	NGO
326	Bernadette Madrid, Executive Director	F	Child Protection Network Foundation, Inc	NGO
327	Anna Teresa Clemente, Project Officer	F	Child Protection Network Foundation, Inc	NGO
328	Farida Magcaan, Head of Office,	F	Community Family Services International	NGO
329	Mohammad Ryan Diomla ,Project Coordinator,	M	Adolescent Support Project, Community and Family Services International	NGO
330	Diego Maranan, Consultant,	M	Women's Education, Development, Productivity and Research Organization, Inc	NGO
331	Lody Padilla , Gender and Development Expert	F	Women's Education, Development, Productivity and Research Organization, Inc	NGO
332	Datsikie Ampilan	M	Executive Director, Magungaya Mindanao, Inc	NGO
333	Norsalan Bago	F	Head of Programme, Magungaya Mindanao, Inc	NGO

	Glenn D. Prudenciano, Mayor	M	Alfonso Lista
	Philippine Legislators' Committee on Population and Development Foundation (PLCPD)		
	Romeo C. Dongeto	M	
	Rio Magpayo	M	
	Ma. Aurora Quilala	F	
	University of the Philippines, School of Statistics		
	Dr. Dennis Mapa, Dean	M	
	University of the Philippines Population Institute (UPPI) and Demographic Research and Development Foundation (DRDF)		
	Dr. Grace T. Cruz, UPPI Professor and Chairperson, DRDF	F	
	Dr. Midea M. Kabamalan, UPPI Director and Associate Professor	F	
	Dr. Josefina N. Natividad, UPPI Professor and YAFS4 Project Director	F	
	Office of Population Studies Foundation (OPS), University of San Carlos		
	Dr. Judith Borja, OPS Director and Project Director of the Longitudinal Cohort Study	F	
	Philippine Statistics Authority		
	Dr. Lisa Grace S. Bersales, National Statistician	F	
	The Forum for Family Planning and Development, Inc.		
	Mr. Ben De Leon, President	M	
	House of Representatives		
	Rep. Teddy Baguilat, Representative of the Lone District of Ifugao and former Governor of the province	M	
	Mothers and the spouses – Half way Home facility		
	Teenage Counselling facility (teenage mothers)		
	FGDs with mothers (in Sagada),		

Some names may have been missed while preparing the lists.

Annex 3: List of Documents Consulted

1. DSWD Manual on Women Friendly Spaces: A Guide for Service Providers
2. DSWD Gender Responsive Case Management Trainers' Manual
3. DSWD Comprehensive Intervention-Based against Gender Violence
4. DSWD Powerpoint Presentation: DSWD and UNFPA Partnership 7th CP of Support to the Government of the Philippines (2012-2016 with 2 year extension 2017-2018)
5. DSWD Annual Workplans, 2012 to 2018
6. WEPDRO Annual Workplan, 2014
7. EngenderRights Annual Workplan, 2015
8. CATW-AP Annual Workplan, 2015
9. CHR Annual Workplan, 2012, 2016, 2017
10. DSWD Annual Workplans, 2012-2017
11. CERF 2016 AWP for the Marawi Response
12. CERF 2017 AWP for the Marawi Response
13. NGO Consortium – GBV Prevention Response for Typhoon Yolanda, 2014
14. MMI Annual Workplan, 2016, 2017
15. CPNF Workplan 2012, 2013, 2014, 2015, 2016, 2017
16. Kilalanin Natin ang Republic Act 9208 Batas Laban sa Trafficking (in 4 local dialects)
17. Feminist Approaches to Crisis Intervention
18. Leadership Journey: Learning Journal and Workbook (Municipal Leadership and Governance Programme)
19. The Model Family in Islam: Official Ruling (FATWA) on Early Forced Marriage; Pre-Marriage; Comprehensive Gender and Health Education for the Youth; and Gender-based Violence
20. Let our Voices Be Heard: Report of the Commission on Human Rights Philippines National Inquiry on Reproductive Health and Rights
21. Responsible Parenthood and Reproductive Health Act of 2012 (R.A. No. 10354) Implementation: Planning, Monitoring and Evaluation (PME) Guide
22. Philippine Development Plans, 2010-2016 and 2017-2022
23. Annual Reports: 2012, 2013, 2014, 2015 Child Protection Network Foundation, Inc.
24. Gender and Development Code of Ifugao (Ordinance No. 2007-046)
25. Barangay VAW Desk Handbook , 2012 DILG in collaboration with PCW, DOH, DepED, and DSWD
26. Manual of Operation Sumyan Centre Provincial Government of Mountain Province
27. The 17th 8th Session SP of Mountain Province- Mountain Province Resolution No. 2013-270 A Resolution Replicating the Implementation of the Comprehensive Intervention Against in Mountain Province and Authorising the Provincial Governor to enter into MoA with DSWD
28. The 67th Session 9th SP of Mountain Province – Provincial Ordinance No. 283 An Ordinance Revising The GAD Code of Mountain Province (PO No.81, S. 2008)
29. The 131 Session 8th SP of Mountain Province PO No 252 An Ordinance Revising The Children's Code of the Provinces and Amending for the Purpose of Provincial Ordinance NO. 24, S. 2001; Provincial Ordinance. 77, S. 2007 and Provincial Ordinance No. 126, S. 2014
30. Ifugao Police Provincial Office and Ifugao Provincial Social Welfare and Development Office MoU Towards Enhancing Services to the People of Ifugao through Concerted,

- Complementary, Efficient and Efforts in Addressing Common Concerns within Mandates of Both Agencies
31. Executive Order No. 23 Series of 2016 An Order Re-organizing the Gender and Development Focal Point Systems of the Provincial Local Government of Ifugao
 32. Executive Order No. 12 Series 2010 An Order Creating the Provincial Council Against Gender Violence and Trafficking in Persons
 33. Executive Order No. 17 Series of 2013 An Order Creating the Provincial Council Against Gender Violence and Trafficking in Persons
 34. GAD Plan, 2018, Ifugao, CAR
 35. GAD Code of Malungon, Ordinance No. 12-2015-073
 36. Province of Eastern Samar, Borongan City PSWDO Report on Women Friendly Spaces in Balangkayan, Hernani, General McArthur, Balangiga, Guian, Quinapondan
 37. Luis Hora Memorial Regional Hospital, Abatan, Bauko, Mountain Province: Statistics of WCPU Clients from 2013 to 2017
 38. GAD Plan and Budget 2018, Malungon, Sarangani
 39. GAD Plan and Budget 2017 and 2018, Malungon Sarangani, Province
 40. UNFPA 7th CP 2012-2016 Strategy on Policy Advocacy
 41. UNFPA Strategic Plan, 2014-2017
 42. UNFPA Strategic Plan, 2008-2013
 43. UNFPA 7th CP, 2012-2016
 44. UNDAF 2012-2018
 45. UNDAF Evaluation 2017
 46. UNFPA Strategy Document for the UNFPA 7th CP of Assistance
 47. Establishment of WFS and GBV Watch Groups Intervention in Humanitarian Settings: Evaluation Report
 48. WCPU and MDT Evaluation Report, 2015 (Draft)
 49. Local Committee on Anti-Trafficking and Violence Against Women and Children (LCAT-VAWC), 2014
 50. Philippine Statistics Authority (PSA). 2016. *Philippines in Figure 2016*. Quezon City: PSA
 51. PSA. 2017. *Philippines in Figure 2017*. Quezon City: PSA
 52. PSA. 2017. *Philippine Statistics in Brief 2017*, p. 18.
 53. PSA website <https://psa.gov.ph/content/urban-barangays-philippines-based-2010-cph>
 54. PSA. 2016. *Factsheet on Women and Men in the Philippines, FS-201603-PHDSD-01*
 55. PSA National Accounts (3rd Quarter 2017)
 56. PSA National QuickStat as of October 2017
 57. *2016 Human Development Report*
 58. NEDA. 2017. *Philippine Development Plan 2017-2022*
 59. International. *NDHS 2008*
 60. Philippine Statistics Authority (PSA) and ICF. 2018. *Philippines National Demographic and Health*
 61. *Survey 2017: Key Indicators*. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF.
 62. PSA (2016) Highlights of the Philippine Population 2015 Census of Population. Viewed on 29 Nov. 2017 from <https://psa.gov.ph/content/highlights-philippine-population-2015-census-population>

63. Pernia, E.M. **Press Conference on the Performance of the Philippine Economy for Third Quarter 2017 (16 Nov. 2017)**. Viewed on 29 Nov. 2017 from <http://www.neda.gov.ph/2017/11/17/statement-of-socioeconomic-planning-secretary-ernesto-m-pernia-during-the-press-conference-on-the-performance-of-the-philippine-economy-for-the-third-quarter-of-2017/>
64. Philippine Statistics Authority (PSA) [Philippines], and ICF International. 2014. *Philippines National*
65. *Demographic and Health Survey 2013*. Manila, Philippines, and Rockville, Maryland, USA: PSA and ICF

Annex 4: Evaluation Matrices

UNFPA Philippines Country Programme Evaluation (CPE) Evaluation Matrices

RELEVANCE (EQ 1-EQ3)			
Relevance (3 questions) EQ1) To what extent is UNFPA support in the fields of RH and rights, population and development, and gender equality (i) adapted to the needs of the population and (ii) in line with the priorities set by the national policy frameworks? (Addresses all three programmatic areas)			
Assumptions to be addressed	Indicators	Sources of data/information	Methods and tools for data collection
<p>The objectives and strategies of the three programme areas are consistent (in line) with the priorities as reflected in the national policy frameworks (national strategies and policies) in the UNFPA Strategic Plan.</p> <p>Country Office had rounds of dialogue with national and local partners to ensure that SRH, GE and P&D objectives and strategies are consistent with priorities indicated in national policy frameworks.</p> <p>CP7 interventions are in line with ICPD and 2030 Agenda</p> <p>The needs of the population, in particular those of vulnerable groups were well taken into account during</p>	<ul style="list-style-type: none"> - Alignment of the objectives and strategies of AWP's in the area of SRH and rights, PD and GE with the goals and priorities set in the PDP - Alignment of objectives and strategies in AWP's with the goals and priorities set in the UNDAF - Extent to which the objectives and strategies of SRH, gender equality and PD are consistent with national policies - . - Evidence of an exhaustive and accurate identification of the needs prior to the programming of SRH, PD and Gender Equality - ICPD POA , 2030 Agenda and CP7 interventions comparisons - Evidence of an exhaustive and accurate identification of the needs prior to the programming of SRH, PD and GE. - The selection of target groups of UNFPA 	<ul style="list-style-type: none"> - Country Program Document/ CPD and AWP's - National policy/ strategy documents(PDP, PPMP) - Needs assessment studies - CCA, UNDAF - SITAN 2010 - Country Office staff -Implementing partners (State actors: DSWD, CHR, DOH, POPCOM, BDA, Provincial/Municipal/Baranggay officials; Non state actors: WEDPRO, CATAWP, WomanHealth, WCC, WCPUF, Inc., MMI) - Programme Beneficiaries (PLW; young people (girls and boys) - ICPD POA, SDG 2030 - 	<ul style="list-style-type: none"> - Document review and analysis - Interviews with UNFPA POs - Interviews with - Focus groups discussions - Interview with beneficiaries

the design and programming/planning process.	<p>programme interventions is consistent with the identified needs and national priorities in the CPD and AWP.</p> <ul style="list-style-type: none"> - Frequency of dialogues with stakeholders and partners. - The objectives and strategies of the UNFPA interventions have been discussed and agreed upon with the national and local partners. - Extent to which specific attention has been paid to youth in SRH and Rights. - Extent to which the objectives and strategies of SRHR are consistent with national and sectoral policies - Evidence of the interventions planned in the AWP in the fields of SRH and rights, GE and PD were targeted at most vulnerable/disadvantaged/marginalized/ and excluded population groups in a prioritized manner.(poorest of the poor women, couples and youth (girls and boys), indigenous people, Muslim population youth, women, teen mothers, urban poor) - The criteria for the selection of, target groups and UNFPA programme intervention areas in the field of SRH, GE and population and development included the identified needs of these target groups 	<ul style="list-style-type: none"> - UNDAF - AWP - National policies and strategies - UNFPA Strategic Plans (2 SPs) <p>Programme Officers of UNFPA</p> <ul style="list-style-type: none"> - Needs assessment studies - CCA, UNDAF - SITAN 2010 - Country Office staff (Relevant Programme Officers - Implementing partners/beneficiaries - Correspondents/Memos, Concept notes by CO to the Implementing partners 	<ul style="list-style-type: none"> - Documentary analysis - Interviews <p>KII with line agencies at the local and national levels</p>
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EQ 2: To what extent did the country programme integrate a gender responsive and human rights-based approach to programme planning and implementation .			
The Country Program (CP7) provides opportunities for the population groups in need of sexual and reproductive rights and health to participate in the program to exercise their reproductive rights and accessing reproductive services and family planning programs.	<ul style="list-style-type: none"> - Presence and reach of participatory mechanisms for the target population groups in CP planning and implementation - Availability of IEC materials in the context that is easily understood by the populations being served - Availability of FP services that are accepted by the populations being served - 	<ul style="list-style-type: none"> - CO and CP sites - Target population groups - Document Reviews and Evaluation Reports - Health facilities - Health facility staff - UNFPA CO staff 	<ul style="list-style-type: none"> - Documentary analysis - Interviews - FGDs with beneficiaries - Observation – health facilities and services
Laws, policies, strategies and plans (national and local levels) to enhanced SRHR were crafted from a rights-based perspective and are gender sensitive and gender responsive are institutionalized .	<ul style="list-style-type: none"> - UNFPA supported policies, strategies and plans at the national and local level , that are guided by the principles of participation, social inclusion, equality, non-discrimination and rule of law. - The national development plan (previous and current administration) addresses gender (in) equality and human rights concerns especially for SRHR -Type and number of advocacy activities supporting GBV that are conducted by different national and local partners, and CSO groups 	<ul style="list-style-type: none"> - CP sites (for local policies) - UNDAF - AWPS - Gender and Development Plans at the national and local levels - Monitoring report by UNFPA - Country Office Annual Reports 	<ul style="list-style-type: none"> - Documentary Analysis - KI Interviews - - KII with CSO groups particularly women-led groups - FGDs with programme partners and beneficiaries

Technical capacity of national, local government and CSO partners to deliver SRHR, and PD that is gender responsive is increased	<ul style="list-style-type: none"> - Evidence of UNFPA's role in promoting the involvement of men and boys in various aspects of reproductive health. - Evidence of life-cycle approach to SRH consistently pursued in the CP sites. - Presence of sex- disaggregated data in SRH needs and service provision - Technical expertise of UNFPA have been tapped for reproductive rights 	<ul style="list-style-type: none"> - UNFPA CO - CP sites - DOH/POPCOM - CSOs - LGUs - AWP, related documents - 	<ul style="list-style-type: none"> - Documentary analysis - Interviews
<p>Increased capacity of state and non-state actors (national and local levels) to mainstream SRHR in the human rights-based approach in humanitarian crisis situations</p> <p>SRH needs of target populations are integrated in the planning of P&D and GE projects/interventions.</p> <p>M&E is conducted regularly to ensure that integration is implemented.</p>	<p>Training on and presence of mechanisms for: a) accountability to those receiving aid in emergencies; b) participation and inclusion to help ensure that the cultural context and the particulars of an emergency are considered; and c) equality and non-discrimination</p> <ul style="list-style-type: none"> -Review of AWP to ensure that a gender responsive and human rights-based approach are integrated in the planning and implementation of P&D projects -Institutionalization of M&E process -Regularity of conduct of M&E to ensure integration of SRH and other needs in P&D projects/interventions -Regularity of conduct of M&E to ensure that a gender responsive and human rights-based approach are integrated in P&D project implementation 	<p>UNFPA CO CP sites – Implementing partners</p> <p>AWP and Quarterly work plans (QWPs)</p> <p>-CO meeting notes documenting the reviews</p> <p>- Country Office staff (Relevant Programme Officers)</p> <p>M&E reports, Progress reports, field reports</p>	<ul style="list-style-type: none"> - Documentary analysis - Interviews <p>Document analysis</p> <p>Interviews with POs</p> <p>Interviews with implementing partners</p> <ul style="list-style-type: none"> - KII with line agencies at the provincial and local levels - KII with

<p>In line with the Magna Carta of Women (with a focus on reproductive rights and GBV), technical capacity of national, local government and CSO partners to undertake gender responsive programmes is increased.</p> <p>Increased capacity of state and non-state actors (national and local levels) to mainstream GBV prevention and response, in particular humanitarian crisis situations</p>	<p>Evidence of:</p> <ul style="list-style-type: none"> - Technical expertise of UNFPA have been tapped for GBV and reproductive rights - National and sub-national mechanisms on gender-based violence functioning - Number of national and local government plans that addresses GBV and reproductive rights - Increase on the number of reported GBV cases in UNFPA programme sites - Number of violence prevention response activities that target vulnerable adolescents and youth, engaging men and boys to promote gender equality, and working closely with faith-based networks and cultural leaders to reinforce support systems. - Number of capacity building initiatives to strengthen services, information and referral systems for survivors of GBV - Number of capacity development programmes conducted for humanitarian partners to effectively design, manage, and evaluate programmes to address gender-based violence in emergencies. - WCPU data on women and children 	<ul style="list-style-type: none"> - Framework Plan for Women - Capacity Building Strategy on GBV for state and non-state - National and local level stakeholders - Training modules developed - Curriculum developed - Field visits - Monitoring reports by UNFPA - Monitoring reports by Implementing Partners - National and local Gender Budgets and Plans and its monitoring reports - Women's Legislative Priority Agenda or Legislative Briefs - AWP - CPAP - Police Reports - Line Ministries such as DOH, DSWD, PCW - Country Office Annual Reports - members of Multi-Disciplinary Teams (MDTs) in selected Municipalities - Humanitarian Action Plans - Monitoring reports - AWP - WFS sites 	<p>WEDPRO</p> <ul style="list-style-type: none"> - FGDs with WCPUs in selected provinces - KII with DSWD (national level) - KII Commission on Human Rights - Documentary analysis - Interviews with UNFPA CO Staff - KII with CSO groups particularly women-led groups - Field visit to selected WFS sites - Focus group discussion with trained GVB advocates or support groups, both women and men
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EQ 3: To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis (Humanitarian crises) or major political change?			
<p>The CO was able to adequately respond to changes in national needs and priorities (e.g. hiatus in the implementation of RPRH Law; change in Government administration)</p> <p>Objectives of the AWP were adjusted to respond to national needs and priorities or shifts caused by humanitarian crises or major political change</p>	<ul style="list-style-type: none"> - Turnaround of the CO response - CO capacity to adjust the objectives of the CPAP and AWP - Extent to which the response was adapted to emerging needs, demands and national priorities - Balance struck between short-term and long-term objectives - Extent to which the reallocation of funds towards new activities is justified - Extent to which the CO has managed to ensure continuity of the initial objectives of CPAP while responding to emerging needs and demands <p>Number/frequency of requests received from national and/or local partners for humanitarian assistance</p> <p>-Timeliness of response (Number of</p>	<ul style="list-style-type: none"> - AWP - UNFPA Country office staff - UNCT -UNOCHA - other UN staff - Final beneficiaries <p>AWPs</p> <p>National policy/ strategy documents</p> <p>CO M&E staff</p> <p>Quarterly communications with partners, Implementing partners</p> <p>CPD</p> <p>AWP</p>	<ul style="list-style-type: none"> - Documentary analysis - KI Interviews -Interviews, -Group discussions -Focus group discussions -Phone interviews <p>Document analysis</p> <p>Interviews with POs</p> <p>Interview with M&E staff</p> <p>Interviews with implementing partners</p>

<p>Country Office was flexible to adjust its program funds to accommodate humanitarian assistance during crisis situations in the country</p>	<p>days/months when requested humanitarian assistance was provided)</p> <ul style="list-style-type: none"> -Number of shifts in AWP focus -Criteria adopted for shift in focus during the process of adjusting the objectives - Number of projects that had reduced funding due to the shift in focus - Number of new projects, implementation of which, were delayed as the programme was adjusted to respond to shifts caused by crisis or major political change - Number of originally planned P&D projects not implemented due to changes in AWP - Number and frequency of programme fund reallocation - Distribution of originally approved (2 SPs) and reallocated funds by specific budget item -Number of P&D projects continued with reduced budget - Proportion of P&D projects delayed due to crisis or major political change 	<p>Minutes of meeting and follow-up actions</p> <p>Human Resources Capacity Development Plan</p> <p>Research and studies</p> <p>Think piece policy paper</p> <p>Implementing Partners and beneficiaries</p> <p>Monitoring Reports</p> <p>Annual Country Office Reports</p> <p>UNFPA Programme and Operation Staff</p> <p>UNFPA Senior Management</p> <p>Country Office Annual Reports, National Economic and Development Authority</p>	<p>Document analysis</p> <p>Interviews</p> <p>Interview with implementing partners at the national and local level</p> <p>Review of financial documents at UNFPA and interviews with administrative and financial staff</p>
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<p>The Country Office was able to adequately respond to disasters and emergency situations</p>	<ul style="list-style-type: none"> - Humanitarian plan in place and executed - Evidence of UNFPA's role or leadership in: <ul style="list-style-type: none"> a) Protecting and promoting reproductive health and rights in emergency and post-emergency settings b) Supporting programmes to increase access, availability , acceptability and quality to emergency sexual and reproductive health services; and c) Reinforcing the capacities of survivors to claim their rights to be assisted and protected <p>Number and frequency of programme fund reallocation</p> <p>- Number of P&D projects continued with reduced budget and - Proportion of P&D projects delayed due to crisis or major political change.</p>	<ul style="list-style-type: none"> - AWP - UNCT - OCHA staff - Final beneficiaries <p>Country Office Annual Reports UNFPA Programme and Operation Staff UNFPA Senior Management UNOCHA (Protection Cluster) UNRCO UNFPA Field Offices/Sites</p> <p>-</p> <p>AWPs National policy/ strategy documents CO M&E staff Quarterly communications with partners</p>	<ul style="list-style-type: none"> - Documentary analysis - Interviews with UNFPA CO staff - Interviews with other UN agencies and other stakeholder groups - Interviews/focus groups with final beneficiaries - Interviews with implementing partners at the national and local level - Review of financial documents at UNFPA and interviews with administrative and financial staff <p>Document analysis Interviews with POs Interview with M&E staff Interviews with implementing partners</p>
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EFFECTIVENESS (EQ4-5)

EQ4) To what extent have the 7th CP outputs been achieved, and to what extent have these outputs contributed to the achievement of the 7th CP outcomes? (Applies to all three areas)

Assumptions to be addressed	Indicators	Sources of data/information	Methods and tools for data collection
<p>UNFPA has strengthened capacity of national and local health systems to deliver core sexual and reproductive health rights and information and services to women and their newborn infants, young people (girls & boys) and men, particularly in selected geographical areas that are isolated and disadvantaged, and in humanitarian situations</p> <p>(two outputs in SRH to be here)</p>	<ul style="list-style-type: none"> - Percentage of health facilities meeting minimum national standards in the provision of core reproductive health information and services, including <ul style="list-style-type: none"> - a) services on maternal and neonatal health, - b) family planning, - c) adolescent sexual and reproductive health, - d) sexually transmitted infections and HIV/AIDS, in programme areas (Baseline: 20%; Target: 60%) (were these used in the CPE) - Percentage of tertiary-level health facilities with functioning <ul style="list-style-type: none"> - a) women's and - b) children's protection units - that meet minimum national standards in programme areas (Baseline: 10%; Target: 70%) - Percentage of local government units using the logistics management information system on vital reproductive health and family 	<ul style="list-style-type: none"> - UNFPA CO - DOH - POPCOM - CP sites - Facility staff/managers - LGUs Chief executive officers and health officers <p>(The baseline values are from the national data records and the targets to be obtained from the same sources)</p>	<ul style="list-style-type: none"> - Documentary analysis - Interviews <p>National surveys (NDHS, National Nutrition Surveys) and local surveys analysis</p>

	<p>planning commodities in programme areas (Baseline: 20%; Target: 60%)</p> <ul style="list-style-type: none"> - Percentage of health facilities with no stock-outs of at least three modern family planning methods (Baseline: 20%; Target: 60%) 		
UNFPA's outputs have empowered women, young people and men, including Muslims and indigenous peoples, particularly in geographically isolated and disadvantaged areas (GIDAs), are able to demand and access high quality reproductive health services in programme	<ul style="list-style-type: none"> - Percentage of local government units with organized community support networks, including women's and community health teams, in programme areas (Baseline: 30%; Target: 60%) 	<ul style="list-style-type: none"> - UNFPA CO CP sites 	<ul style="list-style-type: none"> - Documentary analysis Interviews
UNFPA contributed to formulation and M&E of national and sectoral policies in Sexual and Reproductive Health Rights and Services	<ul style="list-style-type: none"> - National development plans take into consideration the ICPD agenda, MDGs and the new SDGs - Dis-aggregated data produced, analysed, and utilized to influence policies, plans and programmes - SDG indicators (3,5,10) adopted in the new PDP - SDG localization plan in place - Increased allocation of financial and human resources to support the achievement of MDGs (3,4,5,6) 	<ul style="list-style-type: none"> - DOH - POPCOM - NEDA - UNFPA CO 	<ul style="list-style-type: none"> - Documentary analysis - PDP analysis over the 2 terms (2010-2015) and (2016 to 2022) -

<p>(Data and Planning) –Relevant government agencies are able to generate, analyze and disseminate data on population, sexual and reproductive health, HIV/AIDS, gender and youth, and to utilize data in national and local policymaking and development planning in programme areas</p> <ul style="list-style-type: none"> - capacity building provided improved data generation and analysis of population dynamics - Capacity is increased to integrate population concerns into national, sectoral and local development <p>Supported research and "trigger papers" that address population dynamics for evidence-based advocacy, policy-making and development planning</p> <p>(Evidence-based Advocacy) Contributed to the development of a cadre of champions for the passage of national & local policies that will serve as legal framework for the implementation of population & RH programs</p>	<p>Number of national agencies/regional offices and LGUs whose personnel were trained on population data appreciation and analysis</p> <ul style="list-style-type: none"> - Number of personnel trained by type and focus of training -Funding support for capacity development <p>-Evidence of utilization of knowledge gained from the training</p> <p>-Number of national, sectoral and local development plans that integrated population concerns by agencies/LGUs that attended the UNFPA supported training</p> <ul style="list-style-type: none"> - Number of research studies conducted - <p>Number of research studies conducted that fed into national and local development planning</p> <ul style="list-style-type: none"> - Number of national and LGU policies that made reference to from these research studies or "trigger papers " - Funding support provided <p>Number of champions in the advocacy community by sector</p> <ul style="list-style-type: none"> - Passage of the RPRH Law: facilitating factors and challenges 	<p>Country Office staff (Relevant Programme Officers)</p> <p>Key informants from beneficiaries and implementing partners</p> <p>Research studies conducted</p> <p>PDP, and Local Development Plans</p> <p>CO documents including AWP Country Office staff (Relevant Programme Officers)</p> <p>Key informants from beneficiaries and implementing partners</p> <p>Research studies conducted</p> <p>PDP, and Local Development Plans</p> <p>Reports from implementing partners</p> <ul style="list-style-type: none"> - implementing partners at the national and local level - administrative and financial staff at the Head Office and in Field Offices/Sites 	<ul style="list-style-type: none"> - Documentary analysis - PDP analysis over the 2 terms (2010-2015) and (2016 to 2022) - Is this under PD or SRH) <p>Document analysis</p> <p>Interviews with Relevant POs, implementing partners, and beneficiaries</p> <p>Document analysis</p> <p>Interview with National Economic and Development Authority</p> <p>Interview</p> <p>Review of financial documents interviews</p>
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	<ul style="list-style-type: none"> - EOs and DOH AOs on Zero unmet need for FP - Number of population/RH policies enacted by LGUs -Number of civil society organizations that have sponsored an evidence-based policy dialogue on population and reproductive health with parliamentarians, civil society organizations, faith-based organizations, the media and other groups, Funding support provided. 		
<p>UNFPA contributed to formulation and M&E of national and sectoral policies on gender.</p> <p>Technical capacity in gender-responsive programming of government agencies and local government units to support Magna Carta of Women (particularly on reproductive rights and GBV) increased</p> <p>Technical capacity of CSOs and POs supporting women's and girls' rights to advocate for Magna Carta of Women increased.</p>	<p>GVB capacity building training for LGU staff</p> <ul style="list-style-type: none"> - Gender and Development (GAD) Focal Committees, Health Offices, Planning Offices, and Social Welfare Offices at the provincial and municipal levels - National and local gender and development budget prioritises reproductive rights and GBV - Local GAD ordinances in place 	<p>CO documents including Media News</p> <p>Key informants from implementing partners and LGUs</p> <p>Country Office staff(Relevant Programme Officers)</p> <p>Philippine Development Plan (previous Administration)</p> <p>MDG-related reports</p> <p>Philippine Development Plan (current Administration)</p> <p>UNCT Report to CEDAW</p>	<p>Document review</p> <p>Interview with POs</p> <p>Interview with members of the advocacy community</p> <p>Interview with implementing partners</p>

		<p>Government Report to CEDAW Monitoring Reports, AWP Country Office Annual Reports UNFPA Programme Officers Implementing Partners and beneficiaries UNCT Annual Report to NSC</p> <p>Reports of Implementing Partners Capacity Building Reports Country Office Annual Reports UNFPA Programme Officers Implementing partners and beneficiaries Local GAD plans and budgets and monitoring reports</p> <p>Media reports/coverage</p>	
EQ5. To what extent has UNFPA responded to the RH and rights issues affecting pregnant and lactating women, young people, and women of reproductive age in general during the major humanitarian crises that occurred from 2012 to the present?			
<p>CO has actively responded to address the SRH needs of the most vulnerable segments most specially a) pregnant women and b) lactating women c) young people and d) women of reproductive age during various humanitarian crises since 2012 to the present</p> <p>CO has effectively responded to the policy</p>	<ul style="list-style-type: none"> - Resources re-aligned or mobilized to address SRH and rights issues during the major humanitarian crises from 2012 to the present - Turnround of the CO response - Information and monitoring system for SRH service provision for most vulnerable segments during emergencies installed. - The extent and results of contingency 	<p>UNFPA CO</p> <ul style="list-style-type: none"> - DOH - POPCOM - UNFPA CO - CP sites as appropriate - DSWD - OCHA 	<ul style="list-style-type: none"> - Documentary analysis - Interviews (KII)

and capacity development needs to enhance preparedness in the delivery of SRH during emergencies.	<p>planning (e.g., prepositioning of emergency supplies, data collection for emergency preparedness).</p> <ul style="list-style-type: none"> - Presence of policies for SRH during emergencies - Training conducted and capacities installed - Quick response system installed for SRH service provision for future humanitarian crises (e.g., presence of guides or protocols and redress mechanisms that were developed with CO assistance) 		<p>-Interviews</p> <p>Documentary</p> <p>Analysis</p>
EQ 6. EFFICIENCY			
EQ6. To what extent has the CO made good use of its human, financial, technical and administrative resources, and has used an appropriate combination of tools and approaches to pursue the achievement of 7th CP outcomes in a timely manner? (Applicable to all programmatic areas as well as OEE)			
Assumptions to be addressed	Indicators	Sources of data/information	Methods and tools for data collection
# Beneficiaries of UNFPA support received the resources that were planned, spent judiciously and in a timely manner	<ul style="list-style-type: none"> - The planned resources were received to the foreseen level in AWP The resources were received in a timely manner 	<ul style="list-style-type: none"> - UNFPA (including finance/administrative departments) - Partners (implementers and direct beneficiaries) Financial documents at the UNFPA (from projects' documentation) 	<ul style="list-style-type: none"> - Review documents - Interviews - group discussions -KII

Administrative and financial procedures and mix of implementation modalities allow for a smooth execution of the programme	<ul style="list-style-type: none"> - Appropriateness of UNFPA administrative financial procedures for the programme Implementation - Appropriateness of the IP selection criteria 	Financial Reports UNFPA Programme and Administrative/Operation Staff (HQ and Field Offices/Sites) AWPs Audit Reports	KII Document analysis
Resources provided by UNFPA have had catalytic or leverage effect	<ul style="list-style-type: none"> • Evidence that the resources provided by UNFPA resulted in the provision of additional resources from the government • Evidence that the resources provided by UNFPA resulted in the provision of additional resources from other development partners. 	<ul style="list-style-type: none"> - UNFPA (including finance/administrative departments) - Partners (implementers and direct beneficiaries) 	
SUSTAINABILITY			
EQ 7: To what extent has UNFPA ensured that the sexual and reproductive health and other needs of young people (including adolescents) have been integrated in the planning and implementation of all UNFPA supported interventions under the country programme? (Youth – supposed to be cross-cutting, and addressed under all three areas, and will be part of EQ 2 also.)			
Assumptions to be addressed	Indicators	Sources of data/information	Methods and tools for data collection
UNFPA policy dialogue contributed to the comprehensive anchoring of sexual and reproductive health in national policy frameworks.	<ul style="list-style-type: none"> - Mechanisms for policy analysis and dissemination of policy briefs - Number of national and sectoral plans incorporating sexual and reproductive health and rights issues - Support provided by UNFPA to its partners 	<ul style="list-style-type: none"> - UNFPA P&D section AWPs and SPRs - P&D project reports - DOH/POPCOM staff 	<ul style="list-style-type: none"> - Documentary analysis - Interviews

<p>Contributed to develop a functional integrated system for formulation, monitoring and evaluation of national and sectoral policies</p> <p>Contributed to the integration of population dynamics into development planning at national, sectorial and local levels</p> <p>Perennial mechanisms for the integration of population data in national and sectorial development planning are in place</p> <p>The results of UNFPA initiatives in the field of gender equality and women's empowerment, particularly on GBV and</p>	<p>and target populations in: a) developing capacities; and b) establishing mechanisms to ensure ownership and durability of effects of the 7th CP interventions</p> <ul style="list-style-type: none"> -Disaggregated data produced, analyzed and utilized at national and sectorial levels; - In-depth, policy-oriented studies released - Functionality of monitoring systems set in place; - Large-scale population surveys disseminated - Number of completed research - Number of research dissemination fora on completed research attended by relevant national government agencies and LGUs - Dissemination of policy briefs - Number of evidence-based policy dialogues on population and reproductive health issues that were conducted - Number of national and sectorial plans incorporating population, reproductive health and gender issues - Funding support -Level of budgetary resources allocations for integrating population dynamics, reproductive health and gender in development planning - Level of operationalization of policy frameworks, standards, guidelines and 	<p>UNFPA P&D section AWP's P&D project reports Planning and programming documents</p> <p>P&D project reports Philippine Development Plans PPMP Local development plans Country Office staff (Relevant Programme Officers)</p> <p>UNFPA P&D section AWP's P&D project reports</p>	<p>Interviews with LGU staff to review the implementation modalities of P&D component and achievements Interview POPCOM for UNFPA contribution in YAFS4 dissemination</p> <p>Document analysis Interviews with POs Interviews with implementing partners (POPCOM and LGUs)</p>
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reproductive rights as enshrined in MCW are likely to last beyond the end of the 7 th CP	<p>administrative procedures for integrating population dynamics</p> <ul style="list-style-type: none"> -Evidence of the existence of an exit strategy at the national and local level relating to GBV and reproductive rights components of the UNFPA CP. - Evidence of a hand-over process from UNFPA to IPs regarding GVB and reproductive rights projects - Extent of ownership of each project by various IPs - Evidence of maintenance of equipment and infrastructure (counseling rooms, health centres, emergency evacuation centres, dignity kits, etc) 	<p>Monitoring Reports</p> <p>Country Office Annual Reports</p> <p>Sustainability Strategy of Implementing Partners both at the national and local levels</p> <p>GAD Budget allocations at the national and local levels</p> <p>GAD Monitoring Report</p> <p>UNFPA Country Office Programme Staff</p> <p>UNFPA Field Offices/Sites</p> <p>Monitoring reports of implementing partners</p> <p>Annual reports of implementing partners</p>	<p>Annual Reports from implementing partners at the local and national levels</p> <p>Monitoring reports of implementing partners at the local and national levels</p> <p>Interview with implementing partners at the national and local level</p>
EQ 8: To what extent has the CO established maintained and leveraged different types of partnerships to ensure that UNFPA can make use of its comparative strengths in the achievement of the country programme outcomes across all grammatic areas?			

<p>O effectively forged and maintained strategic partnerships with various development partners (other technical agencies, CSOs, private sector, government) making use of its comparative strengths</p> <p>Shared technical expertise in population and reproductive health by request of relevant government agencies and implementing partners or through membership in various coordination mechanisms at local and national levels as well as in bilateral dialogues</p>	<ul style="list-style-type: none"> - Partnerships formed and enhanced and the accomplished results - Resources mobilized <p>List of coordination mechanisms to which CO is a member or lead and their frequency of meetings</p>	<ul style="list-style-type: none"> - UNFPA CO - CP sites - DOH - POPCOM <p>Country Office staff (Relevant Programme Officers)</p>	<ul style="list-style-type: none"> - Interviews - Documentary analysis <p>Interviews with POs Interviews with implementing partners Interview with beneficiaries</p>
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UN COUNTRY TEAM COORDINATION

EQ 9: To what extent has the UNFPA CO contributed to the functioning and consolidation of UN Country Team (UNCT) coordination mechanisms?

Assumptions to be addressed	Indicators	Sources of data/ /information	Methods and tools for data collection
The UNFPA CO has actively contributed to the UNCT working groups and joint initiatives	<ul style="list-style-type: none"> - Evidence of active participation in UN inter agency working groups - Evidence of the leading role played by UNFPA in UN inter agency working groups or joint initiatives - Evidence of exchanges of information between UN agencies - Evidence of joint programming initiatives; future plans for joint programming. 	<ul style="list-style-type: none"> - Programming documents regarding UNCT joint initiatives - Monitoring/evaluation reports of joint programmes and projects - UNCT members, CO staff - COAR/SPR - UNDAF Reports 	<ul style="list-style-type: none"> - Documentary analysis - Interviews with UNFPA CO staff - Interview with the UNRC - Interviews with UNCT other UN agency members

ADDED VALUE

EQ10: What is the main UNFPA added value in the country context as perceived by national stakeholders?			
Assumptions to be addressed	Indicators	Sources of data/information	Methods and tools for data collection
UNFPA has demonstrated specific technical contribution to the country's development agenda	-Specific technical skills in UNFPA CO -status of national capacities to contribute to the issues/areas that UNFPA is contributing to. -	Key development partners (DOH, DSWD, NEDA, POPCOM, Governors, Mayors, Provincial level staff, Key NGOs (implementing partners), donors	Key informant interviews, documentary analysis
CO's strategic leadership in SRH contributed to stronger capacities of government and other development partners to deliver quality SRH services, especially to the most vulnerable segments.	- Training brand, as distinguished from training provided by other development partners - Knowledge products; evidences	UNFPA CO UNCT DOH POPCOM CP sites Key Implementing partners Donors	Key Informant Interviews Documentary analysis
#UNFPA's evidence-based advocacy and policy dialogue has comprehensively anchored sexual and reproductive health in national policy frameworks	SRH continues to be in the national agenda	DOH NEDA-POPCOM Other development partners	Documentary analysis KI Interviews
EQ10a: To what extent has UNFPA made good use of its comparative strengths to add value to the development results of the Philippines?			

<p>As a recognized leader in SRH and ASRH, the CO has been highly effective in influencing country direction and priority setting for SRH</p> <p>CO has entered into strategic partnerships at the local level that produced results and are worth replicating and institutionalizing</p>	<ul style="list-style-type: none"> - Mechanisms for policy analysis and dissemination of policy briefs - Number of national and sectoral plans incorporating SRH and rights issues - Other development partners adopting UNFPA strategies and good practices 	<p>UNFPA CO staff Development partners Documents including media reports M&E reports</p> <p>Key informants from implementing agencies and relevant UN agencies</p>	<ul style="list-style-type: none"> - KI Interviews - Semi-structured interviews - Document review (specific technical reports) - News media review - Reports (monitoring, progress reports, meeting minutes)

Annex 5: Data Collection Tools

Semi-Structured Survey Questions (Strategic Partners)

1. From DOH's experience, in what ways has the UNFPA supported the two Philippine Development Plans (2010-2016) and (2016-2022)?
2. How does DOH see UNFPA's role in the context of attaining the Philippine Development Plan (PDP) goals of Sexual and Reproductive Health (SRH), Population and Development (PD), Gender Equality (GE) and Youth Development (YD)?
3. As the highest policymaking government agency in health, how are the target groups identified in the Philippine Development Plan (PDP) vis a vis the 4 areas of SRH, PD, GE, and YD?
4. To what extent have the objectives of the 7th Country Program (CP) been achieved (from the point of view of DOH)?
5. How would you assess the role of UNFPA in YAFS, in updating the data in ASRH? In improving the quality of health data over-all? In ASRH policy advocacy? In planning and implementation of ASRH programs/projects?
6. How has DOH's planning, programming, and policy-making been affected by UNFPA's shift of focus from SRH service delivery and capacity building for health data quality improvement to making evidence more available through cutting-edge in-depth analysis on population dynamics, sexual and reproductive health, HIV and their linkages to poverty eradication and sustainable development? Please give some examples.
7. Please cite good practices of UNFPA in the 7th CP that can be replicated and scaled up? most innovative approaches? What would be the least and most successful practices? What are its high impact programs?
8. What do you think are the most sustainable inputs and initiatives of UNFPA in the 7th Country Program? The ones most likely the DOH will support, fund and continue? For example, the joint programme of UNFPA, WHO, UNICEF (MNCHN): DOH being the co-chair, what are the possibilities that DOH will sustain this initiative?
9. What are DOH's perspectives of UNDAF? How do you assess the Role of UNFPA in UNDAF?
10. What is the added value that UNFPA brings into the over-all development of the country; what are the unique characteristics of what UNFPA brings to the table of social development?
11. To what extent has UNFPA adapted and responded to the changing political landscapes in the country e.g. - changes in political leadership; delay in the RPRH law implementation; the TRO on certain contraceptives?
12. The 7th CP is considered to be rights-based, pro-poor and gender sensitive, please give examples of UNFPA interventions that advanced these strategies. Could you provide the latest national update on Gender-based violence data reports in relation to UNFPA support to the Women and Child Protection Unit, which is usually hosted by DOH hospitals?
13. What is the extent to which DOH used GAD Budget to support SRH and GBV programmes and activities?

14. In terms of humanitarian crises (typhoons, earthquake, armed conflicts) to what extent has UNFPA played a role that is supportive of the Phil Govt in responding to the various humanitarian crises 2012 to 2017?

15. Given the opportunity to ask the technical assistance on UNFPA in the 8th Country Program, what would be the areas of technical assistance on how to improve the data quality and data management of SRH, PopDev, Gender and Youth?

16. What would your recommendations be for the 8th Country Program of UNFPA (2019-2023)?

EVALUATION OF THE UNFPA 7TH COUNTRY PROGRAMME OF SUPPORT TO THE GOVERNMENT OF THE PHILIPPINES (2012-2017)		
UNFPA Strategic Plan Goal: <i>Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A & B)</i>		
Outcome 2 (Population and Development)–<i>The creation of a national and local policy environment conducive to population management, including the allocation and utilization of funds for its execution</i>		
QUESTIONNAIRE FOR P&D IMPLEMENTING PARTNERS		
Title of Project:		
Name or Position of Respondent in the Project:		
City/Municipality:		
Province:		
EQ #1 (Relevance Criteria) <i>To what extent is UNFPA support in the fields of RH and rights, population and development, and gender equality (i) adapted to the needs of the population and (ii) in line with the priorities set by the national policy frameworks</i>		
Assumptions	Questions	Notes
The needs of the population, particularly the vulnerable groups (i.e., youth, women, teen mothers, urban poor), were well taken into account during the programming/planning process	How were needs of vulnerable groups (i.e., youth, women, teen mothers, urban poor) addressed during the programming or planning process for your UNFPA project?	
	What criteria did you use in the selection of target groups in the field of population and development (P&D)? PROBE: Were identified needs of these target groups included in the criteria?	
Conduct of dialogues with national and local partners to ensure that P&D objectives and strategies are consistent with priorities indicated in national policy frameworks	How often did you conduct dialogues/meetings with UNFPA program officers to ensure that the UNFPA country programme is consistent with the two PDPs?	
	During CP7, how many of these dialogues/meetings were conducted?	
	Were the objectives and strategies of the UNFPA on population and development (P&D) discussed in relation to the project(s)/intervention(s)?	
	How consistent were the objectives and strategies of the UNFPA P&D project/intervention with priorities in national/local policy frameworks?	
	Did your organization/agency/LGU agree to the objectives and strategies of the UNFPA P&D project(s)/intervention(s)?	

	What challenges were encountered to arrive at the agreement(s) between UNFPA and your organization/agency/LGU?	
<i>EQ #2 To what extent has UNFPA ensured that the sexual and reproductive health and other needs of young people (including adolescents) have been integrated in the planning and implementation of all UNFPA supported interventions under the country programme To what extent did the country programme integrate a gender responsive and human rights-based approach to programme planning</i>		
Assumptions	Questions	Notes
Review of CPAP and AWP to ensure that SRH and other needs of target populations are integrated in the planning of P&D projects/interventions	How often did you meet with UNFPA to review your annual work plan to ensure that CP7 interventions were able to integrate SRH and other needs of target populations during the planning phase of your project(s)/intervention(s)?	
	How many meetings during CP7 were conducted for this review process?	
	How many days/months were involved for the review?	
	How often did you meet with UNFPA to review your annual work plan to ensure that CP7 interventions were able to integrate a gender responsive and human rights-based approach during the planning phase of your project(s)/intervention(s)?	
	How many meetings during CP7 were conducted for this review process?	
	How many days/months were involved for the review?	
Conduct of M&E to ensure that integration is consistently implemented	Are M&E indicators for integration identified or set before the start of each P&D project?	
	How often are these indicators monitored? And evaluated?	
	How often are the M&E indicators for integration of SRH and other needs in P&D projects/interventions conducted?	
	How often are the M&E indicators for integration of gender responsive and human rights-based approach conducted?	

EQ #3 To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political change? What was the quality of the response?

EQ #4 Humanitarian assistance: To what extent has the country programme taken into account the country's vulnerability to disasters and emergencies in planning interventions?

Assumptions	Questions	Notes
Objectives of the CPAP and AWP were adjusted to respond to national needs and priorities or shifts caused by crisis or major political change	During CP7, how many times did you experience a humanitarian crisis or a political change? PROBE: Please describe each experience.	
Objectives of the CPAP and AWP were adjusted to respond to national needs and priorities or shifts caused by crisis or major political change	(ASK ONLY IF THERE IS A CRISIS EXPERIENCE) Did you ever officially request for UNFPA assistance during any of these instances?	
	(IF YES) How many requests for assistance did you submit to UNFPA? PROBE: In how many of these instances did UNFPA respond?	
	(IF UNFPA ASSISTANCE WAS PROVIDED) What were the types/modalities of UNFPA assistance were provided on each of these instances?	
	On average, how many days/months did it take for UNFPA to provide assistance?	
	How was/were your P&D projects affected (for example: delay or non-implementation, reduced funding, new project proposed, etc.) by the UNFPA response to humanitarian crises since 2013? PROBE: Please describe.	
	How was the funding of your P&D project(s) affected (for example: delay or non-implementation, reduced funding, new project proposed, etc.) due to the shift in focus of UNFPA in 2014? PROBE: Please describe.	

EQ #5 (Effectiveness Criteria) *To what extent have the 7th CP outputs been achieved, and to what extent have these outputs contributed to the achievement of the 7th CP outcomes?*

CP Output 3 (Data and Planning) –Relevant government agencies are able to generate, analyze and disseminate data on population, sexual and reproductive health, HIV/AIDS, gender and youth, and to utilize data in national and local policymaking and development planning in programme areas

Assumptions	Questions	Notes
Provided capacity building on improved data availability and analysis of population dynamics for national and local government units LGUs for enhancing development planning	Did your agency/organization/ LGU received UNFPA support for capacity development activities or training ? PROBE: What were the focus areas in those training that were conducted?	
Provided capacity building on improved data availability and analysis of population dynamics for national and local government units LGUs for enhancing development planning	How many personnel from national, regional and local government agencies were trained by focus area? PROBE: What are these agencies/LGUs?	National: Regional: Local:
	How much UNFPA funding support was provided for these training? PROBE: By focus area? For LGUs? For national agencies?	Focus areas: National: Local:
	How much UNFPA funding support was provided for the training for national government agencies and LGUs by focus area?	
	What knowledge and skills were expected to be gained (by beneficiaries) during these training?	
	How were knowledge and skill gained during the training utilized by the beneficiaries?	

Increased capacity to integrate population concerns into national, sectoral and local development plans	(FOR GOVERNMENT AGENCIES THAT WERE REPRESENTED IN THE UNFPA SUPPORTED TRAINING) In which national and sectoral development plans were they able to integrate population concerns?	
	(FOR LGUS THAT WERE REPRESENTED IN THE UNFPA SUPPORTED TRAINING) In which local development plans were they able to integrate population concerns?	
Supported research and "trigger papers" that address population dynamics for evidence-based advocacy	How many research or trigger papers did you complete during CP7? PROBE: What are these studies/papers?	
Supported research and "trigger papers" that address population dynamics for evidence-based advocacy	How many dissemination fora at the national, regional or local levels were conducted per research or trigger paper?	National: Regional: Local:
	How many national policies were able to consider findings from these research studies or "trigger papers"? PROBE: What are these national and sectoral development policies?	
	How many LGU policies were able to consider findings from these research studies or "trigger papers"? PROBE: What are these policies at the LGU level?	
	How much UNFPA funding support was provided for the preparation of research or trigger papers?	
	How much UNFPA funding support was provided for the dissemination of findings from these research or trigger papers?	

CP Output 4 (Evidence-based Advocacy) –Strengthened capacity of civil society, including faith-based organizations, youth, media and private sector groups, to advocate the passage of population policies that will establish the legal framework to implement reproductive health programmes		
Assumptions	Questions	Notes
Contributed to the development of a cadre of champions for the passage of national and local policies that will serve as legal framework for the implementation of population and RH programs	Is your organization/agency a member of the advocacy community for the passage of national and local policies that will serve as legal framework for the implementation of population and RH programs?	
	(IF YES) Please describe the role of your organization/agency in policy advocacy activities?	
	(IF YES) How many in your organization/agency actively participated in policy advocacy activities?	
Contributed to the development of a cadre of champions for the passage of national and local policies that will serve as legal framework for the implementation of population and RH programs	What factors facilitated the policy advocacy activities of your organization/agency? PROBE: please describe	National: Local:
	What challenges did you or your organization/agency encounter as a policy advocate? PROBE: please describe	National: Local:
	How many population/RH policies were enacted as a result of your policy advocacy activities? PROBE: what are these policies?	National: Local:
	How did UNFPA influence the formulation of these policies? PROBE: please describe	
	During CP7, did your organization/agency sponsored an evidence-based policy dialogue on population and reproductive health with UNFPA support? PROBE: how many did you sponsor with UNFPA support?	
	(IF YES) How many of these policy dialogues were co-sponsored by parliamentarians, civil society organizations, faith-based organizations, the media and other groups?	

	<p>What are the current challenges towards full implementation of the RPRH law?</p> <p>PROBE: What are you or your organization/agency doing to address these current challenges?</p>	
<p>EQ #7 <i>To what extent has UNFPA support helped to ensure that SRH and rights, and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?</i></p>		
Assumptions	Questions	Notes
Contributed to develop a functional integrated system for formulation, monitoring and evaluation of national and sectorial policies	How many papers were produced by your organization/agency with disaggregated data that were analyzed and utilized for policy making at national and sectorial levels?	
	<p>How many of your in-depth, policy-oriented studies were published or released?</p> <p>PROBE: What are these studies?</p>	
	<p>Is your organization/agency involved in the conduct of large-scale population surveys?</p> <p>PROBE: what was UNFPA contribution to this effort?</p>	
	(IF YES) To what extent is UNFPA involved in disseminating results from large-scale population surveys?	
	<p>How does the UNFPA monitoring system works?</p> <p>PROBE: Discuss challenges encountered with UNFPA M&E system</p>	
Contributed to the integration of population dynamics into development planning at national, sectorial and local levels	How many research papers on population dynamics were completed and/or disseminated by your organization/agency?	<p>Completed:</p> <p>Disseminated:</p>
	How many policy briefs on population dynamics were completed and/or disseminated?	<p>Completed:</p> <p>Disseminated:</p>
	How many evidence-based policy dialogues on population and reproductive health issues were completed?	

Contributed to the integration of population dynamics into development planning at national, sectorial and local levels	How many national and sectoral plans incorporating population, reproductive health and gender issues were completed?	National: Sectoral:
	How much UNFPA funding support was provided to your organization/agency for the integration of population dynamics into development planning at national level?	National: Sectoral: Local:
Perennial mechanisms for the integration of population data in national and sectorial development planning are in place	How much of the original CP7 budget of your organization/agency was allocated for integrating population dynamics, reproductive health and gender in development planning?	
	When UNFPA shifted its focus in 2014, how much of the CP7 budget of your organization/agency was reallocated for integrating population dynamics, reproductive health and gender in development planning?	
	What policy frameworks, standards, guidelines and administrative procedures are you aware of that are in place for the integration of population dynamics in national and local development planning?	National: Local:

EQ #8 To what extent has the CO established, maintained and leveraged different types of partnerships to ensure that UNFPA can make use of its comparative strengths in the achievement of the country programme outcomes across all programmatic areas?

Assumptions	Questions	Notes
Shared technical expertise in population and reproductive health by request of relevant government agencies and implementing partners or through membership in various coordination mechanisms at local and national levels as well as in bilateral dialogues	Is your organization/agency a member of any national or local coordination mechanism (including bilateral dialogues) where UNFPA shares technical expertise either as a member or as a leader? (IF YES) PROBE: What are these coordination mechanisms?	National: Local:
	Has your organization/agency ever requested UNFPA for technical expertise in population and reproductive health?	
	(IF YES) On average, how many times during CP7 did your organization/agency received technical opinion from UNFPA on matters relating to population and RH?	
	(IF YES) In what focus areas did UNFPA share its technical expertise?	

EQ #9: (Efficiency) To what extent has the CO made good use of its human, financial, technical and administrative resources, and has used an appropriate combination of tools and approaches to pursue the achievement of 7th CP outcomes in a timely manner?

# Beneficiaries of UNFPA support received the resources that were planned, spent judiciously and in a timely manner	Did you receive the planned resources at the foreseen level in the AWP's? If not, what were the factors that caused the change in the level of resources?	
	Did you receive the planned resources in a timely manner? If not, what were the factors that caused the delay?	
# Resources provided by UNFPA have had catalytic or leverage effect	Were additional resources from government secured as a result of UNFPA support? About how much was added by government?	
	Were additional resources from other development partners secured as a result of UNFPA support? About how much was added?	
Administrative and financial procedures and mix of implementation modalities allow for a smooth execution of the programme	Were UNFPA administrative financial procedures appropriate for the programme Implementation? If not, what suggestions can you give to improve it?	
	What can you say about how UNFPA select Ips? What do you suggest to be also included in the UNFPA's IP selection criteria?	

EQ #10. (Value Added) What are the main UNFPA added value and comparative strengths in the country – particularly in comparison to other UN Agencies as perceived by national stakeholders? Are these strengths a result of UNFPA corporate features or are they specific to the CO features?

UNFPA strategies and interventions in (SRH and Adolescent RSH/GE/PD) add value to the work of other development partners, especially the UN system	What unique strategies/interventions in SRH, P&D, Gender of UNFPA add value to the work of other development partners, especially the UN system? Please give examples	
UNFPA has demonstrated specific technical contribution to the country's development agenda	Please identify or give examples of UNFPA's specific technical contribution to the country's development agenda	
CO has entered into strategic partnerships at the National level and /OR local level that produced results and are worth replicating and institutionalizing	What strategic partnerships at the National level and /OR local level has UNFPA supported that produced results and are worth replicating and institutionalizing?	

EVALUATION OF THE UNFPA 7TH COUNTRY PROGRAMME OF SUPPORT TO THE GOVERNMENT OF THE PHILIPPINES (2012-2017)

UNFPA Strategic Plan Goal: *Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A & B)*

Outcome 2 (Population and Development)—*The creation of a national and local policy environment conducive to population management, including the allocation and utilization of funds for its execution*

QUESTIONNAIRE FOR P&D PROJECT BENEFICIARIES

Title of Project: _____

Name of Organization/Agency: _____

Name of Respondent: _____

Position in the Organization/Agency: _____

City/Municipality: _____

Province: _____

EQ # (Relevance Criteria) *To what extent is UNFPA support in the fields of RH and rights, population and development, and gender equality (i) adapted to the needs of the population and (ii) in line with the priorities set by the national policy frameworks*

Assumptions	Indicators	Notes
The needs of the population, particularly the vulnerable groups (i.e., youth, women, teen mothers, urban poor), were well taken into account during the programming/planning process	What specific needs of your sector (youth, women, teen mothers, urban poor) were addressed by the UNFPA project?	

EQ # (Effectiveness Criteria) *To what extent have the 7th CP outputs been achieved, and to what extent have these outputs contributed to the achievement of the 7th CP outcomes?*

CP Output 3 (Data and Planning)—Relevant government agencies are able to generate, analyze and disseminate data on population, sexual and reproductive health, HIV/AIDS, gender and youth, and to utilize data in national and local policymaking and development planning in programme areas

Assumptions	Indicators	Notes
Provided capacity building on improved data availability and analysis of population dynamics for national and local government units LGUs for enhancing development planning	How many from your organization/agency participated or were involved in the UNFPA supported training?	
	What was the topic of the UNFPA supported training that you participated in?	
	What knowledge and skills did you gain from the training?	

	How did you use the knowledge and skills you gained from the training?	
Increased capacity to integrate population concerns into national, sectoral and local development plans	<p>Did the UNFPA supported training enable you to reflect on how to integrate population concerns in any national, sectoral and local development plans?</p> <p>PROBE: What development plans at the national and/or local levels did you consider would benefit from the integration of population concerns?</p>	<p>National:</p> <p>Local:</p>
	<p>What activity after the training did you do to help integrate population concerns in national and local development plans?</p> <p>PROBE: On which specific development plan at the national and/or local levels were you engaged in?</p>	<p>National:</p> <p>Local:</p>

EVALUATION OF THE UNFPA 7TH COUNTRY PROGRAMME OF SUPPORT TO THE GOVERNMENT OF THE PHILIPPINES (2012-2017)

UNFPA Strategic Plan Goal: *Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A & B)*

Outcome 3: *The capacity of the Government to protect, fulfil and promote the rights of women and girls, especially the marginalized, as defined and guaranteed in the Magna Carta of Women, is strengthened*

QUESTIONNAIRE FOR GENDER IMPLEMENTING PARTNERS

Title of Project: _____

Name: _____

Position of Respondent in the Project: _____ Length of service: _____

Gender: Male _____ Female _____

Municipality: _____

Province: _____

EQ 1 (Relevance Criteria): *To what extent is UNFPA support in the fields of RH and rights, population and development, and gender equality (1) adopted to the needs of the population (ii) in line with the priorities set by the national frameworks*

Assumptions	Questions	Notes
The needs of the population, particularly the vulnerable groups (i.e. small farmers and rural workers, fisherfolk, urban poor, workers in the informal economy, workers in the informal economy, Migrant workers, Indigenous Peoples, Moro, Children, Senior citizens, persons with disabilities, and solo parents) were taken into account during the programming/planning process.	How were the needs of vulnerable groups addressed during the programming or planning process for your UNFPA project? Probe: Familiarity with the Situational Analysis of UNFPA Geographic Sites	
	What criteria were used in the selection of target groups in the field of gender? Probe: Were the identified needs of these target groups included in the criteria?	

Conduct of dialogues with national and local partners to ensure that Gender objectives and strategies are consistent with priorities indicated in national policy frameworks.

How often did you conduct dialogues with UNFPA Programme Officers?

During the CP7, how many of these dialogues were conducted?

Were the objectives and strategies of the UNFPA on Gender discussed in relation to the projects/interventions?

How consistent were the objectives and strategies of the UNFPA Gender projects/interventions with priorities in national/local policy frameworks?

Did your organization agree to the objectives and strategies of the UNFPA Gender projects/interventions?

What challenges were encountered to arrive at the agreement/s between UNFPA and your organization?

EQ 2: To what extent did the country programme integrate a gender-responsive and human-rights-based approach to programme planning and implementation?

Laws, policies, strategies and plans are responsive and institutionalised.

What is your organization's definition/understanding of gender-responsive and human rights approach to programming?

Probe: What are these (1) laws (2) policies (3) strategies and plans?

Did your organization receive UNFPA capacity building training on how to integrate gender and human rights in the project cycle (project identification; project formulation, appraisal, and approval; Implementation; M&E, impact assessment and closure? Probe: When? How many times?

In line with Magna Carta of Women (with a focus on reproductive rights and GBV), technical capacity of national, local government, and CSO partners is increased.

Did your organization receive UNFPA support on capacity building programmes on gender (with a focus on reproductive rights and GBV)? Probe: Please mention these trainings. When? How many times?

Did UNFPA serve as technical expert/resource person in these capacity building programmes?

Did you conduct pre and post training needs analysis?

Increased capacity of state and non-state actors (national and local levels) to mainstream GBV prevention and response, particularly in humanitarian crisis situations.

Did your organization receive UNFPA support on capacity building programmes on gender (with a focus on reproductive rights and GBV) in humanitarian crisis situations? Probe: Please mention these trainings. When? How many times?

Did UNFPA serve as technical expert/resource person in these capacity building programmes?

Did you conduct pre and post training needs analysis?

EQ 3 To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political change? What was the quality of the response?

Objectives of the CPD and AWP were adjusted to respond to national needs and priorities or shifts caused by crisis or major political change.

During CP7, what are the changes in national needs and priorities or shifts caused by crisis or major political change that you experienced?

During CP7, how many times did you experience a political change or humanitarian crisis? Probe: Please describe each experience.

Did you ever officially request for UNFPA assistance during any of these instances?

How many request for assistance did you submit to UNFPA? Probe: In how of many instances did UNFPA respond?
On average, how many days/months did it take for UNFPA to provide assistance?

How was/were your Gender programmes affected (e.g. delay in implementation, reduced in funding, new project proposed, etc) by the UNFPA response to humanitarian crisis since 2013? Please describe.

How was the funding of your Gender programmes affected (e.g. delay in implementation, reduced in funding, new project proposed, etc) due to shift in focus of UNFPA in 2014? Please describe.

EQ 4 (Effectiveness Criteria) To what extent have the 7th CP outputs been achieved, and to what extent have these outputs contributed to the achievement of the 7th CP outcomes?

CP Output 5 (Capacity building of NGAs/LGUs on Gender) – Increased capacity of national government agencies (NGAs) and local government units (LGUs) to undertake gender-responsive programming to enforce Magna Carta of Women (MCW) provisions especially on reproductive rights and GBV

Technical capacity in gender-responsive programming of government agencies and local government units to support Magna Carta of Women (particularly on reproductive rights and GBV) increased.

Did your agency receive UNFPA support for capacity development programmes on gender? What were the focus of those capacity building programmes?

How many NGAs and LGUs have received capacity building programme on gender-responsive programming, particularly on reproductive rights and GBV? Who are these NGAs/LGUs?
How much UNFPA funding support was provided for these capacity building programmes? For NGAs? For LGUs?

What knowledge and skills were expected to be gained (by beneficiaries) during these capacity building programmes?

How were knowledge and skills gained during the capacity building utilised by the beneficiaries?

CP Output 5 (Capacity building of CSOs on Gender) – Increased capacity of civil society organizations (CSOs) and people's organizations (POs) supporting women's and girls' rights, to advocate for the implementation of the Magna Carta of Women (MCW)

Technical capacity of CSOs and POs supporting women's and girls' rights to advocate for Magna Carta of Women increased.

Did your agency receive UNFPA support for capacity development programmes on gender? What were the focus of those capacity building programmes?
How many NGOs and POs have received capacity building programme on gender, particularly on reproductive rights and GBV? Who are these NGOs/POs?
How much UNFPA funding support was provided for these capacity building programmes? For NGAs? For LGUs?

What knowledge and skills were expected to be gained (by beneficiaries) during these capacity building programmes?

How were knowledge and skills gained during the capacity building utilised by the beneficiaries?

Supported research studies that address reproductive rights and GBV for evidence-based programming and advocacy.

What are these research studies?

How many research studies did you complete during CP7?

How many national and local policies were able to consider findings from these research studies? What are these national and local policies?

How many NGAs and LGUs were able to consider findings from these research papers? What are these policies at the LGU level?

How much UNFPA funding support was provided for the preparation of these research studies?

How much UNFPA funding support was provided for the dissemination of findings from these research studies?

EQ 6: To what extent has UNFPA support helped to ensure that SRH and rights, and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

The results of UNFPA initiatives in the field of gender equality and women's empowerment, particularly on GBV and reproductive rights as enshrined in MCW are likely to last beyond the end of the 7th CP

Did UNFPA and its IPs formulate an exit strategy? Probe: Please describe.

Did UNFPA conduct a hand-over process of its programmes and projects on GBV to its implementing partners? Probe: Please describe.

How many RH and GBV sectoral plans were produced/completed? Probe: What are these sectoral plans?

How much UNFPA funding support was provided to your organization for the integration of RH and GBV sectoral plans into development planning at the national and local levels?

EQ 7: To what extent has the CO made good use of its human, financial, technical and administrative resources, and has used an appropriate combination of tools and approaches to pursue the achievement of 7th CP outcomes in a timely manner?

Beneficiaries of UNFPA support received the resources that were planned, spent judiciously and in a timely manner.

Has the planned resources received to the foreseen level in AWP? Probe: Please describe.

Were resources received in a timely manner? Probe: Please describe.

Resources provided by UNFPA have had catalytic or leverage effect

How much additional resources were mobilised by UNFPA from other development partners within and outside of the UN System?

Administrative and financial procedures and mix of implementation modalities allow for a smooth execution of the programme

Did UNFPA provide training to IPs on its administrative financial procedures for the programme Implementation?

Were IPs trained on HACT, RBM, and M&E? If yes, when and how often? Where there follow-up or enhancement trainings?

EVALUATION OF THE UNFPA 7TH COUNTRY PROGRAMME OF SUPPORT TO THE

UNFPA Strategic Plan Goal: *Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A & B)*

Outcome 3: *The capacity of the Government to protect, fulfil and promote the rights of women and girls, especially the marginalized, as defined and guaranteed in the Magna Carta of Women, is strengthened*

QUESTIONNAIRE FOR UNFPA CO RESPONDENTS

Title of Project: _____

Name: _____

Position of Respondent in the Project: _____ Length of service: _____

Gender: Male _____ Female _____

Municipality: _____

Province: _____

EQ 1 (Relevance Criteria): *To what extent is UNFPA support in the fields of RH and rights, population and development, and gender equality (1) adopted to the needs of the population (ii) in line with the priorities set by the national frameworks*

Assumptions	Questions	Notes
The needs of the population, particularly the vulnerable groups (i.e. small farmers and rural workers, fisherfolk, urban poor, workers in the informal economy, workers in the informal economy, Migrant workers, Indigenous Peoples, Moro, Children, Senior citizens, persons with disabilities, and solo parents) were taken into account during the programming/planning process.	How were the needs of vulnerable groups addressed during the programming or planning process for your UNFPA project? Probe: Familiarity with or use of the Situational Analysis of UNFPA Geographic Sites What criteria were used in the selection of target groups in the field of gender? Probe: Were the identified needs of these target groups included in the criteria?	
Conduct of dialogues with national and local partners to ensure that Gender objectives	How often were dialogues conducted with IPs and stakeholders?	

and strategies are consistent with priorities indicated in national policy frameworks.

During the CP7, how many of these dialogues were conducted? How many of these dialogues were initiated by UNFPA?

Were the objectives and strategies of the UNFPA on Gender discussed in relation to the projects/interventions? Did national and local partners agree to the objectives and strategies of the UNFPA Gender projects/interventions?

What challenges were encountered to arrive at the agreement/s between UNFPA and your organization?

How much funds were allocated and spent for these dialogues?

EQ 2: To what extent did the country programme integrate a gender-responsive and human-rights-based approach to programme planning and implementation?

Laws, policies, strategies and plans are responsive and institutionalised.

What is your organization's definition/understanding of gender-responsive and human rights approach to programming?

Probe: What are these (1) laws (2) policies (3) strategies and plans?

What were the capacity building training programmes provided by UNFPA on the integration of gender and human rights in the project cycle (project identification; project formulation, appraisal, and approval; Implementation; M&E, impact assessment and closure? Probe: When? How many times?

In line with Magna Carta of Women (with a focus on reproductive rights and GBV), technical capacity of national, local government, and CSO partners is increased.

Did UNFPA provide support on capacity building programmes on gender (with a focus on reproductive rights and GBV)?
Probe: Please mention these trainings. When? How many times?
Did UNFPA serve as technical expert/resource person in these capacity building programmes?

Did you conduct pre and post training needs analysis?

Increased capacity of state and non-state actors (national and local levels) to mainstream GBV prevention and response, particularly in humanitarian crisis situations.

Did UNFPA provide support on capacity building programmes on gender (with a focus on reproductive rights and GBV) in humanitarian crisis situations?
Probe: Please mention these trainings. When? How many times?
Did UNFPA serve as technical expert/resource person in these capacity building programmes?

Did you conduct pre and post training needs analysis? Probe: Cite examples of changes on what was measured?

EQ 3 To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political change? What was the quality of the response?

Objectives of the CPD and AWP were adjusted to respond to national needs and priorities or shifts caused by crisis or major political change.

During CP7, what are the changes in national needs and priorities or shifts caused by crisis or major political change that you experienced?

During CP7, how many times did you experience a political change or humanitarian crisis?
Probe: Please describe each experience.

In how many of these instances did UNFPA respond? Probe: What are the types/modalities of UNFPA assistance on these instances?

How many request for assistance did you receive from IPs/stakeholders (national and local levels)? Probe: In how of many instances did UNFPA respond?

On average, how many days/months did it take for UNFPA to provide humanitarian assistance?

How were AWP of Gender Projects affected by the UNFPA response to humanitarian assistance?

How did the shift in AWP focus affected the prioritization for funds and programmes?

How else did the criteria adopted change due to the shift in AWP focus? Probe: Did project objectives also change?

How many projects had their funding reduced (or increased) due to shift in focus?

EQ 4 (Effectiveness Criteria) To what extent have the 7th CP outputs been achieved, and to what extent have these outputs contributed to the achievement of the 7th CP outcomes?

CP Output 5 (Capacity building of NGAs/LGUs on Gender) – Increased capacity of national government agencies (NGAs) and local government units (LGUs) to undertake gender-responsive programming to enforce Magna Carta of Women (MCW) provisions especially on reproductive rights and GBV

Technical capacity in gender-responsive programming of government agencies and local government units to support Magna Carta of Women (particularly on reproductive rights and GBV) increased.

How many agencies received UNFPA support for capacity development programmes on gender? What were the focus of those capacity building programmes?

How many NGAs and LGUs have received capacity building programme on gender-responsive programming, particularly on reproductive rights and GBV? Who are these NGAs/LGUs?

How many personnel (women and men) were trained both at the national and LGU levels?

How much UNFPA funding support was provided for these capacity building programmes? For NGAs? For LGUs?

What knowledge and skills were expected to be gained (by beneficiaries) during these capacity building programmes?

How were knowledge and skills gained during the capacity building utilised by the beneficiaries?

CP Output 5 (Capacity building of CSOs on Gender) – Increased capacity of civil society organizations (CSOs) and people's organizations (POs) supporting women's and girls' rights, to advocate for the implementation of the Magna Carta of Women (MCW)

Provided technical capacity of CSOs and POs supporting women's and girls' rights to advocate for Magna Carta of Women.

Did UNFPA provide support for capacity development programmes on gender? What were the focus of those capacity building programmes?

How many NGOs and POs have received capacity building programmes on gender, particularly on reproductive rights and GBV? Who are these NGOs/POs?

How many NGO and PO personnel (women and men) were trained?

How much UNFPA funding support was provided for these capacity building programmes? For NGOs? For POs?

What knowledge and skills were expected to be gained (by beneficiaries) during these capacity building programmes?

How were knowledge and skills gained during the capacity building utilised by the beneficiaries?

Supported research studies that

What are these research

How many research studies did you complete during CP7?

How many national and local policies were able to consider findings from these research studies? What are these national and local policies?

How many NGOs and POs were able to consider findings from these research papers? What are these policies?

How much UNFPA funding support was provided for the preparation of these research studies?

How much UNFPA funding support was provided for the dissemination of findings from these research studies?

EQ 6: To what extent has UNFPA support helped to ensure that SRH and rights, and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

The results of UNFPA initiatives in the field of gender equality and women's empowerment, particularly on GBV and reproductive rights as enshrined in MCW are likely to last beyond the end of the 7th CP

Did UNFPA and its IPs formulate an exit strategy beyond the CP7? Probe: Please describe.

Did UNFPA conduct a hand-over process of its programmes and projects on GBV to its implementing partners?
Probe: Please describe.

How many RH and GBV sectoral plans were produced/completed? Probe: What are these sectoral plans?

How much UNFPA funding support was provided to your organization for the integration of RH and GBV sectoral plans into development planning at the national and local levels?

EQ 7: To what extent has the CO made good use of its human, financial, technical and administrative resources, and has used an appropriate combination of tools and approaches to pursue the achievement of 7th CP outcomes in a timely manner?

Beneficiaries of UNFPA support received the resources that were planned, spent judiciously and in a timely manner. Has the planned resources received to the foreseen level in AWP? Probe: Please describe.

Were resources received in a timely manner? Probe: Please describe.

Resources provided by UNFPA have had catalytic or leverage effect How much additional resources were mobilised by UNFPA from other development partners within and outside of the UN System?

Administrative and financial procedures and mix of implementation modalities allow for a smooth execution of the programme Did UNFPA provide training to IPs on its administrative financial procedures for the programme Implementation?

Were IPs trained on HACT, RBM, and M&E? If yes, when and how often? Where there follow-up or enhancement training?

EQ 8 To what extent has the UNFPA CO contributed to the functioning and consolidation of UN Country Team (UNCT) coordination mechanisms? b) To what extent does the UNDAF reflect the interests, priorities and mandate of UNFPA in the country? b) To what extent does the UNDAF reflect the interests, priorities and mandate of UNFPA in the country?

The UNFPA CO has actively contributed to the UNCT working groups and joint initiatives

In which gender mechanisms within the UN System does UNFPA participate? Probe: What are these coordination mechanisms? Does UNFPA provide leadership role in these UN interagency mechanisms on gender?

Does UNFPA formulate or lead UNJP? Probe: What are these JPs?

Annex A (CP7 Site selection and CP7 Performance Data/Results)

(A1) Site Selection: Three-stage filtering and mapping process of CP7 site selection for programme interventions

CP7 covered 10 provinces, in five regions of the three island groups. Selection criteria of the intervention areas had involved a rigorous exercise with stakeholder participation. Site selection was conducted through a three-stage filtering and mapping process, where areas were prioritized/ranked based on who exhibited the highest need and on where CP7 could generate the highest impact. The three selection rounds are described as follows:

1. **First Round Filtering:** Selection of the 6 highest ranking regions based on the following criteria, with their corresponding weights:

Criteria		Weight
a. Poverty Incidence	=	25%
b. Reproductive Health	=	60%
i. Maternal Mortality Ratio (15%)		
ii. Adolescent Fertility Rate (15%)		
iii. Contraceptive Prevalence Rate (15%)		
iv. Skilled Birth Attendance / No. of Unattended Deliveries (15%)		
c. Violence Against Women	=	15%
i. Sexual Violence (7.5%)		
ii. Physical Violence (7.5%)		

2. **Second Round Filtering:** Selection of the 20 highest ranking provinces within the 6 highest-ranked regions based on the following criteria, with their corresponding weights:

Criteria		Weight
a. Population Size	=	1/5
b. Gender Development Index	=	1/5
c. Reproductive Health Indicators		
i. Maternal Mortality Ratio	=	1/5
ii. Contraceptive Prevalence Rate	=	1/5
iii. Skilled Birth Attendance	=	1/5

3. **Third Round Mapping:** Different qualitative characteristics of the 20 ranked provinces were mapped to determine their suitability and viability for UNFPA operations and to provide guidance in the design and costing of packages based on differentiated needs. The following operational indicators were used in the process:

- i. Contiguity of sites – do they belong to the same island groups (Luzon, Visayas, Mindanao)? Are they contiguous/adjacent to each other?
- ii. Potential for replicability – at least top three good practices that are replicable from previous sites and into the new areas of investment were identified; some of these good practices include: Presence of an RH/Gender and Development (GAD) code, with budget allocated for Family Planning commodities, % of indigent enrollment in Philhealth, availability of CSO networks and presence of VAW/women's desk/center and/or inter-agency mechanisms
- iii. Geographic accessibility

- iv. Security situation
- v. Presence of other UN agencies
- vi. Presence of other development agencies not duplicative
- vii. Forms part of Joint Programme sites – “yes” if the site is a Joint Programme area, “no” if otherwise
- viii. Forms part of the UNDAF Convergence Sites – “yes” if the site falls under the UNDAF convergence area, “no” if otherwise and
- ix. Political climate – whether the local leadership is perceived to be pro-RH or otherwise

CP7 made special effort to include marginalized populations. The following provides evidence of targeting for Marginalized/Vulnerable Populations

EU-UNFPA Project on “Addressing Reproductive and Maternal Health Needs of Indigenous Communities/ Peoples and Other Disadvantaged Communities in Mindanao» (IP MNCHN Project): The overall objective of the EU-UNFPA partnership was to improve access to and utilization of quality RH services in selected indigenous peoples’ areas and other disadvantaged areas in Mindanao through a comprehensive and culturally-sensitive implementation of the family planning and RH component of the national Maternal, Newborn, and Child Health and Nutrition (MNCHN) strategy. Implementation took place in selected indigenous communities that were jointly identified by a broad base of stakeholders. They included Certificate of Ancestral Domain Title (CADT) areas in the following provinces:

- | | |
|---|---|
| <ul style="list-style-type: none"> a. Batch 1 Priority Areas: i. Compostela Valley ii. Zamboanga del Sur iii. Agusan del Sur iv. North Cotabato v. Bukidnon | <ul style="list-style-type: none"> b. Batch 2 Priority Areas: i. Zamboanga del Norte ii. Misamis Oriental iii. Davao City |
|---|---|

Criteria used for selecting sites for this targeted programme were as follows:

- Geographical isolation
- IP Population density in the area
- Poverty incidence
- Commitment of the local government units (LGUs)
- Social Acceptability
- Approved ancestral domain title (CADT)
- Low health indicators

Other considerations that were taken into account where possible:

- The site falls within the UNDAF Convergence site
- Peace and order situation
- Progress in terms of health sector implementation
- Presence of other related efforts especially the Joint Programme on Maternal and Neonatal Health (JPMNH)

UNFPA-UNICEF-WHO Joint Programme on Maternal and Neonatal Health (JPMNH) Phase 2 targeting the rural/urban poorest of the poor (Conditional Cash Transfer [CCT] beneficiaries): JPMNH represented the collective effort of three UN agencies in support to the Philippine government, towards

attaining its commitment to the international community in achieving MDGs 4 and 5. JPMNH harnessed the technical expertise and organizational capacities of the 3 agencies (i.e. UNFPA, UNICEF and World Health Organization) to establish a functional and effective service delivery network (SDN) in the selected vulnerable sites that will be worthy of adoption by the Department of Health as a model for replication in similar localities at the sub-national level, which exhibit parallel geographical contexts and suffer the same MNCHN issues. The SDN is a package of maternal and newborn health services available from the lowest level of health facility to the highest level that includes a functional referral system and delivery of service in partnership with the public sector and the private sector. The SDN developed have considered the following local criteria/contexts:

- (i) an urban poor setting with a high density of poorest of the poor (indicated/proxied by conditional cash transfer (CCT) beneficiaries;
- (ii) rural settings with geographically isolated and disadvantaged areas; and
- (iii) highland and coastal municipalities.

Hence, the JPMNH Phase 2 sites included:

Rural: Region 12:

- o Municipalities of Lebak and Kalamansig in Sultan Kudarat Province (40,475 CCT households);
- o Malungon municipality in Sarangani Province (30,000 CCT households);
- o Municipalities of Aleosan, Midsayap, Arakan and President Roxas in North Cotabato Province (77,605 CCT households)

Urban: Quezon City in National Capital region (NCR):

- o The poorest district of the highly urbanized Quezon City, District 2 (i.e. with 9,555 CCT population base).

JPMNH Phase 2 envisioned to complement national government's CCT program for the poorest of the poor by concentrating its efforts in increasing the quality of care where the CCT interventions bring the families to the service providers. In the course of establishing the SDN of the sites mentioned above, the JPMNH aimed for non-CCT households using the same service delivery networks to also benefit from the interventions. These are likely to be poor households for they are the primary users of public health services. The program widened its reach within Region 12 as it provided selected interventions to facilities and LGUs -- impacting on the lives of at least a CCT population base of 241,575 people.

(A2) CP7 Performance Data

This section shows Performance vis-à-vis Target Populations (e.g. Indigenous Peoples, Poorest of the Poor) followed by details on the overall CP7 performance

With specific to *EU-UNFPA Project on "Addressing Reproductive and Maternal Health Needs of Indigenous Communities/ Peoples and Other Disadvantaged Communities in Mindanao"* (**IP MNCHN Project**): Data showed an increase in the number of maternal deaths in one ancestral domain site between 2013 and 2014 which can be attributed to improved maternal death reporting. Reporting of maternal deaths was emphasized to the indigenous communities via the community health teams (CHTs) organized.

Reported number of Maternal Deaths in Five Ancestral Domain (AD) sites					
Ancestral Domain (AD) Site	2012 (Baseline)	2013	2014	2015	Jan – June 2016
Agusan del Sur	0	0	1	0	0
Bukidnon	1	2	3	2	0
Compostela Valley	0	5	1	1	0
North Cotabato	1	0	0	0	0
Zamboanga del Sur	1	0	0	0	0

(Source: Country Office)

While only two of the five ancestral domain sites achieved the Department of Health-prescribed national target of 80% for skilled birth attendance, the rest of the sites exhibited increasing trends coming from relatively low baselines in 2012.

Reported Number of Deliveries and Percentage of Deliveries attended by Skilled Birth Attendants in Five Ancestral Domain sites					
Ancestral Domain (AD) Site	2012 (Baseline)	2013	2014	2015	Jan. – June 2016
Agusan del Sur	0 (0.00%)	10 (71.43%)	18 (47.37%)	20 (52.06%)	33 (100.00%)
Bukidnon	404 (37.06%)	407 (36.97%)	387 (42.39%)	429 (41.81%)	417 (41.08%)
Compostela Valley	571 (66.47%)	562 (62.72%)	623 (73.47%)	711 (82.10%)	436 (89.71%)
North Cotabato	3 (2.59%)	17 (13.28%)	23 (15.03%)	26 (24.30%)	19 (38.00%)
Zamboanga del Sur	105 (29.09%)	99 (27.81%)	115 (34.43%)	107 (37.28%)	64 (34.04%)

(Source: Country Office)

Similarly, while only two ancestral domains reached the DOH national target of 65% for contraceptive prevalence rate, the rest of the sites exhibited consistent improvements in this indicator comparing the latest (2016) data and the baseline.

Reported Contraceptive Prevalence Rate in Five Ancestral Domain sites					
Ancestral Domain (AD) Site	2012 (Baseline)	2013	2014	2015	Jan. – June 2016
Agusan del Sur	7.30%	29.76%	42.96%	53.38%	56.09%
Bukidnon	21.59%	27.61%	20.60%	51.88%	38.06%
Compostela Valley	49.08%	61.80%	69.50%	75.00%	77.84%
North Cotabato	21.54%	38.89%	33.22%	82.36%	86.20%
Zamboanga del Sur	15.81%	30.4%	46.53%	34.37%	54.15%

**UNFPA-UNICEF-WHO Joint Programme on Maternal and Neonatal Health (JPMNH) Phase 2
(specifically targeting the poorest of the poor / Conditional Cash Transfer [CCT] beneficiaries)**

At the end of its implementation, JPMNH achieved an overall decrease in maternal and neonatal mortality in its project sites.

- Absolute number of maternal deaths decreased by 11% and the maternal mortality ratio decreased by 9%; and
- For newborns, absolute number of deaths decreased by 8% and the neonatal mortality rate went down by 7%.

This impact was achieved through improvements in health systems and services to which JPMNH interventions contributed.

- Facility-based deliveries increased by 8 percentage points and skilled birth attendance increased by 2 percentage points;
- All sites had functional Basic Emergency Obstetric and Newborn Care facilities whereas only two sites had these at baseline. These facilities also institutionalized the practice of Essential Intrapartum and Newborn Care and the delivery of client-centered and culturally sensitive care;
- Specific to UNFPA's contribution to the Joint Programme, rates of postpartum counselling for availing FP services improved by 38 percentage points, and 7,442 women from disadvantaged households were able to use modern FP methods for the first time;
- Overall use of modern contraceptives improved by 19 percentage points.

Improvements in these multiple aspects in delivering quality maternal and newborn care worked synergistically to achieve JPMNH impact.

The following section provides CP7's achievements summary data with respect to all six outputs and additional supporting data on SRHR achievements.

The table below summarizes the CP7's achievements with respect to all six outputs

Outputs and Indicators	Achievement and Related Accomplishments	Facilitating and Enabling Factors	Challenges and Hindering Factors
Output 1: Strengthened capacity of health systems to deliver core reproductive health information and services to women and their newborn infants, young people and men, particularly in selected geographical areas that are isolated and disadvantaged, and in humanitarian situations			
Percentage of health facilities meeting minimum national standards in the provision of core reproductive health information and services, including services on maternal and neonatal health, family planning, adolescent sexual and reproductive health,	83% (185 of 224) birthing facilities targeted granted PhilHealth-Maternity Care Package accreditation (2012-2013) (Baseline: 20%; Target: 60%) HLGP areas demonstrated notable improvements in all three RH indicators: skilled birth attendance, facility-based delivery, contraceptive prevalence rate, with the	Direct assistance to LGUs through PHIC, DOH, and LGU dialogues brokered by UNFPA 78% (7 of 9) 7 th CP provinces enrolled under the Health Leadership and Governance Programme (HLGP)	Only 29% (among 133) of HLGP HLP LGUs have MOA with public and private referral facilities, SDNs, and other institutional stakeholders for RHRP/FP

sexually transmitted infections and HIV/AIDS, in programme areas	<p>improvements sustained from 2013 when the programme began up to the present</p> <p>Il 5 ancestral domains targeted by the project in Agusan del Sur, Bukidnon, Compostela Valley, North Cotabato and Zamboanga del Sur registered notable improvements in all three RH indicators: skilled birth attendance, facility-based delivery, contraceptive prevalence rate (2012-2016) Five FP-MNCHN service delivery networks (SDNs) were established in the 5 Project provinces to facilitate access to quality health services in the ancestral domains and to improve operational efficiency of the health system, regardless of administrative boundaries.</p>	<p>Culture-sensitive programming was modeled through the European Union-funded Indigenous Peoples Maternal, Neonatal and Child Health and Nutrition (IP-MNCHN) Project. The SDNs convened in quarterly meetings since January 2015 and focused their agenda on FP commodity reporting and distribution system, patient satisfaction, referral mechanisms and maternal death reviews (MDRs)</p>	<p>implementation; only 11% of LGUs met the FP roadmap target of lower than 28 live births per 1000 adolescent women</p>
Percentage of tertiary-level health facilities with functioning women's and children's protection units that meet minimum national standards in programme areas	<p>47% (24 of 51) welfare and children protection units (WCPU) complied with at least 70% of DOH AO 2013-0011 criteria (2015) (Baseline: 10%; Target: 70%) BEmONC Functionality Study completed and results were used to advocate with DOH in addressing the policy and operational issues found</p> <p>Partner-Defined Quality (PDQ) institutionalized in 4 Joint Programme (JPMNH) sites</p> <p>All birthing facilities in the IP-MNCHN Project sites have been accredited by Philhealth</p>	<p>Partnership with WHO and UNICEF under the Joint Programme (JPMNH) facilitated the study</p> <p>PDQ was employed to involve communities in defining, implementing and monitoring the accessibility and quality improvement process when delivering maternal and neonatal services in public facilities</p> <p>UNFPA contributing to the equipping and/or</p>	

		refurbishing of 13 of these facilities to help them meet Philhealth standards	
Percentage of local government units using the logistics management information system (LMIS) on vital reproductive health and family planning commodities in programme areas	<p>10 partner provinces were trained on the National Online Stock Inventory and Reporting System (NOSIRS) (2015) (Baseline: 20%; Target: 60%)</p> <p>Actual utilization of Track and Trace across 70 clinics in 3 regions</p> <p>Lot Quality Assurance Sampling (LQAS) applied in 9 priority areas of the DOH</p>	<p>UNFPA Procurement Service Branch assessed the NOSIRS and recommended an alternative (Track and Trace). Pilot testing is being conducted, with DOH commitment for co-funding.</p> <p>DOH and UNFPA plan to scale up the research coverage to all public facilities in 4 Metro Manila cities and in 1 province in Region IV-A</p> <p>Support the monitoring of the President's Executive Order No. 12 on Reducing FP Unmet Need from 2017</p>	LGUs had difficulty fully implementing NOSIRS due to various barriers such as heavy workload of midwives to manually enter data, many midwives lack computer skills, the system was not user-friendly and it has no offline mode.
Percentage of health facilities with no stock-outs of at least three modern family planning methods	<p>99% (317 of 320) RHUs reported having no stock-outs of at least 3 modern contraceptives (pills, condoms, injectables for RHUs and BTL, IUD, condoms for hospitals) within the last 6 months</p> <p>286,993 women as new Progestin-only Subdermal Implants (PSI) acceptors (March 2018)</p>	<p>With UNFPA support, PHIC developed and approved a package for PSI users</p>	Many of these facilities continue to rely on the use of pen and paper (e.g. stock cards) monitoring that are prone to recording and reporting errors
Output 2: Women, young people and men, including Muslims and indigenous peoples, particularly in geographically isolated and disadvantaged areas, are able to demand and access high-quality reproductive health services in programme areas			
Percentage of local government units with organized community support networks, including women's and community health teams, in programme areas	<p>80% (8 of 10) provincial local organized functional community health teams (CHTs) supporting demand generation for RH services at the village level (2012-2013) (Baseline: 30%; Target: 60%)</p> <p>9,500,000 young Filipinos reached by U4U since 2014 when UNFPA began an</p>	<p>Co-developed with the Commission on Population (POPCOM) and consequently scaled up using their own</p>	<p>While 9 out of the 10 provinces reported having trained a total of 6,315 CHTs for RH demand generation, only 66% (4,143) of those trained were assessed as functional after post-training monitoring</p> <p>Only 691 young</p>

	<p>adolescent sexual and reproductive health (ASRH) communication and education campaign targeting the youth</p> <p>RH integrated in the health chapter of the Bangsamoro Development Plan 75% (2,347 of 3,150) women of reproductive age targeted in Amanah's catchment area served in the Ligtas Buntis (Safe Pregnancy) Caravans and RH medical missions</p>	<p>budget, and was likewise included as part of the DOH Kalusugan Pangkalahatan (Health for All) Roadshows</p> <p>With the partnership of Bangsamoro Development Agency (BDA)</p>	<p>people from indigenous communities in the EU-funded IP project were reached</p>
Output 3: Relevant government agencies are able to generate, analyse and disseminate data on population, sexual and reproductive health, HIV/AIDS, gender and youth, and to utilize data in national and local policymaking and development planning in programme areas			
Percentage of national government agencies and local government units with personnel capable of formulating national and local development plans that integrate population situation analyses and population data	<p>89% (39 of 44) have adopted local development plans that meet the minimum standards prescribed by the Commission on Population for integrating population situation analysis and data (2012-2013) (Baseline: ~3%; Target: 20%)</p>	UNFPA provided capacity building to improve data availability and analysis of population dynamics for national and local government units (LGUs) for enhancing development planning	
Percentage of national government agencies and local government units with personnel capable of formulating national and local development plans that integrate population situation analyses and population data	<p>77% (41 of 53) local government units have adopted local annual investment plans that are gender-responsive and integrate population situation analysis and data (based on standards prescribed by the Commission on Population) (2012-2013) (Baseline: 0%; Target: 20%)</p> <p>UNFPA supported fellows from government (including congress), civil society and UNFPA staff to participate in international (e.g. Women Deliver, APCRSR), national (Philippine Population Association) conferences, and sub-national conferences/workshops</p>	Research and "trigger papers" that address population dynamics for evidence-based advocacy were supported.	
Output 4 Strengthened capacity of civil society, including faith-based organizations, youth, media and private sector groups, to advocate the passage of population policies that will establish the legal framework to implement reproductive health programmes			

Percentage of civil society organizations that have sponsored an evidence-based policy dialogue on population and reproductive health with parliamentarians, civil society organizations, faith-based organizations, the media and other groups.	<p>All partner (7 of 7) civil society organizations have organized and/or sponsored evidence-based policy dialogues on population and reproductive health in 5 out of the 10 provincial local government partners of UNFPA (2012-2013) (Baseline: 30%; Target: 50%) Policy dialogues on RPRH, ASRH, GBV, population dynamics, among others, were co-sponsored by parliamentarians, civil society organizations, faith-based organizations, the media and other groups. Such policy dialogues were conducted about 2 times per year UNFPA facilitated the adoption of family planning in the workplace policies and finalization of action plans by 4 partners companies to ensure the continuous provision of essential FP services and commodities in the workplace. Nine new companies have been engaged for 2017. Ordinances and resolutions at the local government level that were formulated and passed through UNFPA advocacy and technical assistance including 31 city/municipal ordinances on RH, FP, and MNCHN.</p>	<p>Cadre of champions developed with UNFPA support for the passage of national and local policies that serve as legal framework for the implementation of population and RH programs.</p> <p>Through partnerships with the Business Action for Family Planning (BAFP) project and Employers' Confederation of the Philippines (ECOP)</p>	
Output 5 Enhanced national and local government capacity to implement, monitor and evaluate policies and plans to ensure reproductive rights and to combat gender-based violence in programme areas			
Percentage of national government agencies and local government units with functional monitoring mechanisms for the implementation of laws (the Magna Carta of Women and laws relating to violence against women)	<p>40% (Baseline: 0%; Target: 10%)</p> <p>Gender-Responsive Case Management (GRCM) Guidelines developed, approved and signed by the Secretary of the Department of Social Welfare and Development (DSWD) (2012)</p>	The Joint Memorandum Circular (JMC) 2010-01 of the Department of Interior and Local Government, Department of Social Welfare and Development, and the Department of Justice provided for the creation of local committees on anti-trafficking and violence against women and their children (LCAT-	While 8 out of the 10 provincial local government partners targeted have created/organized their LCAT-VAWCs, only 4 out of the 10 have allocated budgets for these mechanisms to be operational (assessment done by the National Anti-Poverty Commission

	Commission on Higher Education (CHED) Technical Committee for Social Work approved the UNFPA-supported BS Social Work Curriculum which mainstreams GBV and GRCM, and released Memorandum Order (CMO 39 series of 2017)	VAWC) to serve as a mechanism for monitoring the implementation of the Magna Carta of Women and related laws at the grassroots level.	and UNFPA, 2014)
Percentage of national government agencies and local government units with functional gender and development database	All 135 provincial and municipal local government units targeted from 2012-2013 had updated databases for their community-based monitoring systems (CBMS). (Baseline: 5%; Target: 20%) Child Protection Management Information System updated to be able to capture adult women cases (i.e. from CPMIS to WCPMIS)	Since 2003, the Department of Interior and Local Government has been promoting local governments' use of CBMS for, among others, poverty diagnosis, disaster risk reduction and management, monitoring of the Millennium Development Goals (MDGs), and gender-responsive planning and budgeting	
Number of legislative bills filed that will amend or repeal discriminatory provisions of existing laws	1 (Baseline: 0; Target: 3%)	UNFPA is an active member of the technical working group convened by the Council for the Welfare of Children to strengthen specific provisions of the Anti-Rape Law of 1997 by advocating for the raising of the age of statutory rape. A legislative bill has been filed and is pending in Congress for this purpose.	
Output 6. Enhanced capacity of civil society to advocate reproductive rights and to combat gender-based violence and harmful practices			
Percentage of civil society organizations with personnel able to advocate on behalf of reproductive rights and the prevention of gender-based violence	34% (64 of 187) grassroots-level civil society organizations targeted for support from 2012-2013 in 5 out of the 10 provincial local government partners of UNFPA have been reported as actively participating in decision-making	90 NGO members capacitated to provide psychosocial counselling/crisis intervention for GBV survivors; 17 DSWD Field Offices capacitated to address GBV in normal	

	bodies in their respective localities to advocate for reproductive rights (Baseline: 5%; Target: 20%)	times and emergencies; 350 inter-agency protection mechanism members capacitated to address GBV prevention and response	
Percentage of local government units with quick-response teams to combat violence against women and which can be readily deployed in humanitarian crisis situations	<p>21% (361 of 1,715) provincial, city and municipal local government units nationwide have been targeted and their key service providers (i.e. local social welfare and development officer, local health officer, local disaster risk reduction officer, Philippine National Police – Women and Children Protection Desk officer) capacitated in 2015 to address GBV prevention and response both in normal times and in emergencies (Baseline: 10%; Target: 50%)</p> <p>UNFPA has responded to the following disasters and emergencies from 2012 to 2017: (a) Displacements in Maguindanao, Lanao del Sur, North Cotabato and Sultan Kudarat Provinces due to armed conflict and flooding from 2012 to 2015; (b) Typhoon Bopha/Pablo in Davao Oriental and Compostela Valley in 2012 to 2013; (c) Negros Earthquake in 2012; (d) Zamboanga City Siege in 2013 to 2014; (e) Bohol Earthquake in 2013 to 2014; (f) Typhoon Haiyan/Yolanda in Leyte, Eastern Samar, Capiz and Iloilo in 2013 to 2015; (g) Marawi City Siege in 2017*</p> <p>DOH and 4 Metro Manila quadrants completed the MISP Training cum Planning to prepare for a 7.2 magnitude earthquake</p>	<p>To contribute to building resilience and increasing government's capacity to fulfill SRHR in both humanitarian preparedness and response settings, UNFPA provided policy advice, technical support and capacity building leading to the following results:</p> <p>Issuance of DOH AO 2016-0005 (National Policy on the MISP for SRH in Health Emergencies and Disasters) and the Joint Memorandum Circular (JMC) 2017-0001 covering the DOH, DILG, OCD and DSWD re. implementation of MISP and its integration in the N/LDRRMPs as well as institutionalizing MISP in DRR courses of the Local Government Academy;</p> <p>Prepositioning in-country of PHP40M worth of humanitarian goods on SRH and GBV to support government's response to disasters</p>	

* The following were the outcomes of humanitarian responses in relation to SRHR:

47 Women-Friendly Spaces (WFS) were established with 428 WFS facilitators trained; 19 GBV Watch Groups oriented and organized (Typhoon Haiyan); 825 members of LCAT-VAWC trained (Typhoon Haiyan); 140,395 women and girls and 40,728 men and boys reached with awareness-raising sessions on VAWC/GBV; In April 2015, the DSWD Secretary signed the Memorandum Circular on WFS Institutionalization in Camp Coordination and Camp Management; Zamboanga City Siege in 2013 – 14,177 females and 4,501 males sensitized on GBV prevention and response, 50 (114%) out of 44 GBV monitors targeted have been oriented and conducting community-based protection and surveillance of GBV cases, 1 WFS established with 28 WFS facilitators trained; Bohol Earthquake in 2013 – 2,120 women and 689 men reached by GBV community information sessions, 4 Municipal Committees on Anti-Trafficking and Violence Against Women and Children (MCAT-VAWCs) established; From 2013 to 2014, UNFPA supported a local NGO, Magungaya Mindanao, Inc, to strengthen village-level inter-agency protection mechanisms, establish seven (7) Women-Friendly Spaces, and conduct awareness raising sessions on VAW in three municipalities in Maguindanao—Datu Piang, Mamasapano and South Upi;

Protecting women and girls affected by the 2017 Marawi armed conflict in Mindanao:

- 17,065 (101%) Women and girls reached with GBV awareness-raising sessions
- 5,770 (120%) Men and boys reached with GBV awareness-raising sessions
- 200 Women Friendly Space Facilitators organized and capacitated (100%)
- 10 Women Friendly Spaces operationalized (100%)
- 3,283 (117%) Women and girls reached with psychosocial support sessions
- 1,510 (116%) Men and boys reached with psychosocial support sessions
- 439 (105%) Psychosocial Support Sessions conducted

(Sources: UNFPA CO, Country Programme Performance Summary (March 2, 2018); Zuellig Family Foundation, Family Planning and Reproductive Health Initiative Annual Repo

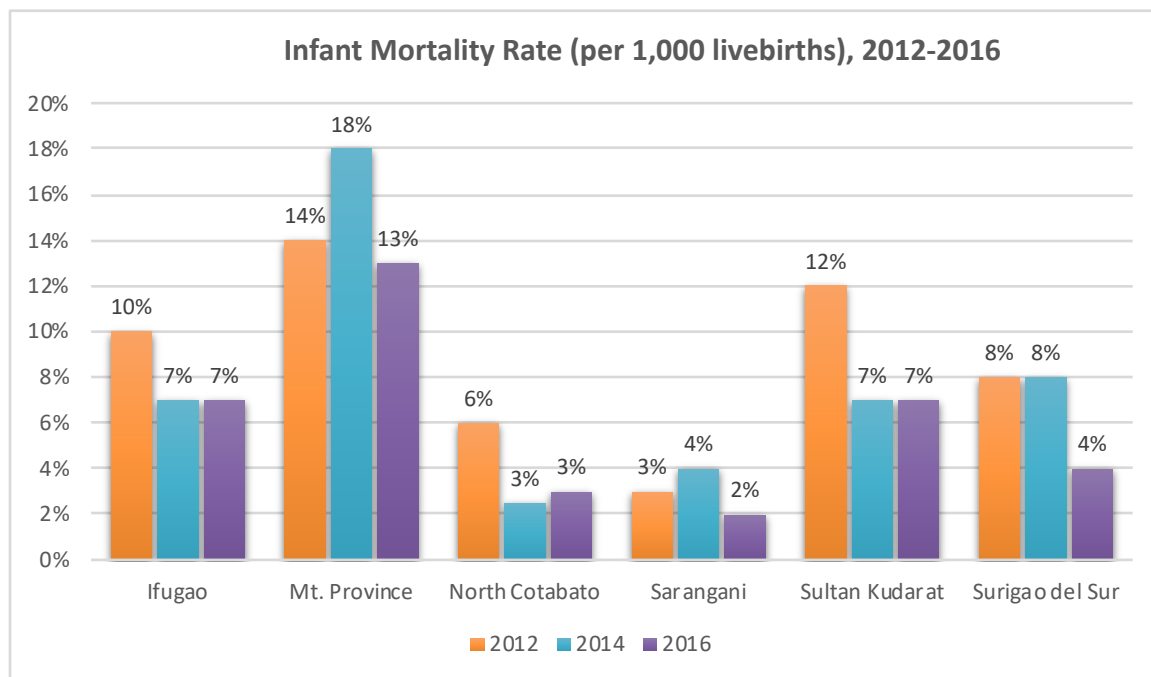
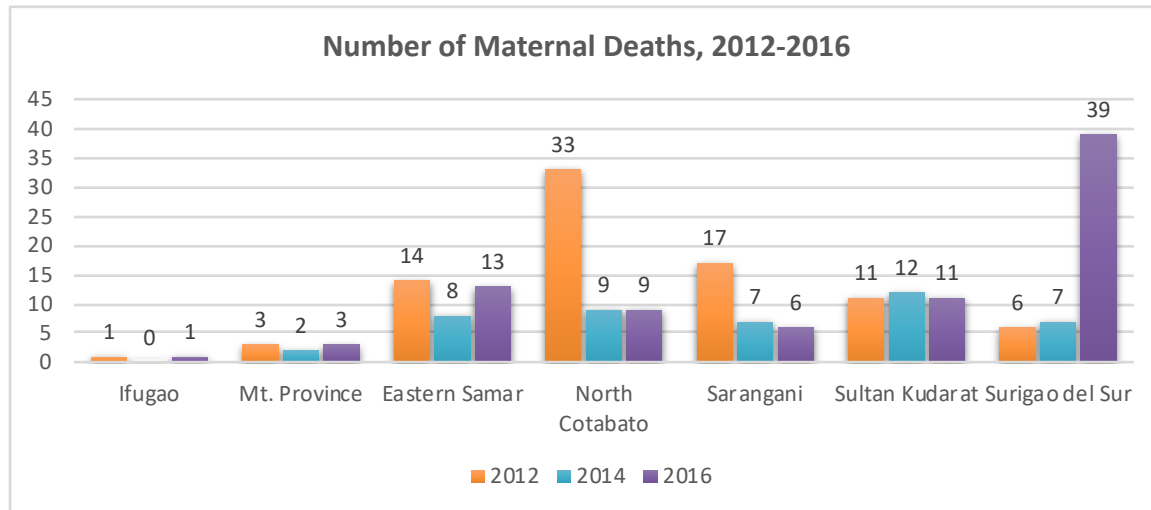
Additional supporting data on SRHR Effectiveness:

From 2012 – 2014, UNFPA provided RH program support to targeted provinces in the country relative to the improvement of health outcomes on maternal health, family planning and adolescent sexual and reproductive health (ASRH). This included capacity building on family planning, basic emergency obstetric and newborn care, equipment support for birthing facilities, technical assistance on Philhealth accreditation, conduct of Maternal Death Reviews, demand generation for FP and ASRH, and health leadership and governance courses for local chief executives, health managers and DOH representatives.

From 2015-2017, programmatic support shifted to more upstream policy work with national government agencies, and mobilizing non-government agencies in support of national and local government initiatives on RH. Major contributions include technical support to the National Implementation Team (NIT) for the Responsible Parenthood and Reproductive Health Law, along with the respective Technical Working Groups on Monitoring and Evaluation, PhilHealth, Adolescent Health, Training, and FP-Logistics. Major support to the National Family Planning Program was done through the development of a Costed Implementation Plan (CIP) for Family Planning, including its monitoring and roll-out to regions and provinces, the pilot implementation of an FP-Logistics system using barcoding technology, the use of Lot Quality Assurance Sampling (LQAS) for monitoring of FP indicators in DOH

priority sites with high unmet need for family planning, and mobilizing CSOs as alternative providers of FP services, alongside the expansion of modern FP methods through the popularization of progestin subdermal implants.

Provincial SRH Data



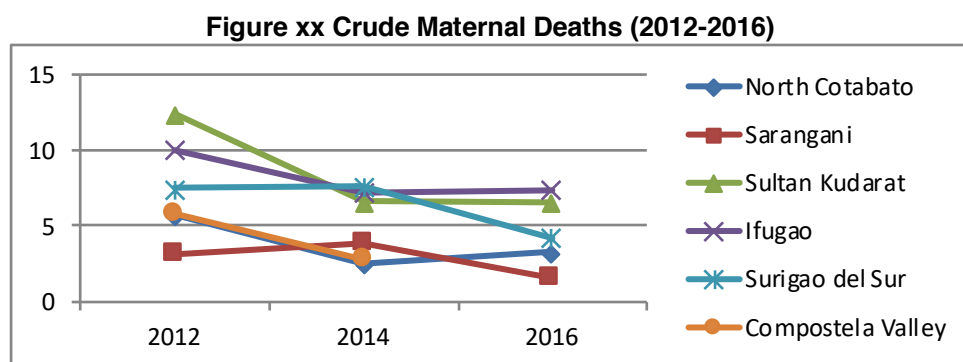
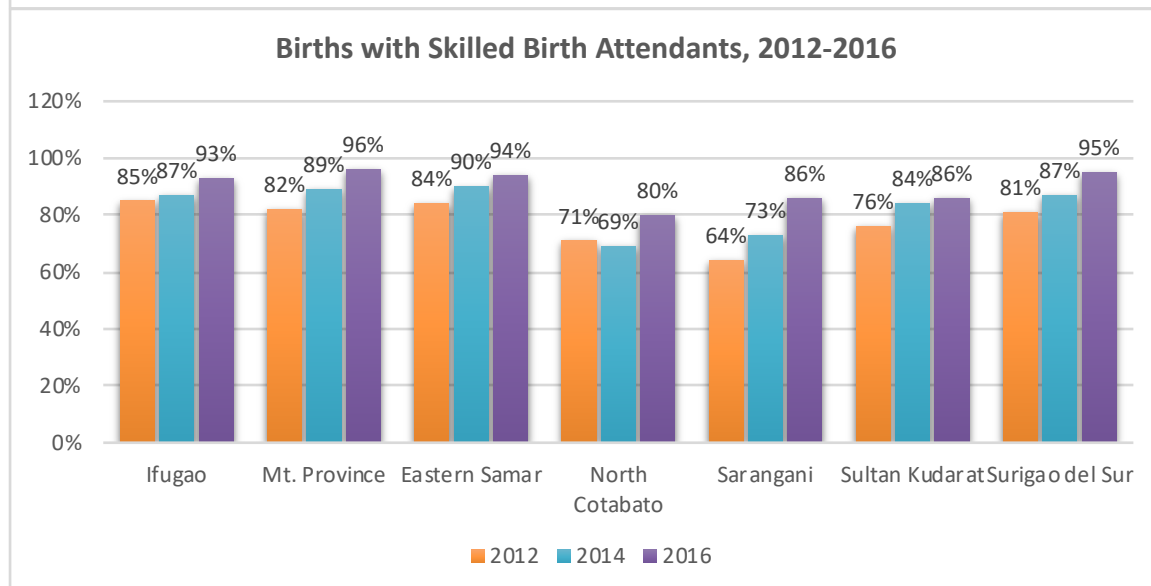
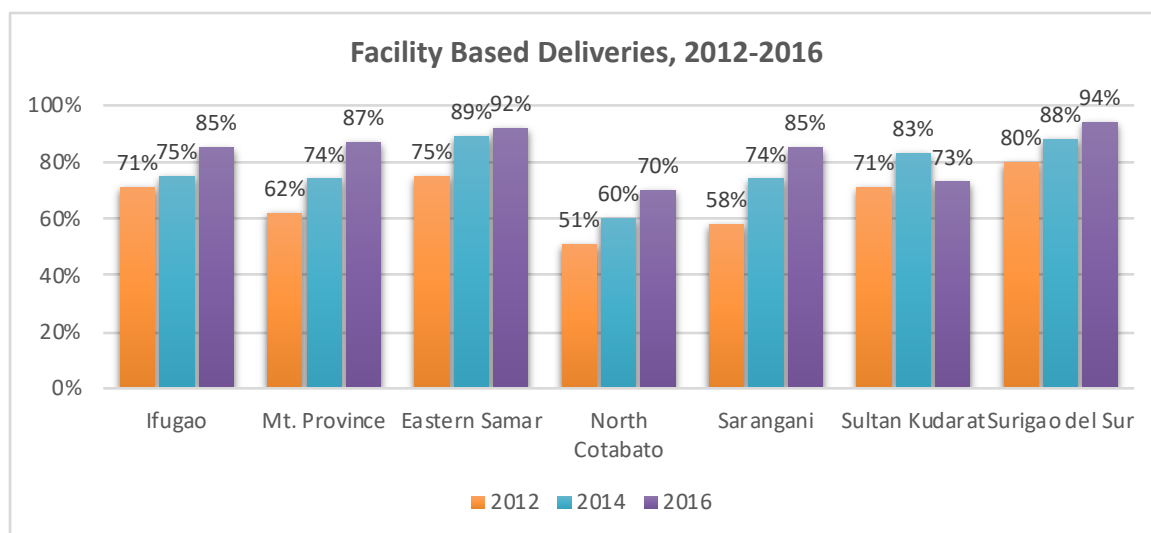
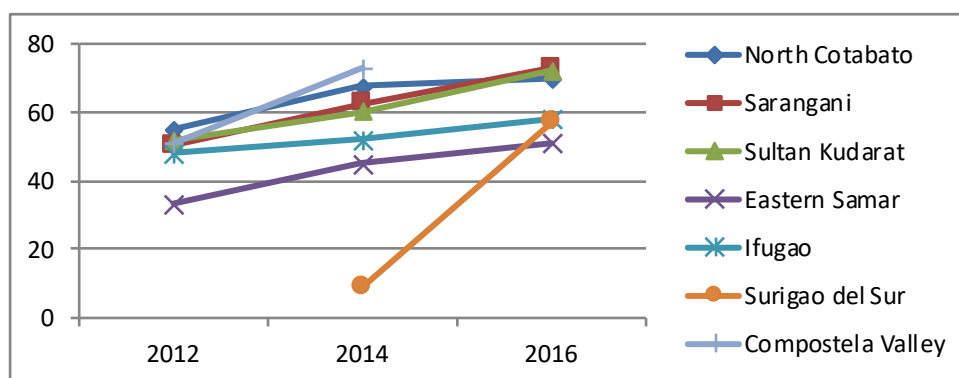
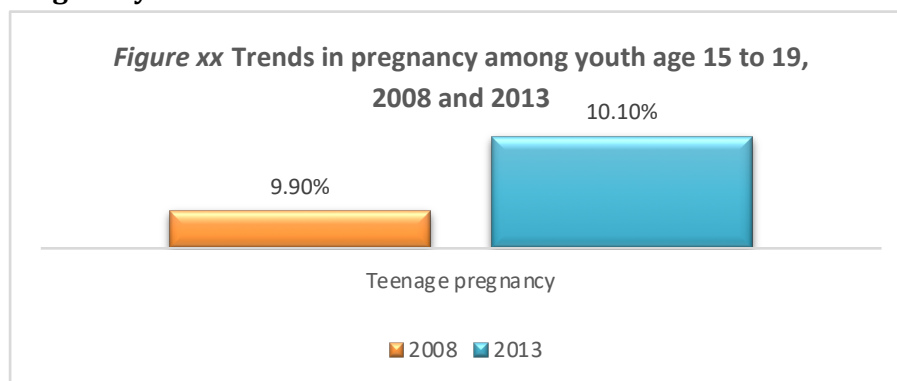


Figure xx. IMR (per 1,000 livebirths), 2012-2016



A. Teenage Pregnancy¹



- The proportion of teenagers who have begun childbearing rises rapidly with age from 1% at 15 years old to 22% at 19 years old (2017)

B. Family Planning

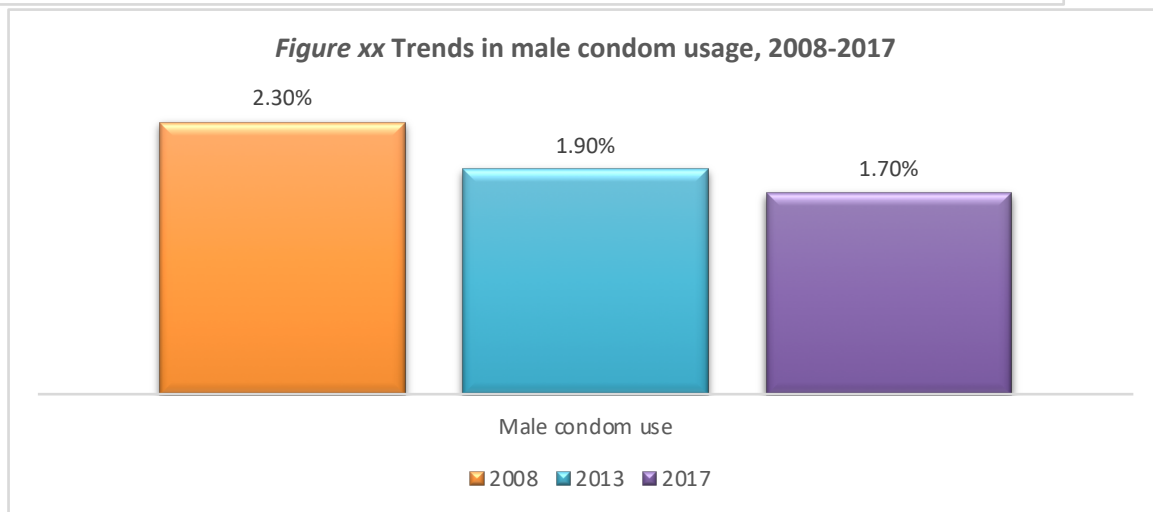
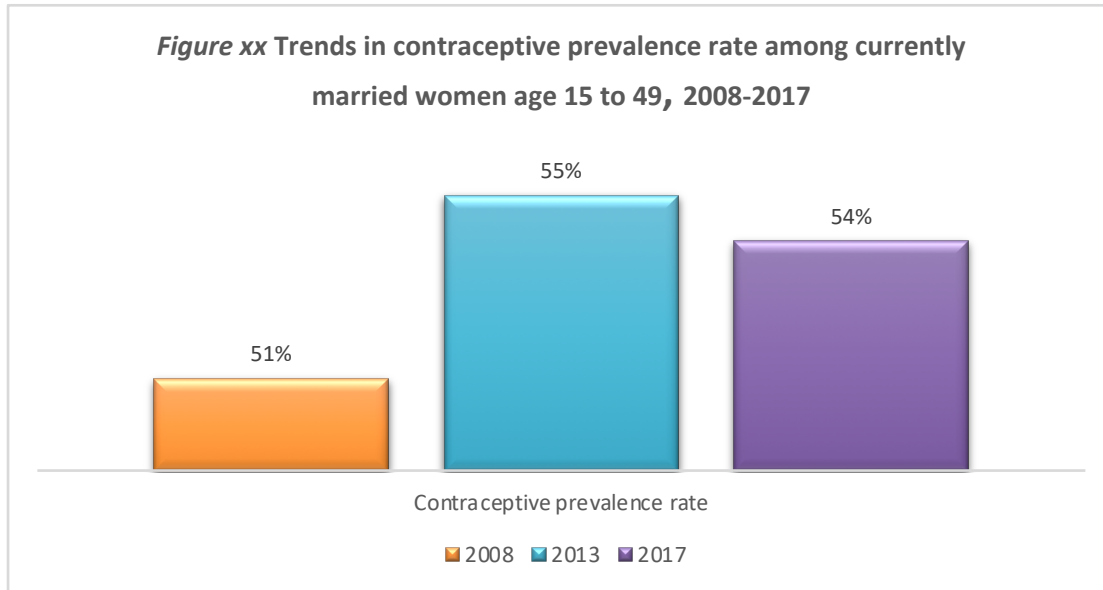
1. Use of any family planning method

a. National Data

- In 2008, 50.7% of married women age 15 to 49 use any method of family planning (34.0% use modern method, 16.7% use traditional method)
- In 2013, 55% of married women age 15 to 49 use any method of family planning (37.6% use modern method, 17.5% use traditional method)
- In 2017, 54.3% of married women age 15 to 49 use any method of family planning (40.4% use modern method, 13.9% use traditional method)

¹ Women age 15 to 19 who have had a birth or were pregnant with their first child at the time when the 2017 National Demographic and Health Survey was being done

- Nationwide, among the most popular methods of family planning are pills (20.9%), withdrawal (10.3%), female sterilization (7.4%), injectables (5.0%), IUD (3.5%), and rhythm (3.5) (2017)
- There has been an increase in the use of modern contraceptive use from 38% in 2013 to 40% in 2017



Trends in the current use of contraception specifically male sterilization

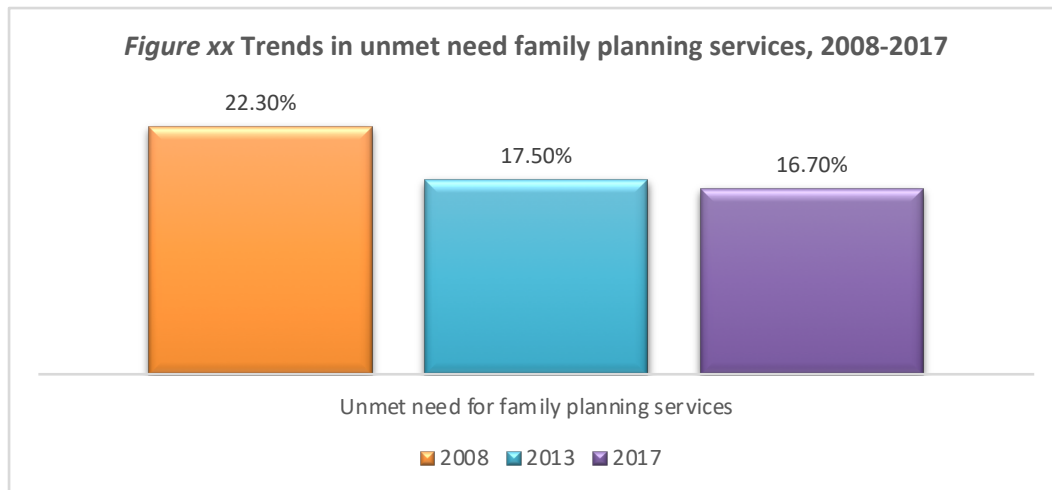
Percent distribution of currently married age 15 to 49, by use of male sterilization, Philippine NDHS

Year	Male sterilization
2008	0.1%
2013	0.1%
2017	0.0%

b. Regional Data

- There is an increase in the percentage of married women age 15 to 49 who use any method of family planning in CAR from 54.9% in 2008 to 61.2% in 2013, but a decrease in the percentage going to 50% in 2017
 - There is an increase in the percentage of married women age 15 to 49 who use any method of family planning in Eastern Visayas from 47.5% in 2008 to 61.7% in 2013, but a decrease in the percentage going to 58.8% in 2017
 - There is a continuous increase in the percentage of married women age 15 to 49 who use any method of family planning in Bicol from 39.4% in 2008 to 44.9% in 2013 then to 51.3% in 2017
 - There is a continuous increase in the percentage of married women age 15 to 49 who use any method of family planning in SOCCSKSARGEN from 55.1% in 2008 to 57.5% in 2013 then to 58.9% in 2017
2. Not using any family planning method
- In 2008, 49.3% of married women age 15 to 49 are not currently using any method of family planning
 - In 2013, 44.9% of married women age 15 to 49 are not currently using any method of family planning
 - In 2017, 45.7% of married women age 15 to 49 are not currently using any method of family planning
3. Unmet needs for family planning services

a. National Data



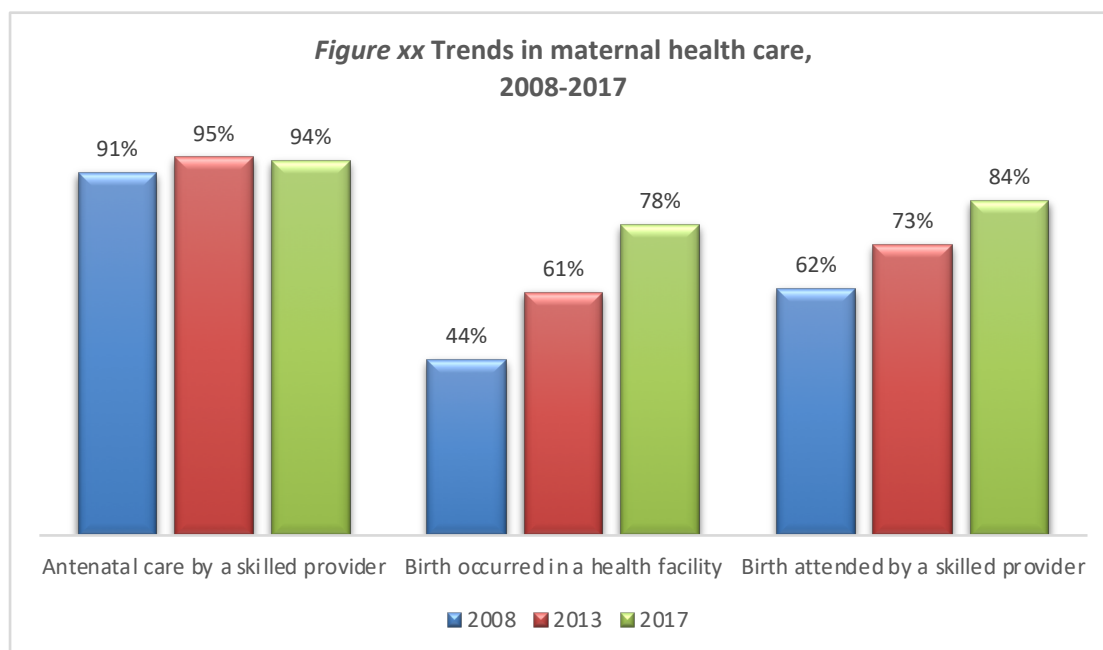
- 17% of married women have unmet² need for family planning services (2017)
- 28% of younger married women age 15-19 have unmet need (2017)
- 49% of sexually active unmarried women have unmet need (2017)

² Women who want to postpone the next childbirth for 2 or more years, women who want to stop childbearing but not using any method, pregnant women whose pregnancy was mistimed or unwanted, and amenorrheic women whose last birth was mistimed or unwanted are said to have unmet needs for family planning services.

b. Regional Data

- 15.1% of women (married and unmarried) age 15 to 49 in CAR have unmet need for family planning services (2017)
- 21.3% of women (married and unmarried) age 15 to 49 in Bicol have unmet need for family planning services (2017)
- 16.0% of women (married and unmarried) age 15 to 49 in Eastern Visayas have unmet need for family planning services (2017)
- 17.5% of women (married and unmarried) age 15 to 49 in SOCCSKSARGEN have unmet need for family planning services (2017)

C. Maternal Care³



³ Proper care given to mothers during pregnancy and delivery. This include receiving antenatal care, receiving tetanus toxoid injections while pregnant, the type of assistance received at the time of delivery, and receiving postnatal check during first 2 days after birth.

PD Outputs summary performance data:

Output 3: Relevant government agencies are able to generate, analyse and disseminate data on population, sexual and reproductive health, HIV/AIDS, gender and youth, and to utilize data in national and local policymaking and development planning in programme areas			
Indicators	Baseline	Target	Performance at Evaluation, May 2018
<ul style="list-style-type: none"> Percentage of national government agencies and local government units with personnel capable of formulating national and local development plans that integrate population situation analyses and population data 	Baseline: about 3%;	Target: 20%	89% <i>Out of 44 local government units targeted from 2012-2013, 39 or 89% have adopted local development plans that meet the minimum standards prescribed by the Commission on Population for integrating population situation analysis and data.</i>
<ul style="list-style-type: none"> Percentage of local government units with personnel trained to undertake participatory pro-poor and gender-responsive budget preparation, analysis and implementation. 	Baseline: 0%;	Target: 20%	77% <i>Out of 53 local government units targeted from 2012-2013, 41 or 77% have adopted local annual investment plans that are gender-responsive and integrate population situation analysis and data (based on standards prescribed by the Commission on Population).</i>
Output 4 Strengthened capacity of civil society, including faith-based organizations, youth, media and private sector groups, to advocate the passage of population policies that will establish the legal framework to implement reproductive health programmes			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Percentage of civil society organizations that have sponsored an evidence-based policy dialogue on population and reproductive health with parliamentarians, civil society organizations, faith-based organizations, the media and other groups. 	Baseline: 30%;	Target: 50%	100% <i>Seven out of 7 civil society organizations have organized and/or sponsored evidence-based policy dialogues on population and reproductive health from 2012-2013 in 5 out of the 10 provincial local government partners of UNFPA.</i>

Source: UNFPA Country Programme Performance Summary

GE - Outputs summary performance data (Source: UNFPA Country Office)

Summary of Achievements on GEWE and GBV vis-à-vis Outcomes and Outputs

Output 5: Enhanced national and local government capacity to implement, monitor and evaluate policies and plans to ensure reproductive rights and to combat gender-based violence in programme areas

Indicator: % of national government units with functional monitoring mechanisms for the implementation of laws (the Magna Carta of Women and laws relating to violence against women)

Baseline: 0 Target: 10% Endline data: 40% (unverified from field visits)

Rating: Partially achieved

Indicator: % of national government agencies and local government units with functional gender and development database

Baseline: 5% Target: 20% Endline data: 100% (unverified)

Rating: Fully Achieved

Indicator: % of legislative bills filed that will amend or repeal discriminatory provisions of existing laws

Baseline: 0 Target: 3 Endline data: 1 (unverified)

Rating: Partially achieved.

Output 6: Enhanced capacity of civil society to advocate reproductive rights and to combat gender-based violence and harmful practices

Indicator: % of civil society organizations with persons with personnel able to advocate on behalf of reproductive rights and the prevention of gender-based violence

Baseline: 5% Target: 20% Endline data: 34% (unverified)

Rating: Partially achieved

Indicator: % of local government units with quick-response teams to combat violence against women and which can be readily deployed in humanitarian crisis situations

Baseline: 10% Target: 50% Endline data: 21% (unverified)

Rating: Partially achieved

Annex B (PD)

Research Studies and Surveys under CP7:

Completed

1. Impact of RPRH Law implementation on poverty reduction (Dr. Alejandro Herrin, Dr. Anecito Orbeta Jr. and Dr. Michael Abrigo, PIDS, 2017)
2. Economic Consequences of Teenage Pregnancy (Dr Alejandro Herrin, 2016)
3. Socio-cultural implications of teenage pregnancy (Dr. Corazon Raymundo, 2016)
4. Demographic sweetspot and dividend in the Philippines (Dr. Dennis Claire Mapa, 2015)
5. A research on access to reproductive health by persons with disability in the Philippines (Nossal Institute and De La Salle University, 2015)
6. UNFPA baseline situation analysis of the LGU partners, 2012
7. Female Condom Acceptability Study Among Sex Workers, 2012
8. Conduct of An Assessment of the Indigenous Peoples' Perceptions of Access To and Utilization of SRH with a Particular Focus on Married and Unmarried Indigenous Women in Selected Ancestral Domain Areas in Mindanao, 2014
9. Review of the Impact of Local Policies on indigenous Peoples' Access to Basic Social and Health Services, 2014
10. A Systematic Review and Assessment of UNFPA's and IPHC's Strategic Activities in the IP MNCHN Mindanao Project, 2014
11. BeMONC Functionality Study (CHSI, 2015)
12. Bangsamoro RH Baseline Study (Institute of Bangsamoro Studies, 2016)
13. Social Weather Station survey on RH, 2014
14. Pulse Asia survey on adolescent access to RH, 2015
15. Young Adults Fertility and Sexuality Survey 2014.

On-going/Continuing:

1. Longitudinal Cohort Study on the 10-Year Old Girl and Boy
2. Annual Population Flows Survey (conducted by POPCOM)
3. Independent assessment of the 5-year implementation of the RPRH Law
4. Operational research on Track and Trace
5. UNFPA 7th Country Programme Evaluation

Under discussion:

1. Pulse Asia survey on RPRH Law implementation

Annex C: RH Policies in Local Government Units Enacted During CP7

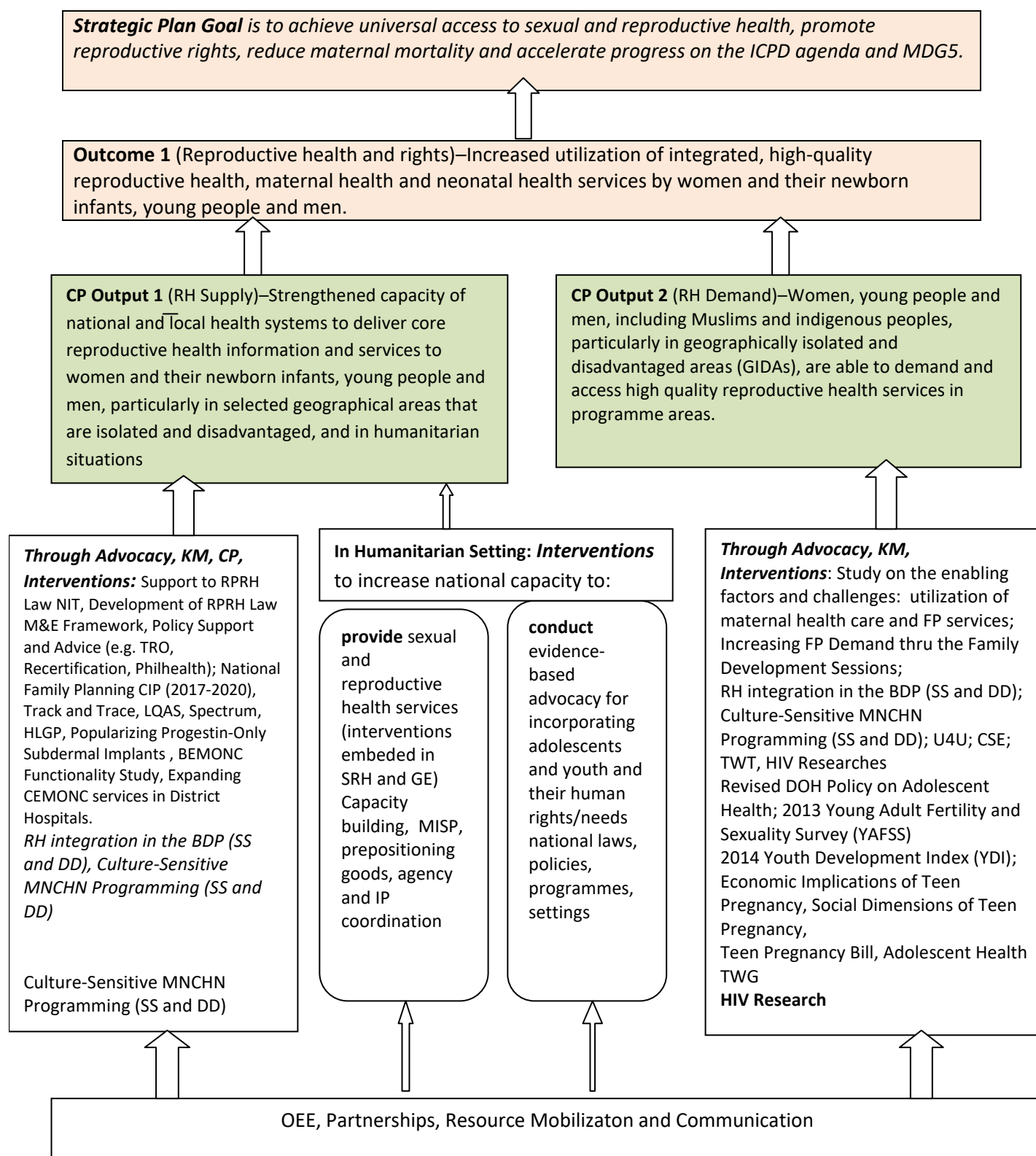
As of October 2017

- A. Enacted Provincial Ordinances and Budget Allocation
 - Ifugao
- B. Enacted Municipal Ordinances on RH, FP and MNCHN
 - 1. Malinao, Province of Albay
 - 2. Placer, Masbate
 - 3. Sto Domingo, Albay
 - 4. Laak, Compostela Valley
- C. Passed resolutions in support of the implementation of Executive Order 12, on achieving zero unmet need for family planning and meeting desired family size)
 - Albay Province
- D. Ordinances Initiated by Local Legislators' League on Population Health and Environment (3LPHEd) Members and Assisted by Philippine Legislators' Committee on Population and Development Foundation (PLCPD)
 - 1. Municipality of Malinao, Province of Albay
 - 2. Municipality of Placer, Masbate (4 ordinances)
 - 3. Province of Benguet
 - 4. Laak, Compostela Valley
- E. RH Ordinances with PLCPD* assistance of from other advocacy organizations
 - Municipality of Daraga, Province of Albay

Annex D (programme intervention logic) contains D1, D2, and D3.

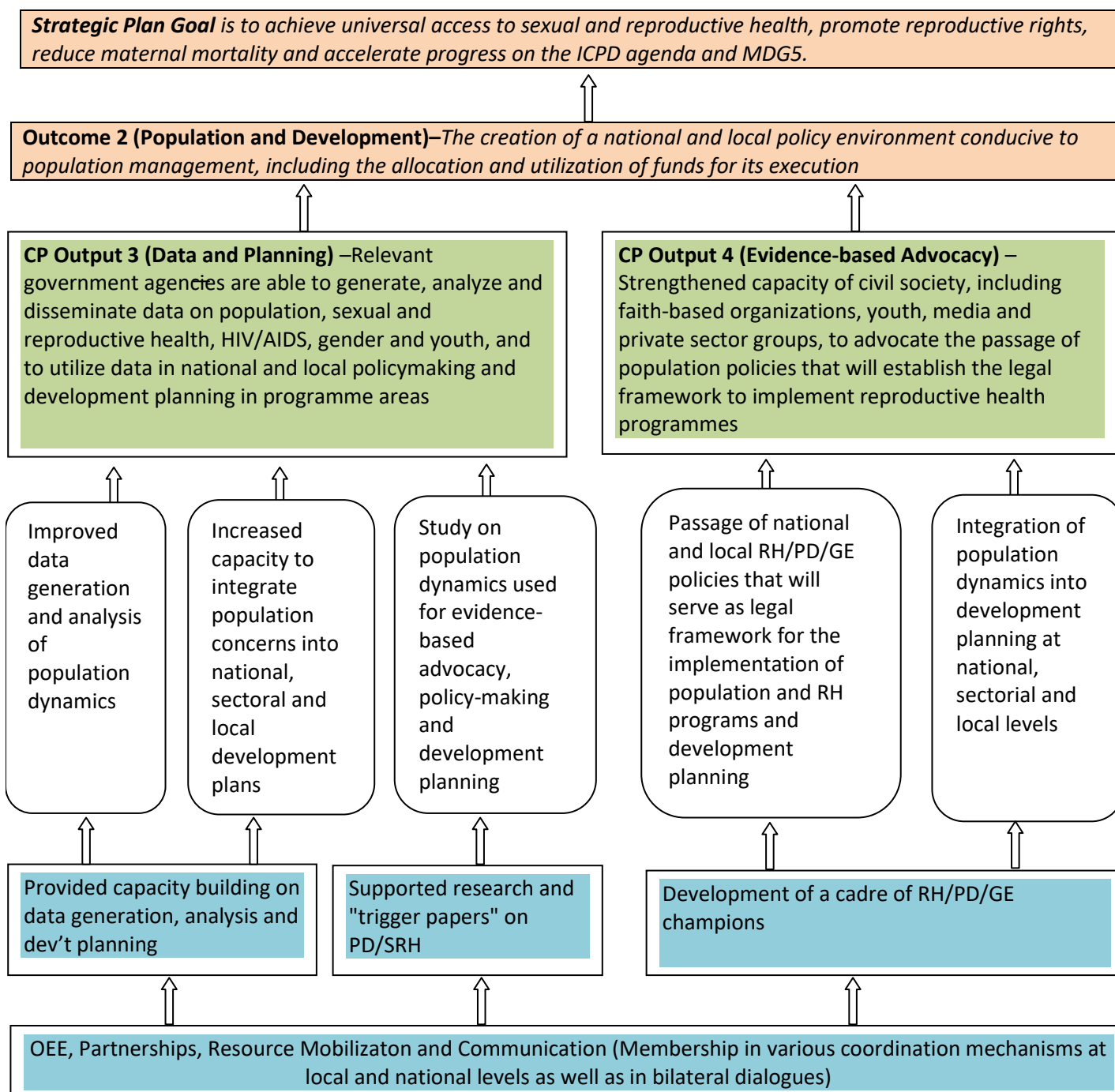
Annex: D1

Programme Intervention Logic – SRH Strategic Outcome Area



Source: Evaluation Team

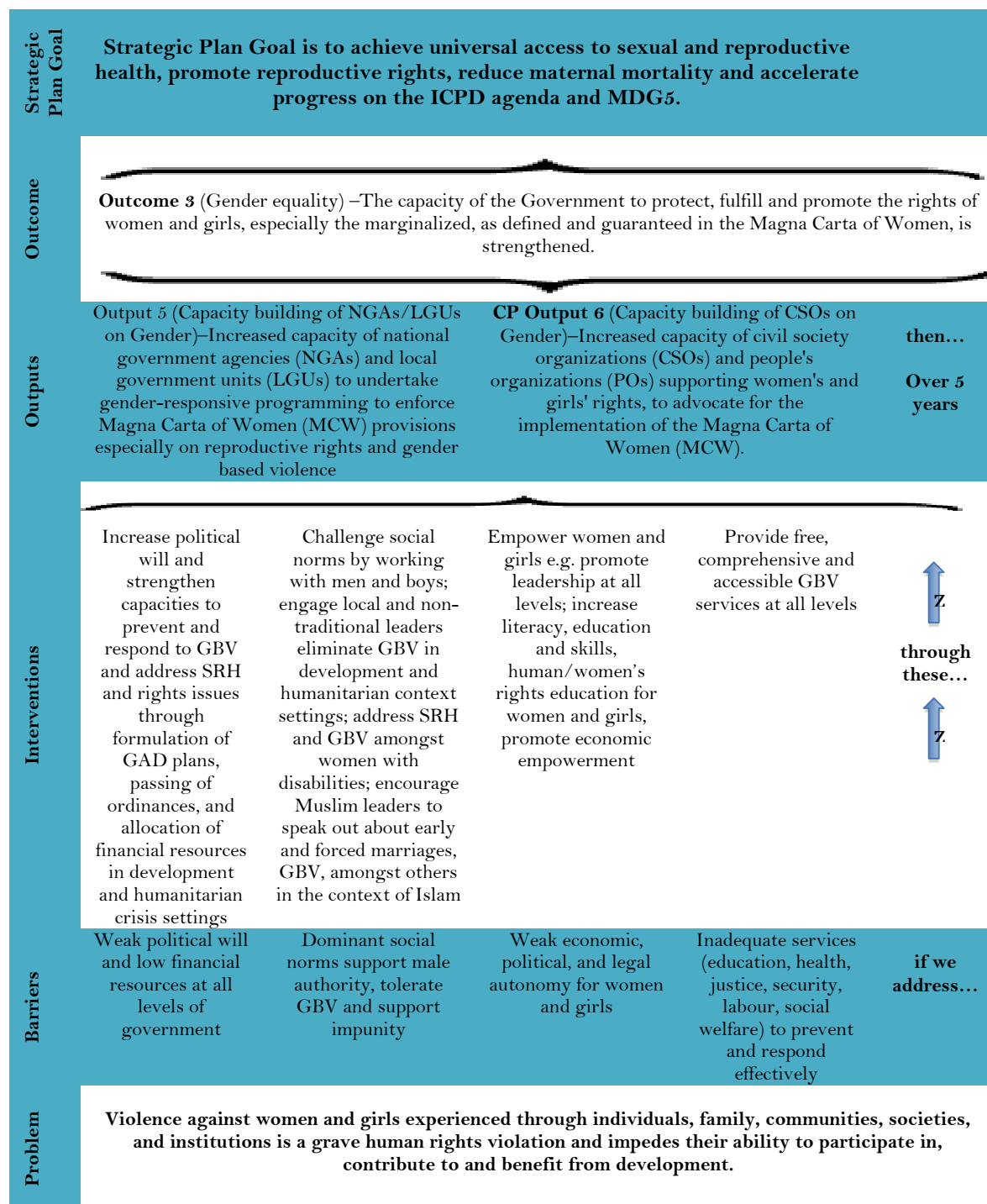
Programme Intervention Logic – PD Strategic Outcome Area



Source: Evaluation Team

Annex:D3

Programme Intervention Logic: Gender Equality/Gender Based Violence



Source: Evaluation Team

Annex E: UNFPA Coordination role in working groups during CP7 (current and past: a few may be missing)

UNFPA Position in Working Groups	Within UNCT
As Co-Chair	<ul style="list-style-type: none"> • UNDAF Outcome Group 1 (Universal Access to Quality Social Services with focus on MDGs) with DSWD, UNICEF and WHO • UNDAF Strategic Focus Area on Youth (2015-2018) with NYC
Leading Working Groups	UNDAF People Pillar – Co-Lead with UNICEF ((Rotating leadership)
Leading Thematic Areas	FP2020 Philippines Core Group, Co-lead with DOH and USAID
Member	<ul style="list-style-type: none"> • Humanitarian Country Team (continuous) • Security Management Team (continuous) • Child Task Force Monitoring and Reporting (continuous) • National Steering Committee on the Cohort Study (2016-present) • Mindanao Working Group (2012-2017) • IASC Health Cluster – Head of Agency (HOA) Continuous • IASC Protection Cluster – HOA (Continuous) • Theme Group on HIV AIDS – HOA (Continuous) • UNDAF Planet/Prosperity Pillar (2017 and onwards)) • UNDAF Peace Pillar (2017 and onwards) • National Steering Committee on IP MNCHN (2012-2015)
UNFPA Position	Other
As Chair	<ul style="list-style-type: none"> • Youth System Wide Action Plan or Youth SWAP Working Group (2012-2018) • Operations Management Team (2017) • Joint Programme on Maternal and Newborn Health (2012-2013) – Technical Working Group
Leading Working Groups	<ul style="list-style-type: none"> • UNDAF Programme Group (2012-2016) • UNDAF M and E group (2013-2014) • Harmonized Approach to Cash Transfers (2012-2017) • OMT Task Forces on Common Services (2015-2018); Going Green (2016); and Procurement (2015-2016)
Leading Thematic Areas	<ul style="list-style-type: none"> • UNDAF Sub-outcome Group on RHMNH (2012-2018) • UNDAF Sub-Outcome Group on Population and Development (2012-2018) • UNDAF Sub-Outcome on women Empowerment – CO-Lead (2012-2018) • National RH Humanitarian Coordination Team Co-Lead (2016-2018) • National Sub-Cluster on GBV Co-Lead (2012-2018)
Member	<ul style="list-style-type: none"> • Joint Programme on HIV (2018-2019) • National Steering Committee on the SDGs International Conference (2017) • Operations Management Team (2012-2016; 2018) • Area Security Management Team in Mindanao (Continuous) • Technical Working Group on Indigenous Peoples (2012-2018) • Technical Working Group - Child Task Force Monitoring and Reporting (continuous) • IASC Health Cluster - Technical • IASC Protection Cluster – Technical • UN Communications Group (Continuous) • UNDAF Outcome Groups 2 (Decent and Productive Employment for Sustained,

	<p>greener Growth), 3 (Democratic Governance) and 4 (Resilience Towards Disaster and Climate Change)</p> <ul style="list-style-type: none"> • ODA-GAD Network (Continuous) • UNDP Contracts Review Committee (2012-2016) • OMT Task Forces on Human Resources (continuous); and Information Technology (continuous) • RPRH Law National Implementation Team (NIT) (2013-Continuous) • NIT Technical Working Groups: <ul style="list-style-type: none"> ○ Monitoring and Evaluation ○ Logistics ○ Philhealth and Financing ○ Local Governance ○ Health Promotion and Communications • UN Joint Technical Assistance (JTA) on HIV (Continuous) • Adolescent Health and Development Technical Working Group (TWG) (Continuous) • Evaluation Reference Group, ASRH Component of the RPRH Law (Continuous) • Comprehensive Sexuality Education (CSE) Experts Panel (2014-Continuous) • Expanded Technical Working Committee (TWC) on Violence Against Women (VAW) Data Harmonization, Inter-Agency Council on Violence Against Women and their Children (IACVAWC) (Continuous) • National Project Team, National Family Violence Prevention Program (NFVPP), Department of Social Welfare and Development (DSWD) (Continuous) • International Steering Committee, 7th APCRSR, (November 2013) • Joint Programme on Youth, Employment and Migration (2012) • National Steering Committee, 1st National Family Planning Conference (Nov. 2015) • National Steering Committee, 2nd National Family Planning Conference (Nov. 2017)
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Source: UNFPA Country Office