



SIXTH UNFPA COUNTRY PROGRAMME: SIERRA LEONE
[2015-2019]

EVALUATION REPORT ANNEXURES

NOVEMBER, 2018

EVALUATION TEAM

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TABLE OF CONTENTS

ANNEX 1: TERMS OF REFERENCE	1
ANNEX 2: EVALUATION MATRIX	12
ANNEX 3: INTERVIEW GUIDES	34
ANNEX 4: LIST OF INDIVIDUALS INTERVIEWED.....	42
ANNEX 5: THE CPE AGENDA FOR THE 6 TH GOSL/UNFPA COUNTRY PROGRAMME 2015-2019.....	44
ANNEX 6: LIST OF DOCUMENTATION FOR REVIEW.....	47

ANNEX 1: TERMS OF REFERENCE



Evaluation of the UNFPA Sierra Leone 6th Country Programme 2015-2019

I. Introduction

- 1.1 Sierra Leone is a relatively small country with a land area of about 72,000 square kilometres and an estimated population of about 7.09 million from 4.98 million in 2004, showing a growth rate of 3.2% (2015 SL-PHC). The population is predominantly rural with about 59.2% primarily engaged in agriculture, and those in densely populated urban areas, including the capital city, primarily engaged in services and industry¹. The country's population is largely youthful with those aged 0-35 years making up about 80%, and under 15 years constituting 40.9%. This presents challenges in the provision of education, healthcare and jobs, but also represents a great resource offering opportunities to establish a solid foundation for development and great potential for harnessing the demographic dividend.
- 1.2 The UNFPA Sierra Leone sixth Country Programme (2015–2019) with Government and partners is currently in the fourth year of implementation. The overall goal of the programme is to contribute to **“universal access to rights-based, gender-sensitive sexual and reproductive health information and services, including for adolescents and young people”** as defined in the UNFPA Strategic Plan (2014-2017). Overall, the programme contributes to Government's development efforts especially in the areas of population and development; sexual and reproductive health and rights; reproductive health commodity security; gender equity, equality and empowerment of women, as well as promoting community advocacy and multi-sectoral partnerships for strengthening implementation of the ICPD Agenda in Sierra Leone.
- 1.3 At the outbreak of the Ebola Virus Disease in May 2004, the programme also took into consideration its devastating consequences with focus on building a resilient health system for the delivery of essential sexual and reproductive health services. Greater emphasis was placed on building human resources for health service delivery, as well as addressing the diminished confidence by communities in the ability of Service Delivery Points (SDPs) and health workers for saving lives. Overall, the EVD outbreak compelled a new programme management dynamics with the President's Recovery Priorities embedded in the

¹ Sierra Leone 2015 Population and Housing Census.

implementation of a 12-24 months post-Ebola recovery programme². New opportunities also emerged as evidenced by a number of new projects and interventions supported by development partners such as the DFID Saving Lives Project.

- 1.4 In terms of synergies with other development frameworks, the programme is primarily linked to the UNFPA Sierra Leone sixth Country Programme Document (CPD 2015-2019); the UN Development Assistance Framework for Sierra Leone (2015-2018); and the Government's Third Poverty Reduction Strategy Paper- Agenda for Prosperity (2013-2018). In particular, the programme is aligned primarily to three out of the eight key pillars of the Government's development agenda and related UNDAF outcomes³. It also addresses related issues in the ICPD+10 Review Report; ICPD Beyond 2014, and the new Post-2015 Sustainable Development Goals.
- 1.5 The programme adopted the "Cluster Approach", as a strategy for effective implementation and delivery on results. At inception, the two main clusters were: (a) Women's Reproductive Health (WRH); and (b) Adolescents and Youth (AY); while Gender (G) and Population and Development (P&D) mainstreamed as cross-cutting issues. With some modifications along the way there are presently three clusters, namely: (a) Women's Reproductive Health (WRH) (b) Adolescents, Youth and Gender (AYG); and (c) Population and Development (P&D). A communications team cuts across for advocacy, information-sharing information on programme deliverables, and reporting on human interest stories for UNFPA visibility and resource mobilization.
- 1.6 Since inception, the current country programme has had the routine mid-year and annual reviews to track progress of implementation, identify key challenges, lessons learned and resource utilization. In 2017, an in-depth Mid-Term Review (MTR) and a comprehensive management audit were undertaken, both of which highlighted key issues on the programme. Furthermore in early 2018, a UNFPA Internal Consulting Group (ICG) and HR re-alignment mission were undertaken as basis for a possible programme re-adjustment and management review, especially in the context of aligning the programme to the three transformative results of UNFPA new strategic plan (2018-2021)⁴.
- 1.7 With the end of current programme in December 2019, the seventh country programme (2020-2024) will be developed for the approval of the Executive Board by latest September 2019. Cognizant that the UNFPA's revised evaluation policy of June 2013 stipulates that at least one CPE should be conducted for each two programme cycles. The one conducted for the fifth cycle received a "poor" EQA rating⁵. Hence, according to the Peer Review Committee guidelines, its findings were not used as evaluative evidence for the sixth cycle. Considering the need for adequate evaluative evidence to inform the development of the 7th programme cycle, the CO and government decided to undertake a high quality CPE in 2018.

² The President's Recovery Priorities encompasses thirteen 13 key result areas across 7 sectors- health, social protection, education, private sector development, water, energy and governance. The 24-months program ended in April 2017 and ushered into the existing Agenda for Prosperity for sustainability.

³ (a) Accelerating human development (Pillar 3); (b) Strengthening social protection systems (Pillar 6); (c) Gender equality and women's empowerment (Pillar 8).

⁴ The three transformative results are: zero preventable maternal deaths, zero unmet demand for family planning, and zero gender-based violence and harmful practices by 2030.

⁵ The report and the EQA can be found at: web2.unfpa.org/public/about/oversight/evaluations

1.8 For learning and accountability reasons, the CPE report shall be communicated to all stakeholders including UNFPA corporate managers and the Executive Board, national and state level partner governments, civil society organizations and donors.

II. Country Context:

2.1 The 6th CP was developed in 2014 when the country had the highest maternal mortality ratio (MMR) in the world, with 1,360 maternal deaths per 100,000 live births⁶, generally attributed to the poor access to quality reproductive health services, including family planning information and services, particularly in the remote and hard-to-reach rural communities. The fertility rate was estimated at 4.9 children born/woman⁷ and the CPR for modern contraceptives was about 16%; unmet need for family planning was estimated at 25% for currently married women ages 15 to 49 years, and even higher (30.7%) for the 15-19 age group. Maternal morbidity has also been of serious consideration, prominent among which is obstetric fistula, majority of cases found in remote and difficult-to-reach rural areas, with generally no established prevention programs.

1.2 Despite strides in promoting gender equality and women's rights, women's empowerment and gender-based violence in Sierra Leone continued to be of major concern for Government and development partners, including NGOs and CSOs. Among the estimated 3.94 million economically active population, women formed only about 27% of paid employees in the formal sector.

1.3 Sexual and Gender Based Violence (SGBV) and denial of women's rights were still highly prevalent at all levels in Sierra Leone. Harmful traditional practices primarily Female Genital Mutilation (FGM), child marriage, and high teenage pregnancies continued to inhibit women and girls empowerment. Despite the high prevalence of FGM (98% among women aged 45-49 years and 74% for girls aged 15-19 years (DHS 2013), no related legislation was in place. Child marriage was an issue with 16 percent of women (aged 15-49) married before the age of 15 while 50 percent (aged 18-49) are married before 18 (MICS 2010).

1.4 The Ebola outbreak between 2014 and 2015 further worsened the weak health system and exposed its vulnerabilities in terms of lack of capacity- expertise, finances, time and infrastructure, etc. In the recent past, economic growth has been driven by mining - particularly iron ore, but the Ebola outbreak combined with falling global commodities prices caused a significant contraction of economic activity in all areas⁸. While the WHO declared an end to the Ebola outbreak in November 2015, low commodity prices in 2015-2016 contributed to the country's biggest fiscal shortfall since 2001, thereby constraining domestic investments and budgets in the health sector.

1.5 In addressing the issues raised above, the 6th CPD was developed within the framework of the four (4) outcomes of the UNFPA Strategic Plan (2014-2017), namely:

⁶ WHO, (2015) Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, *World Bank Group and the United Nations Population Division*. Geneva: World Health Organization;

⁷ National Analytical Report- Sierra Leone 2015 Population and Housing Census.

⁸ Ibid.

- i. Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access;
- ii. Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services;
- iii. Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth; and
- iv. Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

1.6 Based on the above outcomes, the country programme interventions are based on the following eight outputs and the clusters currently responsible for the interventions:

- i. **Output 1 (WRH):** Increased national capacity to deliver integrated sexual and reproductive health services, including in humanitarian settings.
- ii. **Output 2 (AYG):** Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve the quality of family planning services that are free of coercion, discrimination and violence.
- iii. **Output 3 (WRH):** Increased national capacity to deliver comprehensive high-quality maternal health services, including Ending Mother to Child Transmission of HIV (eMTCT) services.
- iv. **Output 4: (AY)** - Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality.
- v. **Output 5: (AY)** - Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of child marriage.
- vi. **Output 6: (AYG)** - Strengthened legislative frameworks and national protection systems for promoting reproductive rights, gender equality and addressing gender-based violence.
- vii. **Output 7: (AYG)** - Increased capacity of organizations and communities to prevent gender-based violence and harmful practices, including female genital mutilation/cutting, and provide delivery of multisectoral services for prevention, care and impact mitigation, including in humanitarian settings.
- viii. **Output 8 (P&D):** Strengthened national capacity of the statistical system to collect produce, analyze and disseminate high-quality disaggregated population data for evidence-informed planning and monitoring.

III. Evaluation Objectives and Scope

3.1 Objectives:

The objective of the Sierra Leone Sixth Country Programme Evaluation is twofold:

- i. Assess the achievements of the programme, the factors which may have facilitated or constrained the achievements of intended results.
- ii. Draw lessons learned from design through implementation to inform development of the seventh country programme cycle (2020-2024).

3.2 Scope:

3.2.1 Timeframe:

Considering that field work may happen during quarter 3 of 2018, the CPE will cover activities implemented from **January 2015 to 31 March 2018**. This will allow for all programmatic data collected through quarter 1 of 2018 to be readily available for use by the evaluation team.

3.2.2 Geographic coverage:

The evaluation will cover all 16 districts⁹. Government line ministries/agencies as well as all implementing partners involved in the CP implementation will also be covered taking into consideration the relevant programme components (4 outcomes) and 8 outputs of the CPD 2015-2019 focusing on both development and humanitarian programmes.

IV. Evaluation Criteria and Evaluation Questions

4.1 Evaluation criteria:

The evaluation will be informed by the UNFPA Evaluation Handbook “*How to design and conduct a CPE at UNFPA*”¹⁰ and will cover four out of the five criteria of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD/DAC): Relevance, Effectiveness, Efficiency and Sustainability¹¹. In addition, two other UN-specific evaluation criteria—coordination and added value will be considered in the evaluation to help address questions related to UNFPA’s strategic positioning.

4.2 Evaluation questions:

The evaluation team will put together a final list **with a maximum of ten (10) evaluation questions at the design phase** (to be approved by the Evaluation Manager, in consultation with the ERG). The questions shall address the following topics/issues:

4.2.1 Relevance:

- i. To what extent the Country Programme addressed national priorities and needs of population in relation to UNFPA mandate and comparative advantage?
- ii. In a dynamic manner, how did UNFPA adapt to changing needs of the target populations in the planning and implementation of program interventions, particularly for the country’s vulnerability to disasters and emergencies?

4.2.2 Effectiveness:

- iii. To what extent did UNFPA-supported interventions, including in the humanitarian context, reached the different categories of beneficiaries and expected targets?

⁹ Districts will be considered within their 2015 boundaries. Hence the two newly-created districts and the western area will be covered as part of the initial 16.

¹⁰ <http://www.unfpa.org/public/home/about/Evaluation/Methodology>

¹¹ UNFPA CPEs cover all OECD-DAC evaluation criteria to the exception of the impact. This evaluation will also not assess impact due to the lack of required data for in-depth analysis.

- iv. To what extent have the different outputs of the 6th program been achieved through the interventions implemented? Have these interventions contributed or likely to contribute to the desired changes?
- a) Has UNFPA's interventions contributed to improving quality and affordability of SRH services? Access to reproductive health services?
 - b) Has UNFPA's interventions contributed to improving gender equality and women's empowerment and reduction of gender-based violence especially in rural and difficult-to-reach communities?
 - c) e) To what extent has UNFPA ensured that the needs of young people have been considered in the planning and implementation of UNFPA-supported interventions under the country programme?
 - d) Has UNFPA's interventions contributed to improving the use of demographic and socio-economic information and data in evidence-based development planning and management to inform decision making?

4.2.3 Efficiency:

- e) To what extent did the intervention mechanisms (including funds, expertise and timing) were converted to or impede the achievement of the programme outputs?

4.2.4 Sustainability:

- f) To what degree has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of results?

4.2.5 Coordination:

- g) To what extent has the UNFPA country office contributed to the functioning and coordination of UNCT coordination mechanisms?

4.2.6. Added Value:

- h) What are the main comparative advantages of UNFPA in Sierra Leone particularly in relation to other organizations operating in the country?

4.2.7 UNFPA's engagement in fragile contexte :

- i) To what extent was (or is) UNFPA, along with its partners, able (or likely) to respond to crises during the period covered by the country programme?

V. Evaluation Methodology:

The evaluation of the 6th programme will be conducted in a participatory manner and will include all partners and stakeholders at different levels, particularly line ministries, civil society organizations; UN agencies; decentralized public services as well as programme beneficiaries.

The methodology is guided by the UNFPA's evaluation handbook as stated above, which provides detailed evaluation's approach as only key guidelines are provided in these ToRs. Hence, the evaluators will at all times refer to the Handbook which also provides specific templates¹² (e.g. evaluation matrix; proposed evaluation questions; etc.) which can be directly used by the evaluators.

5.1. Logical Reconstruction of UNFPA Supplies Intervention Logic and Theory of Change

The evaluation will utilize a **theory based approach**, which means that the evaluation methodology will be based on the careful analysis of the intended outcomes, outputs, activities, and the contextual factors (that may have had an effect on implementation of UNFPA Supplies) and their potential to achieve the desired outcomes. The analysis of the country programme's theory of change, and the

¹² Handbook, pages 18; 183

reconstruction of its intervention logic, as necessary, will therefore play a central role in the design of the evaluation, in the analysis of the data collected throughout its course, in the reporting of findings, and in the development of conclusions and of relevant and practical recommendations.

Evaluators will base their assessment on the analysis and interpretation of the logical consistency of the chain of effects: linking programme activities and outputs with changes in higher level outcome areas, based on observations and data collected along the chain. This analysis should serve as the basis of a judgment by the evaluators on how well the programme under way is contributing to the achievement of the intended results foreseen in the country programming documents.

The evaluation team will develop the evaluation methodology in line with the evaluation approach, and design corresponding tools to collect data and information as a foundation for valid, evidence-based answers to the evaluation questions and an overall assessment of the country programme. The methodological design will include: an analytical framework; a strategy for collecting and analyzing data; specifically designed tools; an evaluation matrix; and a detailed work plan.

5.2 Finalization of the Evaluation Questions and Assumptions

The finalization of the evaluation questions that will guide the evaluation should clearly reflect the evaluation criteria and indicative evaluations questions listed in the present terms of reference. They should also draw on the findings from the reconstruction of the intervention logic of the country programme. The evaluation questions will be included in the evaluation matrix (see annex ...) and must be complemented by sets of assumptions that capture key aspects of the intervention logic associated with the scope of the question. The data collection for each of the assumptions will be guided by clearly formulated quantitative and qualitative indicators also indicated in the matrix.

5.3. Data collection

The evaluation will consider both primary and secondary sources for data collection. For the primary sources, semi-structured interviews with key informants at national and district levels as well as Focus Group Discussions (FGDs) with beneficiaries and field visits observations shall be conducted as appropriate. Secondary sources will be desk reviews primarily focusing on programme annual reviews, progress and monitoring frameworks/reports as well as facility records/registers. Likewise, reports of thematic evaluations and findings of assessments conducted during the current CP shall also be considered.

5.4 Validation mechanisms

To ensure the validity of the data collected, the evaluation team will use a variety of methods. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the CO programme managers; technical officers at national and field levels and members of the Evaluation Reference Group.

5.5 Stakeholders' participation

The evaluation team will consider the participation of partners and stakeholders in the evaluation process. This includes direct and indirect partners (including government, NGOs and CBOs) and the programme beneficiaries at national and sub-national levels. This inclusive approach is important to generate diverse views on the programme performance and expected outcomes.

VI. Evaluation Process¹³:

The evaluation process can be categorized under five stages¹⁴ as follows:

6.1 Preparatory phase:

This phase will include:

- Nomination of the evaluation manager by the CO
- Constitution of the ERG (cf. section 9.2)
- Drafting of terms of reference for the evaluation;
- Gathering of initial documentation regarding the country programme (including a list of Atlas projects);
- Selection and recruitment of the evaluation team
- Stakeholders mapping: identification of partners and stakeholders to be visited for the purpose of the evaluation.

6.2 Design phase:

- Documentary review: all relevant documents (as per UNFPA Evaluation Handbook) shall be made available to the evaluation team for review;
- Configuration of the programme based on the intervention logic and theory of change; are the planned activities relevant to intended results to be achieved?
- Identification of key performance measures and its effectiveness to guide the judgment on the programme performance;
- Development of the evaluation questions based on the evaluation purpose and criteria;
- Identification of appropriate methods and tools for data collection and the development of a concrete work plan for the field phase.

6.3 Field work phase

During this phase the evaluation team will collect data from relevant sources based on the pre-set evaluation questions. Following this, the team is expected to provide a debriefing report which is comprised of preliminary findings and results as well as tentative conclusions and recommendations.

6.4 Analysis and report writing phase¹⁵

In this phase, additional inputs from the debriefing together with other information coming from the analysis of the data already collected are expected to feed into the development of the first draft of the final evaluation report. This draft will be submitted to the ERG for review and comments which will then allow the evaluation team to prepare the second final draft. Once satisfied with a version of the draft report, a dissemination workshop will be organized and attended by the CO staff and stakeholders, including the key national partners. Inputs and comments arising from the discussions shall form the basis of the final report. The CO will then perform an EQA of this final report and share with WCARO. The final quality assessment is performed by UNFPA Evaluation Office. The report when shared with the public will be accompanied by the EO EQA to inform of its quality and level of confidence in the evaluation results.

6.5 Dissemination and follow-up phase:

¹³ Handbook, page 14.

¹⁴ [Evaluation Handbook page 17.](#)

¹⁵ Immediately following the end of the field work, the evaluation team will hold a debriefing meeting with the country office only to share the first findings of the CPE and seek clarifications where needed. At this moment, no conclusions or recommendations are expected at this stage.

During this phase, the country and regional offices as well as the Evaluation Office and other relevant divisions at UNFPA headquarters will be informed of the results of the evaluation. The evaluation report, accompanied by a document listing all recommendations will be communicated to all relevant units within UNFPA, with an invitation to submit their response. Once filled, this document will become the management response to the evaluation. The evaluation report, along with the management response, will be published in the UNFPA evaluation database. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

VII. Evaluation Deliverables:

The evaluation team will submit the following deliverables:

7.1 Design report¹⁶

A design report (a maximum of 30 pages) will be prepared by the evaluators before going into the field phase (see Annex 5 for report outline). It is intended to reflect why and how each evaluation question will be answered by way of: proposed methods, sources of data, and data collection procedures. The report should include a proposed schedule of tasks, a stakeholder mapping; a reconstruction of the intervention logic; the final list of evaluation questions as well as the evaluation matrix (as an annex); evaluation activities and deliverables. The report enables the Evaluation Reference Group (ERG) and Evaluation Manager to have common understanding about the evaluation objective, expected results and methodology as well as clearly indicating the division of labor among the evaluation team members.

7.2 Draft final evaluation report¹⁷ and power point slides

The first draft report should be submitted within four (4) weeks after the end of the field phase. The EM, ERG and UNFPA CO staff will review the draft report to ensure that the evaluation meets the required quality standards as per UNFPA evaluation guidelines (see Annex 6 for report specifications on number of pages for entire document, executive summary, etc.). The Evaluation Team will also develop a set of not more than 35 slides^{18,19} to be used for dissemination purposes.

7.3 Final report

The required layout/structure is found under Annex 3 of the evaluation handbook or Annex 6 of these Terms of Reference for the current CPE²⁰. You are also encouraged to read some of our good quality evaluation reports²¹ in conjunction with the EQA to give you a clear guide on what is expected from you. Following the dissemination workshop, the final evaluation report (electronic version) is required one week after the approval of the draft report by the ERG.

All deliverables will be drafted in English. The final CPE report (i.e. electronic version) will be disseminated to all partners after submission by the evaluation team. The key deliverables and timing

¹⁶ Handbook; page 157

¹⁷ Handbook; page 92

¹⁸ See examples in: <https://www.unfpa.org/admin-resource-library-listing/page/Evaluation%20office%20reports>

¹⁹ A concrete example can be found here <https://www.unfpa.org/admin-resource/evaluation-unfpa-support-family-planning-2008-2013>

²⁰ Outline of Final Evaluation Report.

²¹ Good quality CPE reports can be found at: web2.unfpa.org/public/about/oversight/evaluations

are outlined in Annex 2. As per guidance of the evaluation handbook²² and quality assessment grid (Annex 10), the length of the final report should not exceed 70 pages with an executive summary of not more than 5 pages.

Evaluation Quality Assurance:

- 8.1** At each stage of the evaluation, data collected and reported will go through a rigorous quality assurance mechanism, both by the evaluation manager who oversees the entire process of the evaluation from its preparation to the dissemination; the Regional M&E Adviser who provides technical assistance and oversight throughout; the ERG that provides comments to the ToRs, the design report and to the evaluation report.
- 8.2** During the field and analysis phases, the Evaluation Manager will ensure that the data collection and recording are consistent across the different evaluators and evaluation components. The final evaluation report will be reviewed by the Regional M&E Adviser, the Evaluation Manager and the ERG to ensure the reliability of the data collected and reported as well as the overall credibility of the evaluation findings, the soundness of conclusions, and the alignment of the recommendations to the findings and conclusions as well as their feasibility.
- 8.3** The first level of quality assurance of all evaluation deliverables will be conducted by the evaluation team leader prior to submitting the deliverables to the review of the CO. The CO recommends that the evaluation quality assessment checklist (see below) is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report. The main purpose of this checklist is to ensure that the evaluation report complies with evaluation professional standards.

Indicative Timeframe:

The details of the key phases, deliverables and timeframes of the evaluation are shown in **Annexes 1 & 2**. The key phases and deliverables include:

- a) **Preparatory phase**- this will cover the drafting and finalization of the CPE, setting up of ERG with clear roles and the development and gathering of the initial list of documents and the recruitment of external evaluators. (**Key deliverables**: Approved ToR, consultants hired and the ERG in place)
- b) **Design phase**- this covers document review, identification of key performance measures, the ToC, the data collection tools and the preparation of the design/inception report. (**Key deliverable**: data collection tools and the design report)
- c) **Field Phase**- this phase is the data collection phase and presentation of the preliminary findings and recommendations. (**Key deliverable**: filed data collected and debriefing report)
- d) **Analysis and Reporting phase**- this is basically report writing stage including the first, second and final draft. A stakeholders' workshop will also be held during this phase. (**Key deliverable**: First draft, second draft, the final report and stakeholders workshop)
- e) **Dissemination phase**- this starts with informing the relevant division in the CO for their responses to the recommendations, publication of report on the UNFPA evaluation database by the EO and the submission to the UNFPA executive board for wider

²² Handbook page 186

distribution. (**Key deliverable:** management response, publication of final report with management response and submission of report to UNFPA executive board)

Key Phases, Deliverables and Timeframes of the Evaluation

Indicative timeframe	
Phases and deliverables	Dates
1. Preparatory phase: <ul style="list-style-type: none"> ● Drafting of the CPE work plan ● The nomination of the evaluation manager by the CO ● The constitution of the ERG ● The drafting of terms of reference for the evaluation, ● The ToRs and the advert for the Consultants ● Orientation of local ERG members on the CPE and their roles in it. ● Finalization of ToR sand publication of VA ● Develop a list of the documentation regarding the country programme (including a list of Atlas projects); 	1 st Week March-4 th Week May
<ul style="list-style-type: none"> ● Selection and recruitment of the external evaluators (International and National Consultants) ● The gathering of initial documentation regarding the country programme 	1 st to 3 rd Week June
2. Design phase <ul style="list-style-type: none"> ● Review all relevant documents on the CP made available by the CO. ● Development of the evaluation questions based on the evaluation purpose and criteria. ● Identification of key performance measures and its effectiveness to guide the judgment of the programme performance. ● Configuration of the programme based on the programme logic and theory of change i.e. are the planned activities relevant to the intended results to be achieved? ● Development of data collection tools and concrete work plan for the field phase. ● Preparation and submission of the Design Report 	4 th Week June to 2 nd Week July
3. Field Phase <ul style="list-style-type: none"> ● Data collection from relevant sources ● Debriefing report (presentation of preliminary findings and results; tentative conclusions and recommendations). 	3 rd Week July to 4 th Week Aug.
4. Analysis and Reporting phase <ul style="list-style-type: none"> ● 1st draft final report ● 2nd draft final report ● Stakeholder workshop ● Final report 	1 st week Sept – 2 nd Week Oct.
5. Dissemination phase <ul style="list-style-type: none"> ● Informing all relevant divisions at UNFPA of the evaluation results. ● Submission of evaluation report, including a document listing all recommendations to the relevant units within UNFPA. ● Requesting all relevant Units in UNFPA to submit their response as basis for management response to the evaluation. ● Publication of the final evaluation report, along with management response in the UNFPA database. ● Make report available to the UNFPA Executive Board, wide distribution within and outside UNFPA. 	1 st Week Nov –1 st Week Dec.

ANNEX 2: EVALUATION MATRIX

The Evaluation Matrix for the 6th Country Programme of Sierra Leone

EQ1: (i) To what extent is the 6th Country Programme adapted to the needs of the population; aligned with government priorities as well as with ICPD agenda and UNFPA Strategies? (ii) To what extent has the UNFPA Country Office been able to respond to changes in national needs and priorities caused by major political and other contextual changes?				
COMPONENT 1: ANALYSIS BY FOCUS AREAS				
Criteria/Focus Area	Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
RELEVANCE				
Women's Reproductive Health	<p>Objectives of the WRH focus area of the 2015-2019 CPAP are adapted to the needs of the population</p> <p>Objectives of the WRH component are aligned with the priorities of the national policies and programs</p>	<p>Extent to which reproductive and maternal health services for women and young people are incorporated in UNFPA activities, plans, and programs; and the geographical consistency of the programmer vis-à-vis the needs and problems of the target groups.</p> <p>The UNFPA programme is in line with the national reproductive health strategy and programs</p> <p>Extent to which the current UNFPA strategy on maternal health, family planning and HIV prevention efforts is appropriate</p>	<p>Programme Officers (UNFPA, National Partners, Implementing Partners)</p> <p>National and district health authorities' staff</p> <p>Country Office Annual Reports</p> <p>Annual Work Plans</p> <p>Standard Progress Reports</p> <p>Sector programme documents</p>	<p>Study of relevant documentation</p> <p>Comparative analysis of programming documents (Desk review)</p> <p>Key informant and in-depth interviews with Programme Managers and Focus group discussions with final beneficiaries</p>
<i>Data and information collected</i>	<p>The 6thUNFPA/Goals Country Programme comprised of the four programme components of sexual and reproductive health, adolescents and youth sexual health, gender equality and women empowerment, and population dynamics. These components are re-organised under three clusters: women's reproductive health, adolescents, youth and gender, and population and development.</p> <p>The women's reproductive health cluster addresses the Government's health priority issues of reducing maternal mortality and morbidity, and strengthening family planning and new-born health as articulated in the Reproductive, New-born and Child Health Policy (2011-2015); Reproductive, Neonatal and Child Health Strategic Plan 2012 -2016; and Behaviour Change Communication Strategy (2011-2015). The CP is also aligned with the Sierra Leonean Agenda for Prosperity (2014-2018), a five-year development agenda for social and economic development of the country. This agenda has a number of Pillars, and the 6th CP is particularly aligned to Pillar 3 (accelerating human development), Pillar 6 (Social Protection) and Pillar 8 (Gender and Women's empowerment). Given the</p>			

	<p>sexual and reproductive health needs in the country, high level of gender-based violence and gender inequality, the contribution of UNFPA becomes significant.</p> <p>Internationally, the CP is aligned with the recommendations of the International Conference on Population and Development (ICPD) Programme of Action. The Country Programme is also aligned with the United Nations Development Assistance Framework (UNDAF) 2014-2018 in Sierra Leone and UNFPA Global Strategic Plans (2014-2017 and 2018-2021). The country is a signatory of the AU Maputo Plan of Action which advocates for integrated SRHR Plan.</p>			
Adolescents and Youth SRH	<p>Objectives of the Adolescents, Youth and Gender focus area of the 2015-2019 CPAP are adapted to the needs of the population</p> <p>Objectives of the Youth and HIV focus area component are aligned with the priorities of the national policies and programmes</p>	<p>Extent to which AYG services for young people are incorporated in UNFPA supported/funded activities, plans, and programmes; and the geographical consistency of the programme vis-à-vis the needs and problems of the target groups.</p> <p>Extent to which the UNFPA programme is in line with the national reproductive health strategy and programmes;</p> <p>Extent to which the current UNFPA strategy on adolescents and youth is appropriate</p>	<p>Target beneficiary groups.</p> <p>Programme Officers (UNFPA, National Partners, Implementing Partners)</p> <p>Local health authorities' staff</p> <p>Ministry of Health</p> <p>CPAP</p> <p>Country Office Annual Reports</p> <p>Annual Work Plans</p> <p>Standard Progress Reports</p> <p>Target beneficiary groups.</p> <p>Programme Officers (UNFPA, National Partners, Implementing Partners)</p> <p>Local health authorities' staff</p> <p>Personnel at the Ministry of Health</p> <p>Laws and by-laws</p> <p>Sector programme documents</p>	<p>Study of relevant documentation</p> <p>Comparative analysis of programming documents (Desk review)</p> <p>Key informant interviews and Focus group discussions with final beneficiaries</p>
<i>Data and information collected</i>	<p>UNFPA's Sexual and Reproductive Health and Rights programme in Sierra Leone also focused on realization of SRHR by ensuring universal access to quality sexual and reproductive services by women, young people and men as well as reduction of maternal mortality. Support was provided to ensure functionality of Basic Emergency Obstetric and New born Care (BEmONC) at facility and district levels, especially in underserved areas, and among vulnerable populations. UNFPA's support in this area focuses on strengthening National SRHR policy advocacy, and district level capacity building for service delivery; maternal and new born health; fistula management (referrals, repairs, treatment and integration); health systems strengthening; FP/reproductive health commodity security and Strengthening Integration of SRHR and other services.</p> <p>All stakeholders and beneficiaries assessed during the evaluation period indicated that the country programme was very much relevant to the Sexual and Reproductive Health, unwanted pregnancies and HIV related issues being discussed in the country. The programme proved to have been relevant as it was addressing the key issues affecting women and young people in Sierra Leone, facing serious health and psycho-social challenges. Many of the stakeholders interviewed, highlighted that the project responded to the needs of women and young people in particular on the male engagement for SRHR issues.</p>			
Gender Equality and Women Empowerment	<p>The intervention strategies of the gender equality and reproductive</p>	<p>Extent to which gender equality objectives and approaches of the</p>	<p>Target beneficiary groups.</p> <p>Programme Officers (UNFPA, National</p>	<p>Study of relevant documentation</p> <p>Comparative analysis of</p>

	<p>rights focus area of the 2015-2019 CPAP are adapted to the country's diversity</p> <p>Objectives of the gender equality and reproductive rights focus area component are aligned with the priorities of the national and international policy frameworks</p>	<p>current CPAP account for regional diversity in terms of ethnicity and culture</p> <p>Extent to which objectives of International Conference on Women, CEDAW, UNDAF and the Strategic Plan of UNFPA are reflected in UNFPA programming documents</p>	<p>Partners, Implementing Partners) Local authority personnel. Personnel at Govt Ministries National AIDS Council Sector programme documents CPAP Annual Work Plans ICPD, MDG and CEDAW progress reports UN agencies locally involved in reproductive health issues (UNFPA, WHO, UN Women, UNDP). Laws and by-laws</p>	<p>programming documents (Desk review) Key informant interviews and Focus group discussions with final beneficiaries</p>
<i>Data and information collected</i>	<p>The gender equality and women's empowerment component is meant to address women's and girls' issues of inequality, discrimination and empowerment; promotion of policies that address mobilization of communities, national and traditional leaders, including men's engagement for advocacy on women and girls' SRHR, GBV prevention and support to victims and survivors are aligned to relevant pillars of both the Agenda for Prosperity and UNDAF. The 6th Country Programme is in tandem with the third MDG which aimed to promote equality and empower women; in line with the UN's CEDAW General Recommendation 19 on violence against women. The Country Programme promoted human rights particularly women's right and is consistent with the Constitution of Sierra Leone. It is also consistent with the fifth SDG which aims to achieve gender equality and empower all women and girls. The CP emphasises the adoption of gender and human right approaches as cross-cutting in all the components.</p>			
Population and Development	<p>The objectives of the CPAP are aligned to the objectives in the National Development Policies</p>	<p>Extent to which the priority areas of the National Development Policy [A4P] have been included in CPAP objectives and interventions.</p> <p>Extent to which interventions in the CPAP have been appropriately designed</p>	<p>A4P Framework Sectoral Policies and Strategies CPAP Annual Work Plans Civil society organizations Laws and by-laws National Population Policy</p>	<p>Study of relevant documentation Comparative analysis between policy and programming documents Key informant interviews and Group discussions with programme officer and civil society organisations</p>
<i>Data and information collected</i>	<p>The population and development component was also aligned to national priorities and development strategies, ICPD PoA, SDG and AU Agenda 2063. In addition, it is in alignment with the 2014-2017 UNFPA Strategic Plan that highlights advocacy for population and development linkages, sexual and reproductive health rights, gender and adolescents and youths. The P&D component was anchored on the ICPD PoA principles which stipulate that human beings are at the centre of sustainable development. This component was designed to promote integration of population issues into development strategies, planning and programming to achieve social justice and eradicate poverty. Internationally, it was also responsive to the ideals and actions as outlined in the International</p>			

	Conference on Population and Development (ICPD) PoA and also by extension the Millennium Development Goals.			
EQ2: To what extent have the 6th Country Programme interventions contributed to the achievement of planned results? (ii) To what extent has the CP integrated gender and rights-based approaches?				
EFFECTIVENESS				
Women's Reproductive Health	<p>Expected outputs of the CPAP were achieved (both in terms of quantity and quality)</p> <p>The targeted groups of beneficiaries were reached by UNFPA support</p> <p>Beneficiaries took advantage of benefits from the intervention supported</p> <p>There were unintended effects, positive or negative, direct or indirect</p>	<p>Degree of completion of outputs planned in the CPAP against indicators</p> <p>Evidence that completed outputs contributed to planned outcomes</p> <p>Significant changes in marginalised population's i.e. poor women in both rural and urban settings, women affected by HIV/AIDS, young girls.</p> <p>Number of tools with evidence produced to inform maternal health, family planning and HIV policy and programming at national and sub-national levels.</p> <p>Number of health care workers trained on the new FP guidelines in the UNFPA supported districts</p>	<p>CPAP Results Framework indicators</p> <p>CPAP Results Plan progress reports</p> <p>Statistics Sierra Leone</p> <p>Relevant Health Survey data</p> <p>Beneficiary groups / communities</p> <p>Mid-term review</p> <p>Implementing partners</p> <p>Quarterly and annual implementation progress reports</p> <p>UNICEF annual reports and evaluations</p> <p>UNFPA country office staff</p> <p>Country Office Annual Reports</p> <p>Previous evaluations</p>	<p>Study of documentation</p> <p>Comparative analyses of the value of CPAP indicators (targets versus actual values)</p> <p>Key informant interviews</p> <p>Group discussions to assess the quality of the outputs</p> <p>CO Annual Reports</p>
<i>Data and information collected</i>	<p>Document reviews and key informant interviews revealed that UNFPA has technically supported the process of developing the National Health Recovery Plan 2015. It also contributed to the development of Fact Pack to inform the NHSSP review and formulation process. The H4 consortium, of which UNFPA is a member, has worked with the MoHS in formulating the country commitments toward the Secretary General's Global strategy on women, children and adolescents including commitments to expand midwifery, EmONC and family planning services especially to adolescent girls. UNFPA in partnership with MSWGCA and other stakeholders has implemented a high-level policy engagement on the implementation of the Sexual Offences Act in the context of Ebola. IUD training manuals were developed with inclusion of aspects of national policy on infection prevention and control (IPC).GPRHCS surveys were conducted, which informed planning and monitoring of the FP/RHCs availability. UNFPA supported the development of the Technical Guidelines on Maternal Death Surveillance and Response (MDSR) and its roll-out at district level, and the development of Costed Strategic Plan. Assessment of 51 Emergency Obstetric and</p>			

New-born Care (EmoNC) health facilities informed resource mobilization for rehabilitation of facilities weakened by the EVD outbreak was done.

There was a review of curriculum in line with ICM Educational Standards and inclusion of SRH, FP, GBV, and FGM/C in the nursing curriculum. One of the Principals of Schools of Midwifery confirmed this. UNFPA supported the development of Nursing and Midwifery Standards of Education and the development of Nursing and Midwifery Accreditation Tools. Capacity Building of Nursing and Midwifery Tutors on Curriculum Development was implemented. A curriculum (trainer's and service providers' manual) on Short Term FP Methods was developed. Ministry of Health and Sanitation with support from development partners including UNFPA produced and launched the National RMNCAH Strategy 2017 – 2021. These training activities greatly empowered the teaching faculty of the Schools of Midwifery to deliver high quality midwifery education.

With support from UNFPA, the MoHS launched the first ever national family planning campaign in Sierra Leone in 2015. There was an observed dramatic improvement in the utilization of FP services. Also, UNFPA supported government and NGO partners to intensify FP outreach services to respond to the growing demand in addition to the widely distributed FP messages using different media channels. It printed FP training manuals, curriculum, training participants' handbook, IEC Materials. Mass media campaigns were undertaken to promote FP, institutional delivery, identification, care and social integration of fistulae patients, HIV prevention, promotion of girls and women sexual and reproductive health rights and GBV prevention. Principally it supported PPA SL and Maries Stopes to deliver integrated maternal health and FP services targeting adolescent girls and women. *Restless Development*, another IP. Promoted sexual and reproductive education in schools in rural communities while *Women in Crisis Movement* engaged communities, marginalised women and girls to conduct FP outreaches, community awareness creation on FP, maternal health and reproductive health, gender-based violence, fistulae issues and MCH.

In terms of capacity building on reproductive health commodity security, UNFP supported the training of 160 service providers in the insertion and removal of the implant contraceptives. MoHS added the IUD long term family planning method to the method mix in Sierra Leone through the development of the IUD curriculum, training of 20 trainers and 20 service providers from all districts. For strengthening of capacities in the delivery of FP services, FP training modules were procured to support training. A total of 380 service providers were trained in the provision of FP methods; 240 in LARC and 140 in STFP methods.

CP partners generated 386,091 new acceptors while 59,662 young persons were reached to increase the demand for Family Planning commodities and services. This resulted to 372,066 Couple Years Protection. Also, 1155 pregnant women, adolescents and young people were tested and counselled for HIV and 12,016 treated for other types Sexually Transmitted Infections (STI) cases. During outreach for integrated SRH services, 1921 pregnant women were reached with Ante Natal Care services, 888 women with postnatal services and 1758 pregnant women referred and followed up for institutional deliveries to avert possible maternal deaths. There were 11,361 brochures, 40,000 posters, jingles and TV educative series aired, 28 billboards developed and installed to create awareness on FP and SRH services. Logistic Management Information System software installed in all district to monitor 1200 health facilities and reported at least 80% of needed data on the distribution chain every month.

UNFPA and other partners provided technical and financial support to the development and costing of the national RMNCAH strategy 2016-2021. A total number of 440 service providers were trained in the provision of long-acting reversible methods (IUD & Implant) and 43 M&E officers and data entry clerks were trained in DHIS. There is a regular supply of FP commodities and essential maternal drugs were delivered to several health facilities across the country. UNFPA continued to account for more than 95 percent of public sector supply of the country's contraceptive needs. Technical support was also provided to MoHS/NPPU

and Reproductive Health Commodity Security Committee to conduct quantification, forecasting and budgeting of contraceptives across the country. The Electronic Logistics Management Information System through the CHANNEL software was installed. Documents showed that UNFPA with stakeholders strengthened the monitoring functions, ensuring timely use of data for programmatic action to reduce the risk of stock out or irrational use of commodities.

With the realization of the need to strengthen the health system in the country, UNFPA invested in 5 main strategies from 2015. These include (i) training of community health workers for improving health-seeking behaviour; (ii) nurse anaesthetist's investment for life-saving surgeries, (iii) task-shifting for scaling up access to C-section; (iv) Family Planning provision and services, (v) training, deployment and retention of midwives.

With the realisation that women's access to quality midwifery in reducing maternal deaths, every women needs to have best possible health care during pregnancy, childbirth and postpartum. According to the SLDHS (2013), lack of skilled attendants during labour and delivery is a major cause of maternal and infant deaths in Sierra Lone. Sierra Leone needed about 3,000 midwives. In this 6th CP, UNFPA supports the training of midwives, surgical assistants and nurse anaesthetists to provide EmONC to women and girls. Its investment in this area include full scholarships, midwifery school uniforms, teaching equipment, infection prevention and control materials, and subsistence allowance. These midwives are being trained in Schools of Midwifery in Freetown and Makeni. A third School was recently established in Bo by joint efforts of Caritas and UNFPA and has admitted some students. There has been an increase in the number of midwives in the country. For the period 2015-2017, 359 midwives, 69 anaesthetists, 29 surgical assistants were trained while 452 fistulae surgeries were done and 214 fistulae patients reintegrated.

During this Cycle, UNFPA supported the training of 21 nurse anaesthetists to provide anaesthetic services at health facilities that provide comprehensive EmONC services. These nurses trained in anaesthesia can administer anaesthesia in the absence of medical doctors. Furthermore, 37 community health officers were trained by CapaCare to receive surgical training to diversify their skill sets and allow them to task-shift. Fourteen health service providers graduated from the scheme and have been posted to various facilities in the country. The training and throughput is helping to double the surgical capacity of service providers in district General Hospitals.

Interviews with the surgical health officers working in Makeni and Bo General Hospital echoed the value of the training as they are contributing to the surgical capacity of the hospitals. They narrated how they have been useful in the theatre, and showed us their Logbook where more than 100 surgeries including C-section have been carried out by them. However, they complained that despite their skills and contribution to health care, there has not been any attempt to regularise their status and pay in the system. They reported that the fact that there is no enhancement in their salaries discourages their other colleagues from embarking on the training. The IP in charge of the Task Shifting opined this too.

Further midwifery education is supported by promoting clinical placements of students in various health facilities for on-the-job training. Seventy state enrolled community health nurses and midwives from four districts were given clinical mentoring by trained tutors for four weeks. Thirty midwives were trained to provide guidance to students during clinical placements. Midwives expressed happiness at the training they received and the opportunity to be contributing to the health care needs of the people.

In order to retain the midwives who are trained under this programme, so that they will serve in public health facilities, UNFPA supported MoHS to develop a

binding agreement for HRH basic training programs. The bonding agreement is made so that the midwives will remain in the public service for three years before moving to any other sector. This is planned to ensure equitable distribution of HRH post-training. The binding agreement was rolled out to the training programs of midwifery, surgical and nurse anaesthetist training.

Over 11,000 individuals across 40 communities in 12 districts in a combined media campaign which included 36 road shows; screened 294 patients and identified 123 fistula cases. A total of 119 successful surgical repairs and 50 reintegration has been accomplished. A total of 509 fistulae patients were screened and more than 200 were referred for further confirmation and management. There are 212 successful obstetric fistulae repairs, and 84 obstetric fistulae survivors were provided with start-up capital (seed money) and supplies to embark on livelihood/income generating activities in their respective communities.

In-service training through a training of 14 Master Trainers (TOT) on HMS/HBB, who in turn after training, trained 23 midwives from 14 districts to become champions. Facility- and skills based trainings and clinical mentoring were done for a total of 70 state enrolled community health nurses (SECHNS) and midwives from PCMH, Bo, Kenema and Makeni for 4 weeks. In addition, 121 Service providers from 13 health facilities (BEmONC & CEmONC) were trained in competency based EmONC services.

UNFPA in collaboration with the Directorate of Nursing and Midwifery Services, MoHS and other stakeholders including WHO and CHAI held a workshop to develop the following documents including: Nursing and Midwifery Standards of Education, the National Nursing and Midwifery Accreditation Tools, Preceptorship Training Manual for student nurses and midwives; reviewed the State Enrolled Community Health Nurses training curriculum; developed Nurse Midwife Technician Training Curriculum and the Clinical Placement Policy for student Nurses and Midwives. The UNFPA CO rehabilitated/upgraded 18 EmONC facilities including infrastructure improvement, provision of equipment, solar electrification and HRH capacity building and staffing through a successful resources mobilization.

UNFPA in partnership with CapaCare continued supporting the task-shifting training (the Surgical Training Program) for non-physician clinicians. Currently 37 community Health Officers (CHOs) and/or Medical Officers (MOs) have benefitted from this training programme with 14 graduates providing comprehensive EmONC services at different facilities across the country. Also, UNFPA is currently leading the revision of the scheme of service and an Act governing the surgical CHOs services to ensure their proper regulation, retention and career development. This is very important as some of the graduates of the programme who are making important contribution in the health system complained of remaining at the same level since graduation. They would want upgrade to the next level so that they can be on higher pay. But this is not yet forthcoming and they then to be demotivated.

To strengthen the Maternal Death Surveillance and Response (MDSR) system, UNFPA provided support for improved capacity of 28 Midwives as Maternal Death Investigators who have investigated 88% of reported maternal deaths in various districts; 10 M & E officers to enter accurate data on MDSR and 359 Community Health Workers to enhance prompt death notification from the communities. UNFPA also supported the conduct of monthly District MDSR Review Meeting in all districts and selected hospitals to review the maternal death and undertake actions to avert similar deaths in future. UNFPA has supported printing and distribution of 2828 MDSR data collection tools for the entire country.

The CO supported the printing of the notification and investigation forms for maternal deaths; trained district MDSR committees in all 14 DHMTs and 19

	<p>hospitals (CEmONC) including the training of 67 M&E Officers, District Health Sisters and District Surveillance Officers. It also supported the procurement and distribution of filing cabinets, the provision of ICT equipment and the development in collaboration with WHO of an EpiData software for maternal death data entry. Furthermore, UNFPA supported the sensitization of Paramount Chiefs, Councillors, Media, Women and Professional Groups from all districts to ensure their active involvement in raising community awareness on safe motherhoods and their contribution to the MDSR committees.</p> <p>In a continuous effort to build capacities for the delivery of comprehensive high-quality maternal health services UNFPA supported midwifery schools graduated 151 midwives in 2017. All have been deployed in health facilities, with 70 trained in preceptorship. Additionally, 6 surgical Assistants & Community Health Officers and 20 Anaesthetic Technicians were graduated and deployed. Forty facilitators, from 10 Districts, trained on harmonized Emmons Competency based training; 240 Health Service Provider with enhanced capacity in Competency based training on Emmons Package; 2,083 units of blood collected from 4 districts and 9,000 bags of reagents donated to the National Blood Services Program by CUAMM in addition to 446 Units of blood collected in 2 districts by the National Blood Unit/MoHS. A blood donation campaign started in December and covering the four (4) Regions of Freetown, Bo, Makeni and Kenema is expected to avail more blood units before the end of this year. There were 8965 deliveries and 2728 Caesarean Sections performed.</p> <p>The CO rehabilitated and equipped one district hospital and seven Community Health Centre (CHC) to provide quality Emergency Obstetric and New-born Care. Out of these eight facilities, Government of Japan (GoJ) funded five and JICA three. In addition, renovation and construction works are under progress in eight facilities which are funded by DFID including construction of two new 100-bed hospitals and maternity unit of one regional hospital and one additional CHC supported by GoJ.</p> <p>UNFPA supported the infrastructure and equipment improvement of 12 health facilities (4 CEmONC and 8 BEmONC), improved lightning in 5 hospitals through provision of solar suitcases. Moreover, with support from MoHS/HRH/CNO, redeployed 100 HCPs in addition to the 86 new graduate midwives. Furthermore UNFPA support has helped line ministries (Health, Education and Social Welfare) and partners to identify girls who got pregnant during the closure of schools due to the EVD outbreak with a total of more than 18,000 girls identified as either pregnant or delivered during the EVD outbreak</p>			
Adolescents and Youth SRH	<p>Expected outputs of the CPAP were achieved (both in terms of quantity and quality)</p> <p>The targeted groups of beneficiaries were reached by UNFPA support</p> <p>Beneficiaries took advantage of benefits from the intervention supported</p> <p>There were unintended effects, positive or negative, direct or indirect</p>	<p>Degree of completion of outputs planned in the CPAP against indicators</p> <p>Evidence that completed outputs contributed to planned outcomes</p> <p>Significant changes in marginalised populations i.e. poor youth in both rural and urban settings, young girls affected by HIV/AIDS</p> <p>No. of institutions/ organisations</p>	<p>CPAP Results Framework indicators</p> <p>CPAP Results Plan progress reports</p> <p>Relevant Health Survey data</p> <p>Personnel at the Govt Ministries in Freetown and Districts.</p> <p>Beneficiary groups / communities</p> <p>UNDAF progress reports / mid-term review</p> <p>Implementing partners</p> <p>Quarterly and annual implementation progress reports</p> <p>UNFPA country office staff</p> <p>Country Office Annual Reports</p>	<p>Study of documentation</p> <p>Comparative analyses of the value of CPAP indicators (targets versus actual values)</p> <p>Key informant interviews</p> <p>Group discussions to assess the quality of the outputs</p>

		<p>supported to promote integrated SRH and HIV prevention education and services to youth and key populations</p> <p>Number of young people reached through media platforms created and managed by trained youth</p> <p>Number of participatory advocacy platforms that advocate for increased investments in marginalized adolescents and youth</p>	Previous evaluations	
<i>Data and information collected</i>	<p>Document reviews and key informant interviews revealed that the capacity of 935 Health Care Providers was enhanced on Adolescent Health so that they can provide the SRH services in Adolescent and Young Peoples Friendly Health Facilities (AYFHS); the Ministry of Health and Sanitation upgraded and or established additional 39 Adolescent and Youth Friendly Health Centres across the country. In collaboration with the Ministries of Education, Science and Technology (MEST), Health and Sanitation (MoHS) and Social Welfare Gender and Children's Affairs (MSWGCA), 8918 Pregnant Adolescent Girls benefitted from SRH services provided to Pregnant Adolescent Girls in different communities</p> <p>Additionally, 542 adolescents and young people trained on the Life Skills Manual. Also, 3,578 adolescent were reached with SRH/FP service/information and supported two staff from the National Youth Scheme were supported to participate in a conference on developing a youth roadmap for the restructuring of African Youth and Adolescent Network (AfriYAN). UNFPA supported MEST to print the existing IEC/BCC materials, guidelines, protocol on danger signs in pregnancy, childbirth and childhood illness which is used by facilitators and beneficiaries. IPs responsible for this theme indicated that what remains is the full operationalisation of the comprehensive sexuality education in school curriculum across the country. This process is on.</p> <p>During this cycle the following results were achieved: 220 girls completed asset building courses; 170 girls undertook learning of life skills, SRH information, empowerment building, basic literacy and livelihood skills development for a period of one year; 50 girls received mentorship and leadership skills development at a week-long national girl's camp supported by UNFPA, the First Lady Office and other partners. The Ministry of Youth Affairs (MOYA) lobbied with the other ministries and the Parliamentary Committee on Youth to increase and make allocation to youth issues particularly adolescent health. Approximately 2,400 adolescents were reached with life skills in 80 Safe Spaces established in Pujehun, Bonthe, Tonkolili and Koinadugu Districts. Also 300 community stakeholders were reached with information on the adolescent girls programme and its importance on ending child marriage in six districts.</p> <p>Documents and interviews with CO programme officers revealed that 120 vulnerable and marginalized girls attended the National Girls camp organized by the Office of the First Lady to provide support to adolescent girls to rethink their identity and develop their self-esteem in order to make informed decisions on their health, education and finances. In 2017, working with two IPs, Women in Crisis Movement and MATCOPS ,7,333 adolescent girls were reached with assets building programme (life skills, health, psychosocial and economic support) in 6 districts in the Safe Spaces by mentors, targeting both in-and- out of school girls to prevent child marriage, teenage pregnancy and other harmful practices. Through the outreach programmes, mentors of adolescent girls in the Safe Spaces</p>			

	reached out to 8,000 girls with key messages on child marriage; 185 out of school girls at risk of child marriage trained in livelihood skills and 340 mentors trained to support the girls in the Safe spaces.			
Gender Equality and Women's Empowerment	<p>Expected outputs of the CPAP were achieved (both in terms of quantity and quality)</p> <p>The targeted groups of beneficiaries were reached by UNFPA support</p> <p>Beneficiaries took advantage of benefits from the intervention supported</p> <p>There were unintended effects, positive or negative, direct or indirect</p>	<p>Degree of completion of outputs planned in the CPAP against indicators</p> <p>Extent to which geographical and demographic coverage of gender activities in districts targeted by the interventions have effectively and equally benefitted from the interventions</p> <p>Number of advocacy sessions supported to strengthen national coordination mechanisms for implementation of multi-sectoral policies and programmes on GBV prevention and response and improve SRH/GBV linkages</p> <p>Number of UNFPA supported districts that integrate GBV and SRH into their planning processes</p> <p>Number of institutions supported to implement and institutionalize initiatives to engage men and boys, and communities on GBV prevention and SRHR</p>	<p>CPAP Results Framework indicators</p> <p>CPAP Results Plan progress reports</p> <p>Beneficiary groups / communities</p> <p>Implementing partners</p> <p>Quarterly and annual implementation progress reports.</p> <p>United Nations Women reports and evaluations</p> <p>UNFPA country office staff</p> <p>Country Office Annual Reports</p>	<p>Study of documentation</p> <p>Comparative analyses of the value of CPAP indicators (targets versus actual values)</p> <p>Key informant interviews</p> <p>Group discussions to assess the quality of the outputs</p>
<i>Data and information collected</i>	As part of UNFPA's intervention in gender equality and women's empowerment component especially towards the prevention of gender-based violence, male advocates and peer educators were trained on GBV and SRHR referral pathways in Port Loko district, in partnership with Fambul Initiative Network (FINE SL). Other accomplishments in this output include 2 MOUs signed at Community level (2 Chiefdoms in the Bombali District) to abandon under age FGM Practice			

and end child marriage and another 2 signed at District levels;

- Draft National Strategy for the Reduction of FGM developed
- Sexual Offenses Act Jingles in 4 local languages (Krio, Limbi, Mende and Temne)
- A draft National Strategy for the reduction of FGM was developed now awaiting the signature.

The following have been achieved.

- 1365 GBV victims/survivors accessed health and legal services for social justice through LAWYERS
- 120 GBV victims/survivors and vulnerable women and adolescent girls trained in livelihood skills for self-reliance, with 51 graduates for 2015 by women in Crisis Movement.
- 1,000 GBV victims/survivors supported for enhanced referral for social and health services by the Family support Unit of the Sierra Leone Police
- 726 GBV victims/survivors (pregnant and lactating adolescent girls) received SRH and legal aid services.

240 adolescents and vulnerable young women graduated and empowered in livelihood skill for self-reliance for economic sustainability and to prevent GBV.

One of the IPs, *Women in Crisis Movement*, through the women and adolescent girls' empowerment programme to prevent GBV and other harmful practices, made 162 referrals for SGBV psychosocial care, sexual penetration, physical assault, and sexual harassment and SRH services.

About 3,700 girls were reached through outreach programmes and IEC/BCC Materials were distributed with information for the prevention of child marriage, teenage pregnancy and harmful traditional practices. With support from UNFPA, the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA), promoted awareness and referrals for SRHR services in 6 districts (Kailahun, Pujehun, Kono, Bonthe, Tonkolili and Bombali). 51,025 women and adolescent girls were referred for ANC, PNC, STIs, GBV, Institutional Delivery, Malaria and Fistula services, and out of this 331 were referred for GBV services.

Six MOUs were signed through Community Mobilization programme to raise awareness to end child marriage and other harmful practices in 6 target districts (Port Loko, Kambia, Pujehun, Bonthe, Tonkolili and Koniandugu) with Paramount Chiefs and other stakeholders including 120 local Chiefs in 120 communities. The cumulative effects of these activities include self-reliance and economic empowerment, self-confidence, public education and awareness raising.

Beneficiaries of these interventions confirmed that they have gained good sense of awareness about their rights and how they should respond to gender based violence in their communities. Some cited numerous instances of increased personal confidence that has helped them deal with matters within the communities. Many beneficiaries interviewed believed that the interventions helped to shape their lives and also changed the mindset of communities. They believed that their sources of information especially on early marriage and sexual reproductive health was as a result to the programme interventions in their communities. This

	<p>has been very much helpful and now leading to a huge demand for services, and girls opting now for family planning services without being force to ask for family planning services. It is also evident that, girls speak out and now willing to pursue education. Which has led to the increase in school enrollment in schools.</p>			
<p>Population and Development</p>	<p>Expected outputs of the CPAP were achieved (both in terms of quantity and quality)</p> <p>The targeted groups of beneficiaries were reached by UNFPA support</p> <p>Beneficiaries took advantage of benefits from the intervention supported</p> <p>There were unintended effects, positive or negative, direct or indirect</p>	<p>Degree of completion of outputs planned in the CPAP against indicators</p> <p>Extent to which achievement of outputs at national level is followed by an effective use at district level</p> <p>Number of districts with strengthened capacity to integrate SRH, youth, gender, population and development into plans and programmes</p> <p>Number of reports with evidence produced at district levels to promote integration of SHR, gender, youth and population dynamics into plans and programmes</p> <p>Number of individuals trained to integrate population dynamics and its interlinkages into development planning and programming</p> <p>Number of target institutions with the capacity to integrate youth issues into development programmes</p> <p>Number of tools, survey reports and instruments reflecting analysis of population variables at national level</p> <p>Number of institutions that produce and utilize high-quality data to</p>	<p>CPAP Results Framework indicators</p> <p>Implementing partners</p> <p>Quarterly and annual implementation progress reports.</p> <p>Personnel at Ministries and Statistics Sierra Leone.</p> <p>UNFPA Country Office staff</p> <p>Country Office Annual Reports</p> <p>Previous evaluations</p>	<p>Study of documentation</p> <p>Comparative analyses of the value of CPAP indicators (targets versus actual values)</p> <p>Key informant interviews</p> <p>Group discussions to assess the quality of the outputs</p>

		monitor, evaluate and inform youth development, gender, sexual and reproductive health and HIV-prevention policies and programmes		
<i>Data and information collected</i>	<p>Analysis of programme documents and stakeholders interviews show that a number of results were achieved. The secondary analysis of 2013 demographic and health survey focused on maternal health indicators in the country. The 2015 Population and Housing Census is one of the flagship activities of the 6th Country Programme. UNFPA supported the following census activities: recruitment of field staff; applying data digitized for EA maps preparation and printing; cartographic fieldwork; trained 12 national staff in GIS and digitization; GIS Lab equipped and fully functional. The SL CO supported the recruitment, training and deployment of 16,000 census field staff comprising enumerators, supervisors and field officers for the 2015 census exercise.</p> <p>To enhance the capacity of the national statistics office, Statistics Sierra Leone, 150 computers, one server and other information technology equipment were installed. Fully-equipped and functional data processing centre and GIS laboratory established at Statistics Sierra Leone. The facilities enhanced and will continue to enhance national capacity for the production, utilization and dissemination of quality statistical and population data. The census data processing was completed. The final Population and Housing Census results released and launched by the then President in December 2016. It is hoped that the results will be used for development planning and management, promoting good governance, including the constituency boundary delimitation for the upcoming elections, as well as ensuring equity in resource distribution for the wellbeing of all population subgroups. However it must be noted that there are emerging controversies associated with the census result. UNFPA is currently assisting the national statistical agency to resolve the problem by hiring an expert data analyst to re-analyse some aspects of the census data.</p> <p>National Population Policy: Draft population policy is being reviewed and updated with the 2015 census data. The policy document has been shared with government ministries for feedbacks, which will be incorporated in the final policy document. With UNFPA support, the Planning Directorate and Population Unit in the MoFED, now MoPED, coordinated the review of two sectorial plans/policies, i.e. Reproductive Maternal Neonatal Child Health Strategy and the Family Planning Costed Implementation Plan..</p> <p>ICPD Advocacy: The Ministry of Planning and Economic Development (MoPED) and Sierra Leone Parliamentary Action Group on Population and Development (SLPAGPAD) are the main government bodies for the ICPD advocacy in Sierra Leone. In 2017, UNFPA supported a member of the SLPAGPAD to participate in 50 Session of the Commission on Population and Development (CPD) of the UN. These two bodies were able to bring together key MDAs to develop Sierra Leone's Position Paper, which underscored the importance of partnerships in the implementation of the ICPD Programme of Action (PoA).</p> <p>Data for development: UNFPA supported the printing and distribution of 469 copies of high quality disaggregated census data. UNFPA worked with SSL to produce and disseminate 17 Thematic Reports and a 16- Chapter analytical report of the 2015 census. In collaboration with Statistics Sierra Leone, a Post Enumeration Survey was conducted to verify content and geographical coverage of the census and a report finalized for printing.</p> <p>Without UNFPA's support, these activities, especially the conduct of the census, would not have been possible. UNFPA's support for capacity building contributed to improving the quality of management, analysis, reporting and dissemination of census results. Overall, UNFPA provided technical support in the</p>			

	2015 census organisation. Census cartography, census quality control and evaluation. Communication, Operational control, data process and data base management, data analysis and dissemination.			
EQ3: To what extent has UNFPA made good use of its resources (human, financial, technical, and operational) to pursue the achievement of the results defined in the Country Programme? (ii) To what extent were lessons documented and used to inform programme implementation? (iii) To what extent did the intervention mechanisms (financing instruments, administrative framework, staff, timing and procedures) foster or hinder the implementation and achievement of the 6th Country Programme Outputs?				
EFFICIENCY				
Women's Reproductive Health	<p>Beneficiaries of UNFPA Support received the resources that were planned, to the level foreseen and in a timely manner</p> <p>UNFPA administrative and financial procedures as well as implementation modalities allow for a smooth execution of the Country Programme</p> <p>The resources provided by UNFPA have had a leverage effect</p>	<p>The planned resources were received to the foreseen level in AWP</p> <p>The resources were received in a timely manner</p> <p>Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources</p> <p>Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the quantity and quality of the outputs</p> <p>Evidence that the resources provided by UNFPA triggered the provision of additional resources from government and other partners</p>	<p>Atlas Records</p> <p>Audit Reports</p> <p>Country Office information management systems</p> <p>Annual Work Plans</p> <p>Country Office Standard Progress Reports (SPR)</p> <p>Implementing partner quarterly and annual progress reports</p> <p>Donors (providing funding to UNFPA Country Office)</p> <p>Implementing partners</p> <p>Beneficiary groups/communities</p> <p>UNFPA Country Office staff</p>	<p>Study of documentation</p> <p>Comparative analyses of planned and actual expenditure and activities</p> <p>Key informant interviews</p>
<i>Data and information collected</i>				
Adolescents and Youth SRH	<p>Beneficiaries of UNFPA Support received the resources that were planned, to the level foreseen and in a timely manner</p> <p>UNFPA administrative and financial procedures as well as implementation</p>	<p>The planned resources were received to the foreseen level in AWP</p> <p>The resources were received in a timely manner</p>	<p>Atlas Records</p> <p>Audit Reports</p> <p>Country Office information management systems</p> <p>Annual Work Plans</p> <p>Country Office Standard Progress Reports (SPR)</p>	<p>Study of documentation</p> <p>Comparative analyses of planned and actual expenditure and activities</p> <p>Key informant interviews</p>

	<p>modalities allow for a smooth execution of the Country Programme</p> <p>The resources provided by UNFPA have had a leverage effect</p>	<p>Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources</p> <p>Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the quantity and quality of the outputs</p> <p>Evidence that the resources provided by UNFPA triggered the provision of additional resources from government and other partners</p>	<p>Implementing partner quarterly and annual progress reports</p> <p>Donors (providing funding to UNFPA Country Office)</p> <p>Implementing partners</p> <p>Beneficiary groups/communities</p> <p>UNFPA Country Office staff</p>	
<i>Data and information collected</i>				
Gender Equality and Women Empowerment	<p>Beneficiaries of UNFPA Support received the resources that were planned, to the level foreseen and in a timely manner</p> <p>UNFPA administrative and financial procedures as well as implementation modalities allow for a smooth execution of the Country Programme</p> <p>The resources provided by UNFPA have had a leverage effect</p>	<p>The planned resources were received to the foreseen level in AWP</p> <p>The resources were received in a timely manner</p> <p>Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources</p> <p>Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the quantity and quality of the outputs</p> <p>Evidence that the resources provided by UNFPA triggered the</p>	<p>Atlas Records</p> <p>Audit Reports</p> <p>Country Office information management systems</p> <p>Annual Work Plans</p> <p>Country Office Standard Progress Reports (SPR)</p> <p>Implementing partner quarterly and annual progress reports</p> <p>Donors (providing funding to UNFPA Country Office)</p> <p>Implementing partners</p> <p>Beneficiary groups/communities</p> <p>UNFPA Country Office staff</p>	<p>Study of documentation</p> <p>Comparative analyses of planned and actual expenditure and activities</p> <p>Key informant interviews</p>

		provision of additional resources from government and other partners		
<i>Data and information collected</i>				
Population and Development	<p>Beneficiaries of UNFPA Support received the resources that were planned, to the level foreseen and in a timely manner</p> <p>UNFPA administrative and financial procedures as well as implementation modalities allow for a smooth execution of the Country Programme</p> <p>The resources provided by UNFPA have had a leverage effect</p>	<p>The planned resources were received to the foreseen level in AWP's</p> <p>The resources were received in a timely manner</p> <p>Appropriateness of administrative and financial procedures for smooth, accountable and responsive management of financial and human resources</p> <p>Extent of deviations from planned activities (newly added activities, cancelled activities) and their consequences on the quantity and quality of the outputs</p> <p>Evidence that the resources provided by UNFPA triggered the provision of additional resources from government and other partners</p>	<p>Atlas Records</p> <p>Audit Reports</p> <p>Country Office information management systems</p> <p>Annual Work Plans</p> <p>Country Office Standard Progress Reports (SPR)</p> <p>Implementing partner quarterly and annual progress reports</p> <p>Donors (providing funding to UNFPA Country Office)</p> <p>Implementing partners</p> <p>Beneficiary groups/communities</p> <p>UNFPA Country Office staff</p>	<p>Study of documentation</p> <p>Comparative analyses of planned and actual expenditure and activities</p> <p>Key informant interviews</p>
<i>Data and information collected</i>				
EQ 4: To what extent have the programme interventions contributed (or likely to contribute) to the development of capacities of its partners? (ii) To what extent have the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?				
SUSTAINABILITY				
Women's Reproductive Health	<p>The benefits are likely to continue beyond program termination</p> <p>Activities and outputs were designed taking into account a handover to local partners</p>	<p>Evidence of the existence of an exit strategy</p> <p>Evidence of a hand-over process from UNFPA to the related projects</p>	<p>Beneficiary groups / communities</p> <p>Line departments' personnel</p> <p>Districts authorities</p> <p>Implementing partners</p> <p>UNFPA Country Office staff</p> <p>CPAP</p>	<p>Study of documentation</p> <p>Key informant interviews</p> <p>Group discussions with target beneficiaries and local authorities</p>

	<p>Interventions in the focus area incorporate exit strategies</p> <p>UNFPA has been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually outcomes</p>	<p>Extent of ownership of each project by implementing partners</p> <p>Extent to which the government and implementing partners have the financial means for continued support in maintenance of facilities, procurement of medicines, information management and reproductive health commodities security, and conducting follow-through refresher training sessions.</p> <p>Extent to which UNFPA has taken any mitigating steps if there are problems in this regard</p>	<p>Annual Work Plans</p> <p>Previous evaluations</p>	
<i>Data and information collected</i>	<p>UNFPA programme support in capacity building in this cluster that targeted training of health workers at the local level, such as health care providers, midwives, nursing anaesthetists, surgical assistants and others, is likely to be sustainable as it focused capacity building on stakeholders who are more likely to be stable at the central and district levels and less subjected to staff turnover. The WRH government partners at both the central and district levels noted that the training of the community health officers and the in-service training of the other midwifery cadres can be sustained -should UNFPA support phase out. In fact it is commonly acknowledged by all key informants and beneficiaries that investment on human resources for health is a masterstroke for sustainability of the 6th CP interventions. However, according to interviewed stakeholders, activities such as advocacy, community sensitization, and fistula repair, and midwifery supervisory system and family planning supplies are unlikely to be sustained without UNFPA or other donors support.</p>			
Adolescents, Youth and Gender Cluster	<p>The benefits are likely to continue beyond program termination</p> <p>Activities and outputs were designed taking into account a handover to local partners</p> <p>Interventions in the focus area incorporate exit strategies</p> <p>UNFPA has been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually</p>	<p>Evidence of the existence of an exit strategy</p> <p>Evidence of a hand-over process from UNFPA to the related projects</p> <p>Extent of ownership of each project by implementing partners</p> <p>Extent to which the government and implementing partners have the financial means for continued support in maintenance of facilities, procurement of medicines,</p>	<p>Beneficiary groups / communities</p> <p>Line departments' personnel</p> <p>District authorities</p> <p>Implementing partners</p> <p>UNFPA Country Office staff</p> <p>CPAP</p> <p>Annual Work Plans</p> <p>Previous evaluations</p>	<p>Study of documentation</p> <p>Key informant interviews</p> <p>Group discussions with target beneficiaries and local authorities</p>

	outcomes	information management and reproductive health commodities security, and conducting follow-through refresher training sessions. Extent to which UNFPA has taken any mitigating steps if there are problems in this regard		
<i>Data and information collected</i>	It is possible that the management of the UNFPA-rehabilitated youth centres and disseminating educational messages on maternal health could continue, but the community mobilization and trainings would be discontinued if not supported. Despite poor infrastructure and limited facilities in the country, many of the youth centres have been in use at the time of the evaluation site visits, although the evaluation team did not witness any adolescents accessing services at the centres. Most UNFPA-supported interventions and services in the field of gender equality, empowerment of women and GBV responses are unlikely to be maintained without UNFPA support. National stakeholders would continue implementation of some of the activities that are funded by other agencies (that is if there are) and donors such as advocacy, awareness raising and law enactment/reform related to FGM and Child marriage. But all the capacity building activities related to gender, maternal health, and research are unlikely to be sustained without UNFPA support.			
Population and Development	The benefits are likely to continue beyond program termination Activities and outputs were designed taking into account a handover to local partners Interventions in the focus area incorporate exit strategies UNFPA has been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually outcomes	Evidence of the existence of an exit strategy Evidence of a hand-over process from UNFPA to the related projects Extent of ownership of each project by implementing partners .	Beneficiary groups / communities Line departments' personnel Local authorities Implementing partners UNFPA Country Office staff CPAP Annual Work Plans Previous evaluations	Study of documentation Key informant interviews Group discussions with target beneficiaries and local authorities
<i>Data and information collected</i>	From the interviews, it was noted that the Statistics Sierra Leone may continue using the statistical system, supported by UNFPA CO for data collection and production, but would not be able to update these systems as needed without external support. The implementation of the current Statistical Strategy of the SSL would most likely be put on hold without support from UNFPA and other partners support. The lack of integrated statistical system, lack of requisite skills in integration of population issues in development will affect sustainability. IPs acknowledged that community sensitization activities will not be sustained due to limited access to funds without UNFPA's to support for these interventions.			

	<p>When emergencies occur, the costs are expensive. Interventions in humanitarian settings cannot be sustained without UNFPA continuous support. UNFPA programme' interventions in humanitarian contexts are dependent on UNFPA's ability to raise resources from donors/humanitarian funds. This limitation is due to the fact that no UNFPA core resources are committed to support assistance in humanitarian settings, and so when they happen, additional resources are sought. However UNFPA does well in supporting national systems for disaster management but does not have the sole responsibility to do so.</p> <p>There are discernible threats to sustainability. The seeming lack of interest in knowledge production resulting in not including the national University in capacity building activities will have huge negative impact. The total absence of in-built hand-over mechanisms or long-term exit strategy does not guarantee sustainability.</p> <p>Generally the possibility of sustainability of the 6th CP interventions depends on government policies, priorities and involvements, community ownership and involvement, the quality of capacity-building, fund availability, and international donor environment. Sustainability can be threatened by total absence of in-built exit strategy, absence of a long-term institutional capacity development and tracking strategy to ensure continuity in IPs and government ministries.</p>			
COMPONENT 2: ANALYSIS OF THE STRATEGIC POSITIONING				
<p>EQ5: (i) To what extent have the partnerships in the UN Country Team allowed the CO to make use of the comparative strengths of the UNFPA, while at the same time safeguarding and promoting the national ownership of supported intervention? (ii) To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanism? (iii) To what extent is the UNFPA Country Office coordinating with other UN Agencies in the country, particularly where there is overlap?</p>				
<p>COORDINATION AND PARTNERSHIP</p>	<p>The implementation of the country programme is aligned with UNFPA Strategic Plan dimensions (And in particular with special attention to disadvantaged and vulnerable groups and the promotion of South-South cooperation)</p>	<p>Extent to which the country office prioritized intervention strategies targeted at the most <i>vulnerable, disadvantages</i>, marginalized and excluded population groups in line with the stipulations of the UNFPA Strategic Plan</p> <p>Extent to which support of South-South cooperation is done in a rather ad-hoc manner or through the enhanced use of local capacities and as a means to share best practices</p> <p>Extent to which South-South cooperation related indicators are included in the CPAP results' framework or any other management tool.</p>	<p>CPAP CPD UNFPA Strategic Plan All the information collected when assessing the effectiveness criterion</p>	<p>Study of documentation Key informant interviews</p>

		<p>Number of south-south interactions supported in the areas of sexual reproductive health and rights (SRHR), youth, gender and population and development</p> <p>Number of country delegations supported to promote the ICPD agenda and inclusion of SRHR in discussions on SDGs beyond 2015 at regional and global forums</p>		
	<p>The country programme, as currently implemented, is aligned with the United Nations Development Framework (UNDAF).</p> <p>The UNFPA CO is coordinating with other UN agencies in the country, particularly in the event of potential overlaps</p>	<p>The CPAP is aligned with the UNDAF and the UNDAF fully reflect the interests, priorities and mandate of the UNFPA in the country and all aspects have been included.</p> <p>Evidence of UNFPA coordination mechanisms and their quality</p> <p>Evidence of any inadequate coordination mechanisms and implications for UNFPA strategic positioning.</p>	<p>UNDAF, CPD, CPAP AWP Resident Coordinator Annual Report UN organisations: UNICEF, UN Women, WHO, UNAIDS and UNDP. Donors</p>	<p>Study of documentation Key informant interviews Focus group discussion with representatives of UNICEF, UN Women, WHO, UNAIDS and UNDP.</p>
<p><i>Data and information collected</i></p>	<p>The assumption for this criterion was that the UNFPA CO has actively contributed to UNCT working groups and joint initiatives, and ensured it did not duplicate efforts and created synergies with other UN agencies, where possible. UNFPA is involved in Delivering as One joint planning process accompanying the UNDAF which is signed by all the resident UN agencies in Sierra Leone. By working together with other UN agencies there are opportunities for UNFPA and its UN partners to provide a continuum of focus on development needs, such as the overlapping mandates of UNICEF (children up to age 18) and UNFPA (adolescents and adults). UNFPA works with UNICEF to address issues of violence against children including child marriage and with WHO to support Ministry of Health and Sanitation develop a protocol for strengthening health sectors response to SRH including maternal health challenges, and with UN Women on issues of women empowerment and gender equality.</p> <p>UNFPA is a member of H6 consortium and a co-convenor of Technical Working Groups on Health, Gender, HIV, and chairs inter-agency working group on adolescents and youth. It is also the convenor of the working groups on Data for Development, SRH, Communication and Advocacy. UNFPA is a convenor of A4P Pillar 3. Currently the SL CO is actively involved in discussion towards the development of the next national development agenda for the country. Sharing of information with UNCT happens on a regular basis through participation in the Technical Working Groups. Interviews with UN partners showed that</p>			

	<p>while they appreciate such information sharing, they cautioned that UNFPA should not dabble into areas it has no competence. They questioned the competence of UNFPA in physical construction of health facilities like hospitals and clinics. Generally the Delivering as One initiative provides impetus for more collaboration and joint working but agencies are constrained by their individual systems, mandates and reporting mechanisms. However there is a question on the relevance of UNCT weekly meetings and RC positions when the different agencies and their leadership are not accountable to the Resident Coordinator.</p>			
<p>EQ6: (i) What are the main UNFPA comparative strengths in Sierra Leone – particularly in comparison to other UN agencies and development partners? (ii) How are these perceived by national and international stakeholders? (iii) What are the main strengths of UNFPA in the country compared to other UN Agencies in the Country? (iv) What is the main UNFPA CO added value in the Country Context as perceived by national stakeholders?</p>				
<p>ADDED VALUE</p>	<p>There is added value of UNFPA in the development partners' country context as perceived by national stakeholders</p> <p>UNFPA has comparative strengths in the country – particularly in comparison to other UN agencies</p> <p>UNFPA corporate features or are explained by the specific features of the CO</p> <p>UNFPA has had no intended substitution or displacement effects at national, district or local level and that If there is any the magnitude of such effect and what are their repercussions are minimal</p>	<p>Evidence of added value</p> <p>Extent of contribution to added value by UNFPA comparative strengths in the country – particularly in comparison to other United Nations organisations</p> <p>Uniqueness of UNFPA corporate features explained by specific aptitudes of the country office</p> <p>Evidence of possible substitution or displacements effects on the private sector, civil society organisations, academia, specific government bodies and other development partners in the country, including other United Nations organisations.</p>	<p>Beneficiary groups/communities</p> <p>Senior management in line departments and national government counterparts</p> <p>Implementing partners</p> <p>Donors</p> <p>Other United Nations organisations</p>	<p>Key informant interviews</p> <p>Focus group discussions</p> <p>UNCT Documents</p>
<p>Data and information collected</p>	<p>The UNFPA is acknowledged by other UN Agencies, implementing partners and national stakeholders as a reliable and responsive key lead agency for SRH, adolescent, young people, gender equality and GBV. By comparison, the P&D focus area, while well received by implementing partners, is perceived by some members of the UNCT as less visible. UNFPA is a member of the UN Communications Group in Sierra Leone. The Group is charged with responsibilities pertaining to international observances, UN Day, joint press releases, specific UN initiatives, showcasing the SDGs, training etc. It is also an active member of the UN Gender Technical Team, coordinated by UN Women. The agency is also a member of the UNCT Youths Technical group, where UNFPA advances the sexual and reproductive rights of adolescents and youth and ensure they are empowered to advance their well-being and rights in the spirit of One UN.</p> <p>Generally, interviews with stakeholders revealed that UNFPA SL CO is scored well in its partnership efforts, such as contribution to joint programmes at country and district levels. The agency played a significant and valuable role in responding to humanitarian crises of Ebola outbreak and flood disasters in SL. Interviewees pointed out the role of UNFPA CO exemplified by its long time support for population censuses as well as demographic and health surveys over</p>			

the years. A member of the UNCT said “*without UNFPA, who would have handled the 2015 census sexercise?*” This underscores the importance attached to the role of UNFPA in national development environment especially in census undertaking. Similarly its role in SRH especially as it concerns adolescents and young people is scored high among national stakeholders, IPs and UNCT members. Among government stakeholders, it was generally echoed in different interviews that the health care system in the country would have remained comatose, if not because of UNFPA.

Within the area of reproductive health as defined in 1994 ICPD PoA, the focus on planning and its related role in population and development placed UNFPA in the lead. This is the natural niche of the agency as indicated by key informant interviews with other UN agencies, development partners and government stakeholders in Sierra Leone. All respondents noted that the UNFPA plays a strategic role on key areas of concerns and priorities to the government of Sierra Leone. Key informants at the national level agreed that the activities of UNFPA are visible in the country and that the agency has the potential to take a more leadership role in population and related RH and gender programme components. The IPs and their beneficiaries, (though, most of the beneficiaries do not know of the agency), agreed that the funding provided by UNFPA has benefited them. These beneficiaries include fistula survivors, adolescent girls who are empowered at the Safe Places, heads of Schools of Midwifery in Freetown and Makeni, graduates of these schools who are now midwives, and those from task shifting programme etc. One DHMT director noted “*we appreciate the support of UNFPA in improving our health infrastructures, and their contribution to provision of quality services to clients of different groups*”. Overall, the implementing partners and beneficiaries lauded the contribution of UNFPA and alluded to a close and cordial working relationship. The responses from beneficiaries such as fistulae and gender-based violence survivors, midwives, nurses, heads of Schools of Midwifery were positive about the contribution of UNFPA. Its support for improvement of infrastructure at health facilities was appreciated for its contribution to provision of quality SRH services in the country.

UNFPA SL CO was frequently commended for its joint programming approach, good coordination and leadership role in SRH. Respondents also acknowledged UNFPA’s capabilities related to GBV and the implementation of CEDAW. Stakeholders commented on how UNFPA SL CO has indeed provided added value to the overall development efforts in the country, with other partners. While respondents cited UNFPA as a stable source of regular and concrete support for population and development activities, and has always demonstrated a willingness to help, some respondents expressed concern that UNFPA P & D activities were less visible. They also commented on UNFPA lack of investment in strengthening local institutions to contribute to capacity-building instead of spending so much on external sourcing of capacities. Respondents noted that the need to provide data for the measurement of SDGs and AU Agenda 2063 indicators provide strong rationale for continued UNFPA SL CO support and contribution for population and development in the next CP.

ANNEX 3: INTERVIEW GUIDES

Key Informant Interview Guide for UNFPA Country Office Staff (WRH/AYG /P&D/)

WRH Cluster Lead and Programme Officers

AYG Cluster Lead and Programme Officers: Gender, Adolescents and Youth and HIV/AIDS

Population and Development Cluster Lead and Programme Officer: Population and Development

General introduction and closing - 1. Human connection

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

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

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

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

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

4. Ending the interview

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

Introduction: Describe the UNFPA 6th Country Programme and your involvement in it?

Relevance

- What are the national needs and priorities in Sierra Leone in terms of the development agenda? Does the 6th Country Programme (CP) address these needs and priorities of the Sierra Leone population? What aspects of the national and sectoral policies are covered in the 6th CP?
- Were the objectives and strategies of the Country Programme Action Plan (CPAP) discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the Sexual and Reproductive Health (SRH), Population and Development (P&D), and Gender Equality (GE) including GBV components?
- Are there any changes in national needs and global priorities along the line? How did UNFPA Country Office (CO) respond to these?

Effectiveness

- Looking at the implementation so far, to what extent has 6th CP reached the intended beneficiaries?
- Are outputs/targets achieved?
- Overall, how effective is the 6th CP in Sierra Leone?
- What are the facilitating factors for the realization of the WRH/AYG/P&D results?
- What are some of the challenges or limiting factors that, may have affected the achievement of and implementation of the programme? How were these challenges addressed?
- To what extent have the programme results reached the intended beneficiary groups? Have there been any tangible changes as a result of interventions? [Mothers, adolescents, FP users, fistulae and GBV victims?]
- What have been unintended effects – positive or negative, direct or indirect? Why were they generated and what are the likely consequences?
- Share with us the approaches used to deliver WRH. AYSRH? What was the most appropriate and why?

Efficiency

- Explain the resources management process of your programme area?
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 6th CP implementation and achievement of results?
- How many consultants have worked on the 6th CP since inception in 2015?
 - International consultants?
 - National consultants?What was/is their output?
How useful is the output in the implementation of the 6th CP?
- Describe UNFPA CO administrative and financial procedures in the 6th CP?
- Do you think UNFPA CO administration and financial procedures are appropriate for the 6th CP implementation?

- How timely were resources for interventions disbursed for implementation?
- Were there any delays? If yes, why? And how did you solve the problem?
- Any new activities added to the current programme activities?
- Are there occasions when the budget was not enough or you overspent?
- Are there any programmes cancelled or postponed? Why?
- Have the programme finances been audited?
- Any funding deficit?
- Any additional funding from the Government of Sierra Leone and other partners?
- What lessons has your Unit learnt in implementing the 6th CP?
- Any challenges encountered so far?
- What is the plan for the future phase?

Sustainability

- What are the benefits of the programme interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- What are the plans for sustainability of the programmes?
- What are the main factors affecting sustainability
- Have programmes been integrated in institutional government plans?

Coordination and Partnership

- Is there any Inter-Agency Technical Working Group on this 6th CP, involving other UN Country Team?
- What is the role of UNFPA CO in the United Nations Country Team coordination in Sierra Leone? What partnerships exist? Any specific contributions to the achievement of results? Any Challenges?
- How could these challenges be overcome?
- What role has UNFPA played in the South-South Cooperation? Any specific contributions? Any lessons learned? Any challenges?

Added value

- What are the special strengths of UNFPA when compared to other UN agencies and development partners?
- How is UNFPA perceived by implementing and national partners?

Cross-cutting Issues:

- Were there any partnerships, coordination, monitoring and evaluation capacity challenges that facilitated the delivery of the 6th CP results?
- How did you take care of gender equality, human rights, and youth vulnerabilities in your programming? Evidence?

Lessons Learnt and recommendation

- What was the most and least successful approach in the delivery of the WRH, AYSRH, Gender and P&D components? What are the lessons learnt?
- What do you consider the most innovative approach in delivering programme outputs? Why?
- What are the best practices from the 6th CP that should be continued in the next CP cycle or replicated elsewhere?
- What recommendations for the next CP and CPAP?

Key Informant Interview Guide for Implementing Partners (WRH/AYG/P&D)

National Stakeholders: Government Ministries and Departments, CSO and NGOs

General introduction and closing - 1. Human connection

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

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

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

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

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

4. Ending the interview

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

Relevance

- What are the national needs and priorities in Sierra Leone in terms of the development agenda? Does the 6th Country Programme (CP) address these needs and priorities of the SIERRA LEONE population at district, district and national levels? What aspects of the national and sectoral policies are covered in the 6th CP?
- Were the objectives and strategies of the Country Programme Action Plan (CPAP) discussed and agreed with national partners? [Probe]

- How did you identify the needs prior to the programming of the Sexual and Reproductive Health (SRH), HIV/AIDS, Population and Development (P&D), and Gender Equality (GE) including GBV components?
- Are there any changes in national needs and global priorities along the line? How did UNFPA Country Office (CO) respond to these?

Effectiveness

- Looking at the implementation so far, to what extent has 6th CP reached the intended beneficiaries?
- Are outputs/targets achieved?
- Overall, how effective is the 6th CP in Sierra Leone?
- What are the facilitating factors for the realization of the WRH/AYG/P&D results?
- What are some of the challenges or limiting factors that, may have affected the achievement of and implementation of the programme? How were these challenges addressed?
- To what extent have the programme results reached the intended beneficiary groups? Have there been any tangible changes as a result of interventions? [Mothers, adolescents, FP users, fistulae and GBV victims?]
- What have been unintended effects – positive or negative, direct or indirect? Why were they generated and what are the likely consequences?
- Share with us the approaches used to deliver WRH. AYSRH? What was the most appropriate and why?

Efficiency

- To what extent were the activities managed in a manner that would ensure the delivery of high quality results?
- Explain the resources management process of the programme
- How many staff is in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 6th CP implementation and achievement of results?
- Do you think UNFPA CO administration and financial procedures are appropriate for the 6th CP implementation?
- What would have been done differently with the same resources to achieve the stated results?
- How about the programme approach, partner and stakeholder engagement, was it appropriate for CP implementation and achievement of results?
- How timely did the resources for this particular intervention come to your office?
- Were there any delays? If yes, why? And how did you solve the problem?
- Any new activities added to the current programme activities?
- Are there occasions when the budget was not enough or you overspent?
- Are there any programmes cancelled or postponed? Why?
- Any additional funding from the Government of Sierra Leone and other partners?

Sustainability

- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- What are the plans for sustainability of the programmes? Has the CP been able to support National institutional beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
- Have programme activities been integrated in institutional government plans?
- Does your institution have the capacity to continue the programme interventions without any donor support?

Coordination and Partnership

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

Added value

- What are the special strengths of UNFPA when compared to other UN agencies and development partners in Sierra Leone?
- How is UNFPA perceived by implementing and national partners in the country?

Cross-cutting Issues:

- Were there any partnerships, coordination, monitoring and evaluation capacity challenges that facilitated the delivery of the 6th CP results?
- How did you take care of gender equality, human rights, and youth vulnerabilities in your programming? Evidence?

Lessons Learnt and recommendation

- What was the most and least successful approach in the delivery of the WRH, AYSRH, Gender and P&D components? What are the lessons learnt?
- What do you consider the most innovative approach in delivering programme outputs? Why?
- What are the best practices from the 6th CP that should be continued in the next CP cycle or replicated elsewhere?
- What recommendations for the next CP and CPAP?

Government of Sierra Leone/UNFPA 6th Country Programme Evaluation

Interview Guide for Beneficiaries (SRH/P&D/GE/HIV/AIDS)

Relevance

- What are the national needs and priorities in Sierra Leone in terms of the development agenda? How important is the 6th Country Programme (CP) to these needs and priorities at district, district and national levels?
- Does the 6th CP address the needs in: Women's Reproductive Health (WRH), Adolescents, Youth and Gender (AYG) and Population and Development (P&D)

▪ **Effectiveness**

- To what extent has UNFPA support reached the intended beneficiaries?
- Are different beneficiaries appreciating the benefits of the UNFPA interventions? For example?
- Overall, how effective is the 6th CP in Sierra Leone?
- What are the specific indicators of success in your programme?
- What factors contributed to the effectiveness or otherwise?

Sustainability

- What are the benefits of the programme interventions?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- Have programmes been integrated in institutional/government plans?
- How does the UNFPA CO ensure ownership and durability of its programmes?

ANNEX 4: LIST OF INDIVIDUALS INTERVIEWED

Date	People Interviewed (Names)	Position	Institution
7/08/2018	Ibrahim S Kemara	Assistant Representative	P & D Cluster Lead
7/08/2018	Mohammed	Lead & Tech Specialist	WRH
7/08/2018	Chris Oyeyipo	AYG	Cluster Lead
8/08/2018	Soma Gilroy	Project Specialist	AYSRH
8/08/2018	Lola Durotoye	Technical Specialist	
8/08/2018	James Akpabhie	Technical Specialist	
8/08/2018	Fiona Kaikai	Technical Specialist	
8/08/2018	Aiah L. Sosokocneh	Policy Program Specialist	P & D
8/08/2018	Sapatu Foday	Focal Person	
9/08/2018	Augustine F Kutubu-Kosie	Country Director	Aberdeen WC
9/08/2018	Hawa Turay	Executive Director	Heikal Foundation
9/08/2018	Peter	Senior Policy Analyst	MOFED/MOPED
9/08/2018	Mohammed Lebbie	Program Manager	Pop Secretariat (MOFED)
9/08/2018	Gabriel Dumbuya	Economist	MOPED
9/08/2018	William Gondo	Admin Staff	MOPED
9/08/2018	Mary O'Neil	Head	Irish Aid (Freetown)
9/08/2018	Manty Tarawalli	Country Director	4M Solutions
9/08/2018	David Williams	Executive Director	PPA, Sierra Leone
10/08/2018	Mrs G. Musa	Director	Adult & Informal Education (MoEST)
14/08/2018	Mohammed Lebbie	Pop. Manager	Pop. Secretariat (MOPED)
14/08/2018	Peter Bangura	Director	Demo. & Soc. Stats. (SSL)
15/08/2018	Alex Chimbarie	Adviser Health Security	WHO
15/08/2018	Sunil Saigal	Resident Coordinator	UNDP Rep.
Upcountry Field Work			
16/08/2018	Rashid Usman Abdul-Reshid	Jembe	PHU
16/08/2018	Mary S Goba	Midwife	
16/08/2018	Tena I Sannoh	FP & U5	
16/08/2018	Betra Ngaujah	MCH	Jembe PHU Bo
16/08/2018	Patricia Mokuwa	Principal	Bo Sch. Of Midwifery
16/08/2018	Dolly E. Williams	Secretary	Bo Sch. Of Midwifery
16/08/2018	Alhaji Turay	District Medical Officer	
16/08/2018	Safula Mansq	Matron	Bo Gen. Hospital
16/08/2018	Ami Sakuwebe	Fistula Survivor	Halkel Foundation
16/08/2018	Jama	Fistula Survivor	Halkel Foundation
16/08/2018	Juma	Fistula Survivor	Halkel Foundation
16/08/2018	Nelson Roger	Karlu-Ykk	Non-formal Education Center
16/08/2018	Edward S. Sorokong	Admin Officer	Karlin-YKK
16/08/2018	Lahai T. Fortune	Facilitator	Karlin
16/08/2018	Lahai Tucker	Facilitator	Karlin
16/08/2018	Lansara Ispala	Facilitator	Karlin
16/08/2018	Ibrahim Songa	Programme Officer	WICD
17/08/2018	Jenneh Sawi	Team Lead	Maris Stoppes, Bombali
17/08/2018	Elizabeth Mattia	Outreach Nurse	Maris Stoopes, Bombali
17/08/2018	Joseph Sesay	Data Inputer	

17/08/2018	Mohammed Conteh	Driver	
17/08/2018	Mustapha Zombo	Community-Based Midwife	Lead
18/08/2018	John Towe	Finance Manager	CapaCare
18/08/2018	Francis Vandy	Admin Officer	CapaCare, Masanga
19/08/2018	Hon. Albert	Husbands School	Makeni
19/08/2018	Francoquo Eskomte	Husbands School	Makeni
19/08/2018	Mr. Kamara	Husbands School	Makeni
19/08/2018	Moses A Karlin	Husbands School	Makeni
19/08/2018	Samuel Kamara	Husbands School	Makeni
19/08/2018	Dr. Alhaji M Sesay	Chief Medical Officer	Makeni Gen. Hospital
19/08/2018	Chief Midwife		Makeni Gen. Hospital
19/08/2018	Laura Todescato	Programme Manager	CUAMM, Makeni
19/08/2018	Ibrahim m Sesay	Task Shift Graduate	Makeni Hospital
19/08/2018		Deputy Finance Manager	Sch. Of Midwifery , SOM
19/08/2018	Adama Kanu	Year 2 Midwifery Student	Makeni SOM
19/08/2018	Mariatu D. Kamara	Year 1 Midwifery Student	Makeni SOM
19/08/2018	Christiana M.M Alpha	Year 1 Midwifery Student	Makeni SOM
23/08/2018	Patricia Bah	Prog. Camp. Manager	ASRH, MOHS
23/08/2018	Emilia Decker	Deputy Principal	Sch. Of Midwifery Freetown
23/08/2018	Christiana Anglo	Finance Manager	SOM, Freetwon
23/08/2018	Claudia Malotla	PCMH	CUAMM, Freetown
23/08/2018	Yara Tembe	Programme Manager	CUAMM, Freetwon
23/08/2018	Michael Koroma	Nurse Anaesthetics/Project coordinator	
23/08/2018	Kai Filie	Health Educator	MOHS
23/08/2018	Duban Kamara	Health Educator	MOHS
23/08/2018	Ben Coker	Health Educator	MOHS
24/08/2018	Francis Smart	Prog. Com. Manager	RH/FP, MOHS
24/08/2018	Steve Temgbeh	Finance Associate	International Operation
24/08/2018	Esther Mulumba	IOM	UNFPA CO
24/08/2018	Edward J. Benya	Operations Manager	Maria Stopes, Freetown
27/08/2018	Enzo Pisani	Medical Coordinator	CAUMM, PCMH
27/08/2018	Ramatu Conteh	Anaesthetic Technician	PCMH
27/08/2018	Sayoh Mansari	Midwife	H DU, PCMH
27/08/2018	Sis Margaret S. Lebbie	Midwife Educator	NSOM
27/08/2018	Ahmadu Jawara	Sing. Ass. CHO	PCMH
27/08/2018	Salim Saheed Kamara	Comm. Officer	SLCO
28/08/2018	Mwaluma A. Gegbe	M & E	SLCO
28/08/2018	Dennis Thomas	Dep. Chief Pharm.	DDMS
28/08/2018	Mohammed Kanu	Head Pharm Mgt Info. System	DDMS
28/08/2018	Marie Kolipha-Karma	Supply cahin Consultant	DDMS
28/08/2018	Emmanuel Bunduka	Store Manager	RH/FP, DDMD

**ANNEX 5: THE CPE AGENDA FOR THE 6TH GOSL/UNFPA COUNTRY PROGRAMME
2015-2019**

Date	Activity / Institution	People to meet	Location	Link with the CP	Selection criteria	Justification
WEEK 1 (August 1-7) : Freetown						
August 1	Evaluation Team Meeting	Evaluation Team's internal meeting	Freetown CO	N/A	N/A	Introduction and Familiarization
	Meeting with CR and Management Team	Representative and Senior Management	Freetown CO	N/A	N/A	As per the Handbook
	General Briefing Session	All CO staff and Evaluation Reference Group	Freetown	N/A	N/A	
August 2	Presentation of CPE Design Report Briefing of CPE Team on Methodology	CO staff , Management and ERG CPE Team	Freetown	NA	NA	Inception of the CPE
August 3	Relevant Stakeholders in Freetown: Direct Implementation Partners and Beneficiaries	Ministries i/c of programme components: Health, Gender, Youth, Population and Development; CO Programme Associates	Offices of the relevant partners and UNFPA CO	U1 and U7; U2, U3, U4, U5, U7	Criteria 1, 2,3, 4	Implementing partners
August 6	Relevant Stakeholders in Freetown: Direct Implementation Partners and Beneficiaries	Planning Officers of Appropriate Ministries	Offices of the relevant partners and UNFPA CO	U1 and U7, U2, U3, U4, U5	Criteria 1, 2,3, 4	Implementing partners and beneficiaries
August 7	Relevant Stakeholders in Freetown: Indirect and Direct Implementation Partners/subcontractors and Beneficiaries	Ministry i/c of Planning, Health, Education etc	Ministry offices and UNFPA CO	U4, U5, U7	Criteria 1, 2,3, 4	Implementing partner and beneficiaries of activities
Plan to Visit Intervention Districts						
WEEK 2 (August 10- 14): Districts						
August 10	Visit to District 1	Head of District Office	Relevant District Office	U1 and U7, U2, U3, U4, U5	Criteria 1, 2,3, 4	Implementing partner and beneficiaries
August 11	Field Work at District 2	District Implementing Partners	Relevant District Office and Beneficiaries	U1 and U7, U2, U3, U4, U5	Criteria 1, 2,3, 4	Main beneficiary institution; Implementing partner and beneficiaries
August 12	District 3	District Implementing	Relevant District Office	U1 and U7, U2, U3, U4,	Criteria 1, 2,3, 4	Main beneficiary institution;

		Partners and Beneficiaries	and Beneficiaries	U5		Implementing partner and beneficiaries.
August 13	District 4	Implementation Partners and Beneficiaries	Relevant District Office	U1 and U7, U2, U3, U4, U5	Criteria 1, 2,3, 4	Main beneficiary institution; Implementing partner and beneficiaries.
August 14	Freetown	CPE Team	UNFPA CO			Field review and transcription of interviews
WEEK 3 (August 17-21)						
August 17	District 5	Implementation Partners and Beneficiaries	Relevant District Office	U1 and U7, U2, U3, U4, U5	Criteria 1, 2,3, 4	Main beneficiary institution; Implementing partner and beneficiaries.
August 18	District 6	Implementation Partners and Beneficiaries	Relevant District Office	U1 and U7, U2, U3, U4, U5	Criteria 1, 2,3, 4	Main beneficiary institution; Implementing partner and beneficiaries.
August 18	District 7	Implementation Partners and Beneficiaries	District Office	U1 and U7, U2, U3, U4, U5	Criteria 1, 2,3, 4	Main beneficiary institution; Implementing partner and beneficiaries.
August 19	Freetown CO Further Interviews	CPE Team Strategic and bilateral partners in Capital: UNCT and DFID	UNFPA CO Freetown	CP external Framework and UN System Framework	UNCT	Field Review, Desk topping Assessment of the systemic dimension of the strategic alignment criterion: complementarity and coordination issues; and responsiveness
August 20	District 8	Implementation Partners and Beneficiaries	District Office	U1 and U7, U2, U3, U4, U5	Criteria 1, 2,3, 4	Main beneficiary institution; Implementing partner and beneficiaries.
August 21	Follow-up Key Informant Interviews	Relevant Stakeholders	Freetown		Criteria 1, 2,3, 4	Main beneficiary institutions; Implementing partners and beneficiaries; capacity building activities.

August 24	Preliminary Data Processing and Analysis	Individual Evaluators	Freetown	N/A	N/A	Evaluation team members work individually in data analysis and preparation of their individual findings to the team the next day
August 25 - 30	Data Analysis and Report Writing – Synthesis	Individual Evaluators	Freetown CO	N/A	N/A	Data analysis , synthesis and report writing
August 31	Wits and preparation of presentation of prelim results Debriefing	Individual Evaluators	Freetown CO			Debriefing
September 1 - 15	Data Analysis and Report Writing – Synthesis	Team Leader and Team	Joburg at Wits And Freetown	N/A	N/A	Internal meeting, internal presentation of preliminary results by each evaluator and preparation of joint presentation
September 15 -20	Synthesis	Team Leader	Johannesburg	N/A	N/A	Synthesis of reports from CPE
September 25 – October 12	Freetown	Team Leader and Team	Joburg at Wits And Freetown	N/A	N/A	Synthesis, Final Report, Proofreading and Editing; Stakeholders workshop
October 12	Wits and Freetown	Team Leader	Joburg at Wits	N/A	N/A	Submission of final report

ANNEX 6: LIST OF DOCUMENTATION FOR REVIEW

No.	Documents
1	• 6 th Country Programme Document (CPD 2015-2019)
2	• Country Programme Action Plan (CPAP 2015–2019)
3	• CCA/UNDAF Concept Note
4	• Performance Monitoring Frameworks (2015-2017)
5	• Country Office Annual Reports (COAR 2015-2017)
6	• CO Annual Reports-Publications 2015- 2017
7	• Office Management Plan (OMP 2015 – 2017)
8	• Resource Mobilization Plan/Strategy (2015-2017)
9	• Mid-Year and Annual Review Reports (2015-2017)
10	• Country Programme Mid-Term Review 2017
11	• IPs Annual Work Plans (2015-2019)
12	• IPs Quarterly Progress Reports 2015 - 2017
13	• Facility-Based RHCS Report 2015-2017
14	• CO Annual Budget and Expenditure Reports (2015-2017)
15	• Joint Programme Monitoring Reports (2015-2017)
16	• CPE Concept Note
17	• UNFPA Evaluation Quality Assessment (EQA) Grid
18	• IP Capacity Assessments Reports
	Post-Ebola Recovery Documents
20	• UN Ebola Recovery Plan (ERP) 2015-2017
21	• Ebola Recovery Plan and Demographic Dividend
22	• MPTF- Post Ebola (Joint Proposal UNFPA, UNICEF, WHO)
23	• UNFPA priority SRHR interventions for the Ebola recovery period.
24	• Sierra Leone post-Ebola outbreak (World Bank)
25	• Presidential Recovery Priorities (UNCT up
26	• Sierra Leone- One UN Country Results Report- CRR 2016
27	• Ebola Recovery Projects- UNFPA
28	• Sierra Leone- Post-Ebola Presidential Recovery Priorities (12-24 Months)
	Donor Projects and Reports
29	• DFID-SLP Project and Logframe
30	• Gates- Child Marriage Project and Results Framework
31	• 2015 Population and Housing Census Project Document
32	• 2015 Population and Housing Census Progress Reports (DFID, Irish Aid; UNDP)
33	• Ebola Response Projects (World Bank; ADB)
34	• Improving Reproductive, Maternal and Newborn Health (DFID)
35	• HOPE for Girls Project- Health, Opportunities, Protection, Empowerment (Irish Aid)
36	• Providing Services to Pregnant Girls Project (Irish Aid)
37	• Reducing Teenage Pregnancy Project (Irish Aid)
38	• Evaluation of Services to Pregnant School Girls Project (Irish Aid)
39	• Strengthening Emergency Obstetric Care in Sierra Leone (Japan/JICA)
40	• Saving Lives Project (DFID)