



Terms of Reference

**United Nations Population Fund (UNFPA) Botswana
cycle of assistance: 7th Country Programme
programme period: 2022 - 2026**

Country Programme Evaluation

[April, 2025]

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Acronym

CCA	Common Country Analysis
CO	Country office
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and communication technologies
M&E	Monitoring and evaluation
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and reproductive rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
YEE	Young and emerging evaluator
UNFPA ESARO	UNFPA East & Southern Africa Regional Office

1. Introduction

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

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

UNFPA has been operating in Botswana since 1971. The support that the UNFPA Botswana Country Office (CO) provides to the Government of Botswana under the framework of the 7th Country Programme (CP) 2022 - 2026 builds on national development needs and priorities articulated in:

- a) Vision 2036
- b) Second Transitional National Development Plan (April 2023 - November 2025)
- c) National Transformation Strategy 2023 - 2030
- d) United Nations Sustainable Development Cooperation Framework 2022 - 2026 for the Republic of Botswana.
- e) United Nations Common Country Analysis

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.² The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 7th country programme 2022 - 2026 in Botswana, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the [UNFPA Evaluation Handbook](#). The [Handbook](#) provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in

¹ [UNFPA Strategic Plan 2022-2025](#)

² [UNFPA Evaluation Policy](#) 2024, p. 22.

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

The main audience and primary intended users of the evaluation are: (i) The UNFPA Botswana CO; (ii) the Government of Botswana; (iii) implementing partners of the UNFPA Botswana CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA East and Southern Africa Regional Office (ESARO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA Botswana CO in close consultation with the Government of Botswana National Planning Commission that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the UNFPA ESARO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

2. Country Context

Botswana has a youthful population, with 30.3 per cent of the population of 2.25 million being young people aged 10-24 years. Two-thirds of the population is of working age (15-65 years), and the older population (above 65 years) is projected to increase from 4 per cent to 6 per cent by 2030. In 2019, 70 per cent of the population lived in urban areas; this figure is projected to reach 80 per cent by 2026, underscoring the need for timely investments to improve the quality of life for an increasing number of urban residents. With the decline in total fertility rates (from 5.2 children per woman in 1991 to 2.7 in 2019) and the corresponding declines in mortality, Botswana is at an advanced stage of its demographic transition, placing the country within a window of opportunity to harness the demographic dividend before 2050. Vision 2036 and the National Development Plan 11 (2017-2023) recognize the need for sustained investments in young people, including expanding potential returns in the education and health sectors and creating economic opportunities for youth as key mechanisms to facilitate harnessing the demographic dividend and contributing to Botswana's transformation from an upper-middle-income country to a high-income country by 2036.

Botswana ranks as the eighth most unequal society in the world, with a Gini coefficient of 53.3; approximately 16 per cent of the population lives below the poverty line. The unemployment rate is high (24.5 per cent), and youth and women are the most affected. The youth unemployment rate was 32.4 per

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

cent (fourth quarter of 2020), with a higher rate for females (35 per cent) than males (29.9 per cent). The Botswana Demographic Survey (2017) estimates the disability prevalence at 4.2 per cent, with a higher prevalence rate for females (4.7 per cent) compared to males (3.7 per cent). While 69 per cent of persons with disabilities are employed within the labour force, many face challenges in navigating the employment space. The Botswana Demographic Survey (2017) indicates that unintended pregnancies are common among women and girls; less than two-thirds (58 per cent) of women of reproductive age (15-49 years old) are using modern contraceptives. Contraceptive use is less than 1 per cent among women with non-formal education, compared to 89.5 per cent for women with secondary education and higher. Contraceptive use is higher for women residing in urban areas (48.8 per cent) compared to rural areas (28.8 per cent); this correlates with higher age-specific fertility rates recorded for rural areas compared to urban areas. Botswana is one of the countries with the highest HIV prevalence in the world.

The HIV prevalence in the general population is 25.2 per cent among 15-49-year olds and is higher among females (20.8 per cent) than males (15.6 per cent). Adolescent girls and young women accounted for 24 per cent of the 8,700 new HIV infections in 2020; this is linked to early sexual debut, gender-based violence, limited access to sexual and reproductive health information and services, unequal power relations from economic, social and cultural factors that fuel age-disparate relationships and transactional sex and decreases the already inconsistent condom use. Among key populations, condom use declined between 2011 and 2017 – down from 61.7 per cent to 47.9 per cent among sex workers and down from 77.5 per cent to 59.4 per cent among men who have sex with other men. Stigma and discrimination are key barriers to accessing SRHR services for key populations.

The Common Country Analysis (CCA) notes that Botswana's maternal mortality ratio is more than double the SDG target of 70 births per 100,000 live births, with an estimated 240 deaths per 100,000 live births (Statistics Botswana 2021). About one in 12 maternal deaths (8 per cent) occur among adolescent girls aged 15-19 years; hospitals located in urban areas contribute about half (49 per cent) of preventable maternal deaths, which is disproportionately higher among women aged 25-29 years and 30-34 years, respectively. Maternal deaths result from the poor quality of care standards and delivery mechanisms within the facilities, limited availability of skilled providers, lack of commodities and equipment, unsafe abortion practices, poor management of obstetric complications, and referral delays.

While the Government has strengthened efforts to prevent and respond to gender based violence (GBV), the CCA notes that one in three women has experienced GBV in their lifetime (36.5 per cent perpetrated by intimate partners) and 15 per cent experienced GBV during pregnancy. Women who had not worked in the past twelve months experienced higher rates of violence (22 per cent) compared to women who worked during the same period (15 per cent). Adolescent girls and young women are exposed to harmful social and cultural norms that place them at greater health risk as well as a higher risk of violence and sexual exploitation and limit their access to education and learning. Women with disabilities are up to three times more vulnerable to GBV than men; 22 per cent of adolescents in school had a forced first sexual experience, particularly girls under the age of 15. Underpinning GBV are deep-rooted negative social norms and harmful practices, reinforcing inequalities, patriarchal attitudes and gender stereotypes that promote negative masculinity and normalize gender-based violence. Gaps in the harmonization and implementation of inclusive legislation and legal literacy for rights holders further compound the vulnerability of girls and women to gender-based violence.

The availability of timely high-quality disaggregated data remains a challenge, with limited statistical analysis capacity at national and subnational levels. The CCA notes that a significant proportion of data are not adequately disaggregated by gender, socio-economic status, disability and other relevant categories. Only 34 per cent of national Sustainable Development Goal (SDG) indicators (including eight

of the 17 UNFPA-prioritized indicators) have baselines; these gaps will hinder monitoring and accountability for tracking progress on sustainable development indicators, including the four national commitments made at the Nairobi Summit on ICPD25. However, the Population and Housing Census (scheduled for 2022) is expected to strengthen data availability in key areas.

The programme aims to achieve universal sexual reproductive health and reproductive rights, with an emphasis on vulnerable women, adolescents and youth (particularly adolescent girls and young women), and persons with disabilities. Specifically, the country programme will increase the proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (up from 58 per cent to 61 per cent by 2026). Reducing the unmet need for family planning in Botswana is central to achieving the other two transformative results and the East and Southern Africa region-specific transformative result on ending sexual transmission of HIV. This will be achieved by (a) reducing unintended pregnancies, thereby reducing the incidence of unsafe abortions, one of the top three causes of preventable maternal mortality; (b) preventing unplanned pregnancies from sexual violence; (c) reducing HIV infections, particularly among adolescent girls, young women and key populations, as condom programming is central to HIV prevention among these groups.

The programme contributes to the country's efforts in achieving the four national ICPD25 commitments on reducing preventable maternal deaths, ending gender-based violence and harmful practices, increasing access to family planning, and generating adequately disaggregated data, with a special focus on ensuring that no one is left behind. By focusing on strengthening capacities at institutional, community and individual levels to provide high-quality, rights-based integrated SRHR, HIV and sexual and GBV information and services across the life cycle, the country programme will improve equitable access to these services by vulnerable and marginalized groups, specifically adolescent girls and young women, people with disabilities, and key populations – resulting in improved health outcomes and reduced inequality. Further, gender inequality can be reduced if Botswana adopts and implements policy and legal frameworks that advance gender equality and human rights consistent with national, regional and international frameworks.

A detailed understanding of population characteristics and needs enabled by the availability of disaggregated data and data analysis capacity is critical for the design of effective policies and programmes. Accordingly, programme priorities include (a) strengthening health system resilience and capacity to improve coverage and equitable access to high-quality integrated, rights-based SRH, including GBV services, particularly for women, adolescents and young people; (b) advocacy for financial risk protection and integration of SRHR into essential health services for universal health coverage; (c) strengthening national accountability mechanisms and creating an enabling environment for reducing gender inequalities, including by addressing GBV; and (d) improving the availability and use of disaggregated data and demographic intelligence for policy formulation, programme implementation, monitoring and evaluation. The programme will leverage the national digitization agenda and innovation ecosystem to improve equitable access to services, especially for populations left behind. It will also support the integration of the essential services package into policies, strategies and programmes to better support emergency preparedness, including early warning and response to climate shocks.

Based on Botswana's classification as an upper-middle-income country, the programme will tailor its approach to address the unfinished ICPD Agenda and accelerate progress towards the SDGs and the transformative results of UNFPA. This includes an increased focus on leaving no one behind and reaching those furthest behind first, including vulnerable women, adolescents and youth (particularly adolescent girls and young women at risk of violence), persons with disabilities, people living with HIV, and key populations. As its modes of engagement, the programme will seek to improve multisectoral

coordination; leverage expanded strategic partnerships with academia, the private sector, civil society and other interest groups, including through South-South and triangular cooperation; and advance innovation, digitization, data curation and knowledge management. Building on the achievements of the previous country programme, advocacy and policy dialogue will continue to be critical in fostering an enabling and inclusive environment for accelerating progress towards achieving SRHR for all.

3. UNFPA Country Programme

UNFPA has been working with the Government of Botswana since 1971 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 7th country programme in Botswana.

The 7th country programme (2022 - 2026) is aligned with the National Vision 2036, Second Transitional National Development Plan (2023 - 2025), United Nations Sustainable Development Cooperation Framework (2022 - 2026) and UNFPA strategic plan (2022 - 2025): In 2022, the UNFPA Botswana CO undertook the process of aligning the 7th country programme to the UNFPA Strategic Plan 2022-2025]. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia, programme beneficiaries, particularly women and girls, persons with disability and young people.

The UNFPA Botswana CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, and (iv) partnerships and coordination. The **overall goal/vision** of the UNFPA Botswana 7th country programme 2022 - 2026) is to increase the proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (up from 58 per cent to 61 per cent by 2026). The country programme contributes to the following national priorities, UNSDCF outcomes and UNFPA Strategic Plan 2022-2025 outcomes;

- a) Ministry of Health - The Ministry will provide reliable and comprehensive quality health services to improve health of citizens [Indicators - Maternal Mortality Ratio, HIV Incidence]
- b) UNSDCF - The programme contributes directly to three of five UNSDCF outcomes by 2026:
 - i) gender inequality is reduced, and women and girls are empowered to enjoy their human rights and participate in and benefit from inclusive development;
 - ii) all people, particularly vulnerable and marginalized groups, have equitable access to high-quality education, health and social protection services; and
 - iii) Botswana is a more equal, just, and open society, with reduced corruption, where the public is empowered to avail the opportunities and equally participate in decision-making at all levels, and where leaders are accountable, transparent, and responsive.
- c) UNFPA SP - The programme contributes directly to the three outcomes of the SP as follows:
 - i) By 2025, the reduction in the unmet need for family planning has accelerated.
 - ii) By 2025, the reduction of preventable maternal deaths has accelerated.
 - iii) By 2025, the reduction in gender-based violence and harmful practices has accelerated.

The UNFPA Botswana 7th country programme (2022 - 2027) has four thematic areas of programming with four interconnected **outputs**: (i) policy and accountability; (ii) quality of care and services; (iii) gender and social norms; (iv) population change and data; and (v) adolescents and youth]. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with these outcomes.

Output 1: Strengthened national capacities to provide equitable access to high-quality, rights-based integrated sexual and reproductive health, including HIV and gender-based violence information and services across the life course. To achieve this output, UNFPA has a) strengthened capacities at the institutional level to adherence to quality-of-care guidelines for non-discriminatory and respectful integrated SRHR services; (b) provided technical assistance to the Ministry of Health for integration of the Minimum Initial Services Package into national disaster preparedness and response strategies and plans and in implementation frameworks for health systems resilience; (c) forged strategic alliances to identify and scale up sustainable, evidence-based and innovative solutions to increase uptake of SRH, sexual and gender based violence and HIV prevention services, particularly in hard-to-reach areas and among vulnerable populations; (d) advocated for increased sustainable domestic financing towards delivery of high-quality, rights-based integrated SRHR services, including responsive financial risk protection mechanisms, particularly for women and girls; (e) strengthened institutional capacity building to implement HIV-prevention standard service packages for adolescent girls, young women and key populations; (f) scale-up of innovative climatesmart solutions and technology to expand access to SRH services, particularly family planning.

Output 2: Strengthened national capacities to design and implement policies and programmes that are responsive to the sexual and reproductive health needs and well-being of adolescents and young people. This has been delivered through: a) Advocating for legal and policy reforms, including on re-entry for pregnant adolescents and adolescent mothers, and ensuring equitable access to contraceptives services for all adolescents; (b) advocating for an adolescent-responsive health system to enable access to integrated SRHR, HIV and GBV services, including a pilot programme on self-care; (c) strengthening partnerships to advance the implementation of the East and Southern Africa Commitment 2030 on comprehensive sexuality education through innovative approaches and provision of high-quality youth-friendly health services; (d) supporting youth participation and engagement in policy and legislative processes and other accountability mechanisms, particularly those that promote youth health, leadership and well-being; (e) strengthening GBV prevention through a survivor-centred approach, improving referral pathways and supporting strategies to address social norms.

Output 3: Strengthened policy and legal frameworks and institutional capacities to reduce gender inequality and address gender-based violence, in line with national and international commitments. This was achieved through; a) expanding strategic partnerships to promote client-centred, quality-assured services for survivors of gender-based violence, (b) engage with communities to reject harmful practices and gender stereotypes that adversely impact SRHR and build empowering social norms and positive masculinities that advance gender equality; and (c) build the capacities of women, adolescent girls and young women to exercise their bodily autonomy and demand access to SRHR, HIV and gender-based violence information and services, particularly family planning.

Output 4: Strengthened national capacities to generate, utilize and mainstream evidence on population dynamics, data, policy and megatrends into national development plans and monitoring and accountability mechanisms for improved sexual and reproductive health and reproductive rights. This has been delivered through: a) the development and implementation of a successor to the current national population policy; (b) joint vulnerability assessments and risk profiling efforts to map inequalities, identify those furthest left behind and guide targeted investments in SRHR; (c) implementation of the Population and Housing Census 2022, including thematic data analysis and development of population projections; (d) institutional capacity building of Statistics Botswana to monitor the national SDG indicators; (e) monitoring progress on the national commitments on ICPD25 and their domestication in development frameworks; and (g) strengthening South-South and triangular cooperation on the

generation, analysis, dissemination and use of data to support progress towards universal access to sexual and reproductive health and reproductive rights.

The UNFPA Botswana CO also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Botswana 7th country programme (2022 - 2026) is based on the results framework presented below:

Botswana/UNFPA 7th Country Programme ([2022-2026]) Results Framework

<p>CPD Goal/vision: To increase the proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (up from 58 per cent to 61 per cent by 2026)</p>	
<p>National Priority (s): Human and social development</p> <ul style="list-style-type: none"> a) Botswana will live long and healthy lives; marginalized population groups will be empowered to positively contribute to the country's development; people living with disabilities and the elderly will have equal access to services and socio-economic opportunities b) Botswana will have made relevant investments in its youthful population to reap the demographic dividend 	<p>National Priority (s): Human and social development – Botswana will be a society where all men and women have equal opportunity to actively participate in the economic, social, cultural and political development of their country.</p>
<p>UNSDCF Outcome (s):</p> <ul style="list-style-type: none"> a) By 2026, all people, particularly vulnerable and marginalized groups, have equitable access to high-quality education, health and social protection services. 	<p>UNSDCF Outcome (s):</p> <ul style="list-style-type: none"> a) By 2026, gender inequality is reduced, and women and girls are empowered to enjoy their human rights and participate and benefit from inclusive development b) By 2026, Botswana is a just society, where leaders are accountable, transparent and responsive, corruption is reduced, and where people are empowered to access information, services and opportunities and participate in decisions that affect their lives and livelihoods.
<p>Related UNFPA Strategic Plan Outcome(s): 1: By 2025, the reduction in the unmet need for family planning has accelerated; 2: By 2025, the reduction of preventable maternal deaths has accelerated;</p>	<p>Related UNFPA Strategic Plan Outcome(s): 1. By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>

<p>UNFPA [Botswana] [7]th Country Programme Output:1</p> <p>a) Strengthened national capacities to provide equitable access to high-quality, rights-based integrated sexual and reproductive health information and services, including on HIV and gender-based violence, across the life course</p> <p>b)</p>	<p>UNFPA [Botswana] [7]th Country Programme Output:2</p> <p>Strengthened national capacities to design and implement policies and programmes that are responsive to the sexual and reproductive health needs and well-being of adolescents and young people.</p>	<p>UNFPA [Botswana] [7]th Country Programme Output:3</p> <p>Strengthened policy and legal frameworks, and institutional capacities to reduce gender inequality and address gender-based violence, in line with national and international commitments.</p>	<p>UNFPA [Botswana] [7]th Country Programme Output: 4</p> <p>Strengthened national capacities to generate, utilize and mainstream evidence on population dynamics, data, policy and megatrends into national development plans and monitoring and accountability mechanisms for improved SRHR</p>
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UNFPA [Botswana] [7]th Country Programme Intervention Areas:-	UNFPA [Botswana] [7]th Country Programme Intervention Areas:	UNFPA [Botswana] [7]th Country Programme Intervention Areas:	UNFPA [Botswana] [7]th Country Programme Intervention Areas:
<ol style="list-style-type: none"> 1. capacity building at the institutional level to strengthen adherence to quality-of-care guidelines for non-discriminatory and respectful integrated SRHR services. 2. Technical assistance to the Ministry of Health for integration of the Minimum Initial Services Package into national disaster preparedness and response strategies and plans and in implementation frameworks for health systems resilience. 3. Strengthening national and subnational coordination and accountability mechanisms 4. Strategic alliances to identify and scale up sustainable, evidence-based and innovative solutions to increase uptake of SRH, sexual and gender based violence and HIV prevention services, particularly in hard-to-reach areas and among vulnerable populations; 5. Advocacy for increased sustainable domestic financing towards delivery of high-quality, rights-based integrated SRHR services, including responsive financial risk protection mechanisms, particularly for women and girls 	<ol style="list-style-type: none"> 1. Advocacy for legal and policy reforms 2. Advocating for an adolescent-responsive health system 3. Strengthening partnerships to advance the implementation of the East and Southern Africa Commitment 2030 on comprehensive sexuality education 4. supporting youth participation and engagement in policy and legislative processes and other accountability mechanisms, particularly those that promote youth health, leadership and well-being; 5. advocacy for integration of costed programming for disability in SRHR policies and services 6. strengthening GBV prevention through a survivor-centred approach, improving referral pathways and supporting strategies to address social norms. 	<ol style="list-style-type: none"> 1. Advocate for and support review and alignment of key national laws, policies, and legal reforms to protect the rights of women and girls; 2. Expand strategic partnerships to promote client-centred, quality assured services for survivors of gender-based violence 3. engage with communities to reject harmful practices and gender stereotypes that adversely impact SRHR and build empowering social norms and positive masculinities that advance gender equality; a 4. Build the capacities of women, adolescent girls and young women to exercise their bodily autonomy and demand access to SRHR, HIV and gender-based violence information and services, particularly family planning. 	<ol style="list-style-type: none"> 1. The development and implementation of a successor to the current national population policy 2. joint vulnerability assessments and risk profiling efforts to map inequalities, identify those furthest left behind and guide targeted investments in SRHR 3. implementation of the Population and Housing Census 2022, including thematic data analysis and development of population projections 4. institutional capacity building of Statistics Botswana to monitor the national SDG indicators; 5. monitoring progress on the national commitments on ICPD25 and their domestication in development frameworks 6. strengthening South South and triangular cooperation on the generation, analysis, dissemination and use of data to support progress towards universal access to sexual and reproductive health and reproductive rights.

6. scale-up of innovative climate smart solutions and technology to expand access to SRH services.			
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4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Botswana CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Botswana 7th country programme (2022 - 2026).
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, effectiveness, and sustainability of UNFPA support.
- ii. To provide an assessment of the role played by the UNFPA Botswana CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
- iii. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover national and district level interventions where UNFPA implemented interventions: Ghanzi, Okavango, Ngami, and Kweneng regions,

Thematic Scope

The evaluation will cover the following thematic areas of the 7th CP: (i) Strengthened national capacities to provide equitable access to high-quality, rights-based integrated sexual and reproductive health, including HIV and gender-based violence information and services across the life course; ii) Strengthened national capacities to design and implement policies and programmes that are responsive to the sexual and reproductive health needs and well-being of adolescents and young people; iii) Strengthened policy and legal frameworks and institutional capacities to reduce gender inequality and address gender-based violence, in line with national and international commitments; and iv) Strengthened national capacities to generate, utilize and mainstream evidence on population dynamics, data, policy and megatrends into national development plans and monitoring and accountability mechanisms for improved sexual and reproductive health and reproductive rights .policy and accountability.

In addition, the evaluation will cover cross-cutting issues, such as [human rights; gender equality; disability inclusion, etc.], and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships, etc.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2022 - 2025.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the [UNFPA Evaluation Handbook](#), the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.⁴

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see [Handbook](#), Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager

⁴ The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

at the UNFPA Botswana CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory’s internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

Relevance

1. To what extent was the UNFPA Botswana country programme adapted to (i) Botswana’s national development strategies and policies; (ii) UNFPA’s strategic direction and objectives; and (iii) international commitments such as the ICPD Programme of Action and the Sustainable Development Goals (SDGs), African agenda 2063?
2. How effectively did UNFPA Botswana respond to changes in national priorities, emerging health and demographic challenges, and external factors such as the COVID-19 pandemic, climate change, economic shifts, and political changes, particularly in addressing the needs of vulnerable populations?
3. To what extent did UNFPA Botswana ensure that the needs of marginalized groups; including adolescents, youth, persons with disabilities, and indigenous communities, are integrated into the planning and implementation of all UNFPA-supported interventions under the country programme?
4. How well did UNFPA Botswana’s interventions align with national strategies on sexual and reproductive health (SRH), gender equality, and population dynamics, particularly in supporting government efforts to reduce maternal mortality, improve family planning services, and prevent gender-based violence (GBV)?

Coherence

5. To what extent did UNFPA Botswana effectively leverage partnerships with national, local, and grassroots organizations (e.g., women’s rights activists, youth-led groups, and disability advocacy organizations) to advance sexual and reproductive health and rights (SRHR) and address gender inequalities among vulnerable and marginalized populations?
6. How well did UNFPA Botswana coordinate and align its efforts with government institutions, UN agencies, civil society, and development partners to ensure a cohesive and complementary response to national SRHR, gender equality, and population challenges?

Effectiveness

7. To what extent did UNFPA Botswana’s interventions successfully deliver planned outputs and contribute to the achievement of key country programme outcomes, particularly in:
 - (i) Increasing access to and use of integrated SRHR services;
 - (ii) Empowering adolescents and youth to access SRHR services and exercise their rights;
 - (iii) Advancing gender equality and empowering women and girls; and
 - (iv) Enhancing the use of population data for evidence-based policymaking?

Efficiency

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

Sustainability

9. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth, persons with disabilities) in developing capacities, achieving legal and policy shifts and establishing mechanisms to ensure the durability of effects?

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

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

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

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Botswana 7th country programme (2022 - 2026) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Botswana CO been during the period of the 7th country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

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

Participatory approach

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

The CPE manager in the UNFPA Botswana CO has established an ERG comprised of key stakeholders of the country programme, including: key CO personnel, key governmental and non-governmental counterparts at national level including organizations of persons of disabilities, civil society organizations,

the Regional M&E Adviser in UNFPA ESARO, and young people . The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

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

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

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

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,⁵ *Ethical Guidelines for Evaluation*,⁶ *Code of Conduct for Evaluation in the UN System*⁷, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.⁸ When contracted by the UNFPA Botswana CO, the evaluators will be requested to sign the UNEG *Code of Conduct*⁹ prior to starting their work.

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

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a

⁵ Document available at: <http://www.unevaluation.org/document/detail/1914>.

⁶ Document available at: <http://www.unevaluation.org/document/detail/102>.

⁷ Document available at: <http://www.unevaluation.org/document/detail/100>.

⁸ Document available at: <http://www.unevaluation.org/document/detail/980>.

⁹ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the [Handbook](#).

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

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

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

Sampling strategy

The UNFPA Botswana CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Botswana CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final

stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see [Handbook](#), section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

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

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

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see [Handbook](#), section 2.2.3.1.

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

The evaluation team is expected to dedicate a total of three (2-3) weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g, interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

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

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the

Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

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

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

7. Evaluation Process

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

7.1. Preparation Phase (*Handbook, Chapter 1*)

The CPE manager at the UNFPA Botswana CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Recruitment of a young and emerging evaluator (YEE) [optional]
- Evaluation questions workshop
- Establishing the evaluation reference group

- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

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

The design phase sets the overall framework for the CPE. This phase includes:

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

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

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

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

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of three (2-3) weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

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

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

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

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

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

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

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

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

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Botswana CO.

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

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

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

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the [editorial guidelines of the United Nations](#) and the [UNFPA Evaluation Office](#) to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the [Handbook](#), Chapter 5.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Botswana CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Version 1 evaluation report.** The version 1 evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see [Handbook](#), section 4.3).
- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable

recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).

- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Botswana CO will develop an:

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

All the deliverables will be developed in the English.

9. Quality Assurance and Assessment

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

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

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid¹⁰ before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the version 1 and version 2 of the evaluation report must meet.

- **Executive summary:** Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and country programme; evaluation purpose, objectives and intended users; scope and evaluation

¹⁰ The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.

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

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Botswana CO, (iii) the regional M&E adviser in UNFPA ESARO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

10. Indicative Timeframe and Work Plan

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

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE¹¹

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		5 weeks

¹¹ For full information on all tasks and responsible entities, see the relevant chapters of the [Handbook](#)

Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	Stakeholder map	
Developing the field work agenda	Evaluation team, CPE Manager	Field work agenda	
Developing the initial communications plan	CPE Manager and CO communications officer	Communication plan (see Evaluation Handbook , Chapter 5)	
Drafting the design report version 1	Evaluation team	Design report- version 1	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	PowerPoint presentation on design report version 1	
Drafting the design report version 2	Evaluation team	Design report - version 2	
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	Final design report (see Evaluation Handbook , section 2.4.4)	
Field phase			
Preparing all logistical and practical arrangements for data collection	CPE Manager		5 weeks
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	Photos (see Evaluation Handbook , Section 3.2.5)	
Filling in the evaluation matrix	Evaluation team	Evaluation matrix	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	PowerPoint presentation	
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	Evaluation matrix	12 weeks
Drafting CPE report version 1	Evaluation team	Evaluation report - version 1	

Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	PowerPoint presentation	
Recommendations workshop	Evaluation team, CPE manager, ERG members	Recommendations worksheet	
Drafting CPE version 2	Evaluation team	Evaluation report - version 2	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	Final CPE report (<i>see Evaluation Handbook, section 4.5</i>) with powerpoint presentation and audit trail	

Nota Bene: Column “Deliverables”: In italics: The deliverables are the responsibility of the CO/CPE Manager; in bold: The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The **CPE manager** in the UNFPA Botswana CO, in close consultation with the National Planning Commission that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the [UNFPA Evaluation Handbook](#). The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the [Handbook](#).

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

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

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

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA ESARO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the quality assurance of the CPE deliverables. This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

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

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process]. In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 7th UNFPA country programme in Botswana.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one or more of the thematic areas of the country programme described below.

Evaluation team member: SRHR expert and Adolescents and youth expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, and family planning. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Botswana CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to

contraceptives for young women and adolescent girls and youth leadership and participation. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Botswana CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Botswana CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, monitoring and evaluation and national statistical systems. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Botswana CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Young and emerging evaluator. The young and emerging evaluator (YEE) will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will participate in data collection (site visits, interviews, group discussions and document review) and support data analysis, as agreed with the evaluation team leader and the CPE manager. The YEE will also support the dissemination and facilitation of use of the evaluation results. Finally, S/he will provide administrative support throughout the evaluation process and participate in meetings with the CPE manager, UNFPA Botswana CO staff and the ERG.

The modalities for the participation of the evaluation team members (incl. the young and emerging evaluator) in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the version 1 and version 2 evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation (see expert profiles below).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.]
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Botswana..
- Fluent in written and spoken English.

SRHR expert and Adolescents and youth expert

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning
- Substantive knowledge of adolescent and youth issues, in particular SRHR of adolescents and youth.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.

- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Botswana.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Gender equality and women's empowerment expert

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Botswana.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.

- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Botswana.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Young and emerging evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline;
- Certificate in evaluation or equivalent qualification;
- Less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development;
- Excellent analytical and problem-solving skills;
- Demonstrated ability to work in a team;
- Strong organizational skills, communication skills and writing skills;
- Good command of information and communication technology and data visualization tools;
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;
- Keen interest to progress professionally and become a competent evaluator;
- Fluent in written and spoken English.

13. Budget and Payment Modalities

The evaluators (incl. the young and emerging evaluator) will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

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

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	Thematic experts	Young and emerging evaluator
Design phase	7	6	3
Field phase	21	21	21
Reporting phase	20	10	5
Dissemination and facilitation of use phase	2	1	1
TOTAL (days)	50	38	30

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

14. Bibliography and Resources

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

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
2. UNFPA Strategic Plan (2022-2025) (incl. annexes)
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
3. [UNFPA Evaluation Policy \(2024\)](#)
4. [UNFPA Evaluation Handbook](#)
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office. The evaluation reports are available at: <https://www.unfpa.org/evaluation>

Botswana national strategies, policies and action plans

6. National Poverty Reduction Strategy
7. National Development Plan
8. United Nations Sustainable Development Cooperation Framework (UNSDCF)
9. Relevant national strategies and policies for each thematic area of the country programme

UNFPA Botswana CO programming documents

10. Government of Botswana/UNFPA 7th Country Programme Document 2022 - 2026)

11. United Nations Common Country Analysis/Assessment (CCA)
12. Situation analysis for the Government of Botswana/UNFPA 7th Country Programme 2022 - 2026).
13. CO annual work plans
14. Joint programme documents
15. Mid-term reviews of interventions/programmes in different thematic areas of the CP
16. Reports on core and non-core resources
17. CO resource mobilization strategy

UNFPA Botswana CO M&E documents

18. Government of Botswana/UNFPA 7th Country Programme M&E Plan (2022 - 2026)
19. CO annual results plans and reports (SIS/MyResults)
20. CO quarterly monitoring reports (SIS/MyResults)
21. Previous evaluation of the Government of Botswana/UNFPA 6th Country Programme (2017 - 2021), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other documents

22. Implementing partner annual work plans and quarterly progress reports
23. Implementing partner assessments
24. Audit reports and spot check reports
25. Meeting agendas and minutes of joint United Nations working groups

15. Annexes

A	Theory of change
B	Stakeholder map (will be provided to the contracted consultants)
C	Excel sheet on analysis of UNFPA interventions (will be provided to the contracted consultants)
D	Tentative evaluation work plan

Annex A : Theory of change

TOC_Botswana Country Office _7th_CPD

Goal	National Vision: By 2036, Botswana will have migrated from an upper middle income country into a high income country and in the process created broad prosperity for all. NDP 11: Human and Social development - Botswana will live long and healthy lives; Marginalised population groups will be empowered to positively contribute to the country's development; People living with disabilities and the elderly will have equal access to services and socio-economic opportunities; Botswana will have made relevant investments in its youthful population in order to reap the demographic dividend			
Transformative Results	a) Ending preventable maternal deaths; b) Ending the unmet need for family planning; c) ending harmful practices including gender based violence; and d) ending the sexual transmission of HIV			
UNSDCF Outcomes	Outcome 2: By 2026, all people, particularly vulnerable and marginalized groups have equitable access to quality services of education, health and social protection		Outcome 1: By 2026, gender inequality is reduced, and women and girls are empowered to enjoy their human rights and participate and benefit from inclusive development	Outcome 5: By 2026, Botswana is a more equal, just, and open society with reduced corruption, where the public is empowered to avail the opportunities and equally participate in decision making at all levels, and where leaders are accountable, transparent, and responsive
UNFPA Strategic Plan Outcomes	Sexual and Reproductive Health and Rights: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence		Gender equality and women empowerment: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings	Population and Development: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development
Outputs	1. Strengthened national capacities for equitable access to high quality, rights-based integrated SRH/HIV and SGBV information and services across the life course <ul style="list-style-type: none"> Percentage of health facilities that experienced no stock outs of modern contraceptive methods during the previous year <i>Baseline:</i> [0]; <i>Target:</i> [60%] Number of financing frameworks that support an increase in financial flows for SRHR and implementation of effective risk pooling <i>Baseline:</i> [0]; <i>Target:</i> [3] Number of national SRHR/HIV strategies and disaster preparedness response plans that integrate SRH-MISP <i>Baseline:</i> [0]; <i>Target:</i> [2] 	2. Strengthened national capacities to design and implement policies and programmes that are responsive to the needs of adolescents and young people. <ul style="list-style-type: none"> Number of SRHR policies and strategies that engaged adolescents and youth, including marginalized adolescents and youth in the formulation. <i>Baseline:</i> [1]; <i>Target:</i> [2] Number of essential SRHR elements integrated in national essential health services <i>Baseline:</i> [3]; <i>Target:</i> [6] Existence of policy to facilitate girls to return to school after pregnancy <i>Baseline:</i> [No]; <i>Target:</i> [Yes] Existence of national framework to manage early and unintended pregnancies among adolescent girls <i>Baseline:</i> [No]; <i>Target:</i> [Yes] Programming for people with disability integrated in key SRHR policies and services <i>Baseline:</i> [No]; <i>Target:</i> [Yes] Institutional capacity strengthened for delivery of quality youth friendly services <i>Baseline:</i> [No]; <i>Target:</i> [Yes] Number of partnerships brokered by UNFPA for the implementation of CSE within ESA commitment framework <i>Baseline:</i> [0]; <i>Target:</i> [2] 	1. Strengthened policy and legal frameworks, and institutional capacities to address gender inequality, GBV and human rights, in line with national, regional and international commitments <ul style="list-style-type: none"> Number of national laws and policies that protect the rights of women and girls reviewed <i>Baseline:</i> [2]; <i>Target:</i> [4] Existence of functional platforms engaging civil society, including faith-based organizations and non-state actors to advance gender equality and reproductive rights, with support from UNFPA. <i>Baseline:</i> [No]; <i>Target:</i> [Yes] Availability of health sector guidelines that integrate response to GBV in line with essential services package for women and girls <i>Baseline:</i> [No]; <i>Target:</i> [Yes] Existence of a coordinated multi sectoral response to GBV accountability mechanism <i>Baseline:</i> [No]; <i>Target:</i> [Yes] 	1. Generation and utilization of evidence on population dynamics, data, policy and mega trends strengthened and mainstreamed into national development plans and monitoring and accountability mechanisms for improved SRHR. <ul style="list-style-type: none"> Number of UNFPA prioritized SDG indicators integrated into population-based surveys and sectoral information management systems <i>Baseline:</i> [8]; <i>Target:</i> [17] Number of plans and policies plans that integrate the demographic intelligence <i>Baseline:</i> [2]; <i>Target:</i> [4] Number and type of knowledge products that synthesize evidence for SRHR and population and development programming <i>Baseline:</i> [5]; <i>Target:</i> [10] Number of analytical reports from census and surveys that inform policy making and programme planning <i>Baseline:</i> [0]; <i>Target:</i> [3]

Strategic Interventions	<ul style="list-style-type: none"> a) Strengthen institutional capacity to scale up adherence to quality of care guidelines for non-discriminatory and respectful integrated SRHR services (FP, maternal health, HIV and SGBV) b) Technical assistance to MoHW for integration of SRH-MISP in National Disaster Preparedness and response strategies and plans and health systems resilience implementation frameworks c) Technical assistance to strengthen national and sub-national coordination and accountability mechanisms for improved provision of integrated SRH services (including revitalizing combination HIV prevention for young people and SGBV information and services), with focus on women, young people, persons with disabilities and key populations d) Build strategic alliances to identify and scale-up sustainable, evidence based and innovative solutions to ensure uptake of SRH, SGBV and HIV prevention services particularly to hard to reach areas and vulnerable populations e) Advocate for increased sustainable domestic financing towards delivery of quality, rights based, integrated SRH services (including HIV and GBV), including responsive financial risk protection for women and girls f) Advocate for efficient and timely procurement of quality-assured RH/FP commodities, including new and lesser-used commodities, particularly Long Acting Reversible Contraceptives (LARCs) and female condoms. g) Support visibility of RH/FP commodity distribution and use through the UNFPA Last Mile Assurance (LMA) and use of findings h) Strengthening institutional capacity to implement combination HIVprevention packages for adolescent girls, young women and key populations 	<ul style="list-style-type: none"> a) Advocate for legal and policy reforms, including policy on learner pregnancy and re-entry for pregnant and adolescent mothers and ensuring equitable access to contraceptives services for all adolescents b) Advocate for an adolescent responsive health system to enable access to integrated SRH, HIV and GBV services, including piloting self-care. c) Build partnerships for the ESA Commitment up to 2030 on the implementation of CSE through institutional, sustainable, innovative approaches and provision of quality youth friendly health services. d) Support youth participation and engagement in policy and legislative processes and accountability mechanisms e) Advocacy for integration of costed programming for disability in SRHR policies and services 	<ul style="list-style-type: none"> a) Advocate for and support review and alignment of national laws, policies, and legal reforms to protect the rights of women and girls b) Expand strategic partnerships to promote client-centred, quality assured services and sustainable prevention of and response to GBV, including strengthening SRHR services and referral pathways with other essential services (police, justice, social services) for victims and survivors of sexual gender based violence c) Engage with communities and families to challenge social norms and gender stereotypes that adversely impact SRHR, and build positive social norms and positive masculinities that advance gender equality d) Build capacities of women and adolescent girls to exercise bodily autonomy and demand access to SRH/HIV/GBV information and services particularly family planning 	<ul style="list-style-type: none"> a) Advocate for and monitor inclusive multi-sectoral policy actions for realisation of the demographic dividend including integration of the Demographic Dividend agenda into sectoral and district level plans, monitoring and accountability mechanisms b) Technical support to the Government for the development and implementation of a successor to the national population policy. c) Technical support for deepening generation of demographic intelligence including undertaking vulnerability assessments and risk profiling to map inequalities, identify those furthest left behind and guide targeted investments in sexual and reproductive health and rights. d) Technical support for the implementation of the 2022 Population and Housing Census including thematic data analysis and development of population projections to guide decision making. e) Institutional capacity building for Statistics Botswana to monitor SDGs f) Technical support for monitoring of SRHR and GBV, Nairobi Summit on ICPD25 national commitments in domesticated development frameworks. g) Strengthen South-South and Triangular Cooperation on generation, analysis, dissemination and use of data to support progress towards universal access to SRHR.
Risks	<ul style="list-style-type: none"> a) Push- back on SRHR in specific communities; b) Climate change, natural disaster and health related pandemics threatening system resilience with impact on delivery of the country programme; c) Limited institutional capacity and accountability to deliver the programme at all levels; d) Paper based data collection systems across sectors with limited progress towards digitization and Innovation with impact on timely actions to leave no one behind; 			
Assumptions	<ul style="list-style-type: none"> a) Increased sustainable financing for SRHR from domestic resources; b) Sustained Political will and complementary actions to accelerate towards achieving the Transformative Results at national and sub-national levels c) Inclusive legal and policy environment to deliver rights-based non-discriminatory SRHR interventions ; d) Functional mechanisms to effectively engage and allow for participation and leadership young people in policy, programme and accountability actions 			
Core Problem	<p>Inequitable access to quality, comprehensive sexual and reproductive health information and services and reproductive rights delaying the realization of the ICPD agenda, related Sustainable Development Goals (SDG) and improvement in the lives of women, adolescents, and young people in Botswana.</p>			

Annex B : Stakeholder map

Note to the CPE manager: In consultation with programme staff in the country office, develop an initial stakeholder map to identify stakeholders involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in relevant outcomes or thematic areas of the country programme in the national context. In the case of a CPE that includes a humanitarian component, please consider including humanitarian actors such as specific donors, humanitarian sector members and staff from lead agencies of clusters and sub-clusters.

Important: Please complete both tables below. the tables are not to be annexed to the ToR attached to the Call for evaluation consultancy. The completed tables must be ready and handed to the consultants upon recruitment.

Table 1

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women’s rights org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women’s rights org.	Other UN	Acade mia	Other		
Strategic Plan 2022-2025 Outcomes																
SP Outcome 1 <i>By 2025, the reduction in the unmet need for family planning has accelerated</i>						SP Outcome 2 <i>By 2025, the reduction of preventable maternal deaths has accelerated</i>						SP Outcome 3 <i>By 2025, the reduction in gender-based violence and harmful practices has accelerated</i>				
Output: [insert relevant county programme output as per the Strategic plan 2022-2025] <i>If the CPD is not aligned with the Strategic Plan 2022-2025, please use the outcome and output areas of the 2018-2021 Strategic Plan</i>																
Output: [insert relevant county programme output as per the Strategic plan 2022-2025]																

Output: [insert relevant county programme output as per the Strategic plan 2022-2025]																
Output: [insert relevant county programme output as per the Strategic plan 2022-2025] <i>insert additional rows as applicable</i>																

Table 2

Note to the CPE manager: For all entities/organizations identified in Table 1, please provide the following information:

Acronym	Name of the entity/organization	Role/responsibilities	Starting date of the collaboration with the CO	Contact person(s)			Reference staff in CO
				Name	Title/Function	E-mail	

Annex C : Excel sheet on analysis of UNFPA interventions

Note to the CPE manager: *The guidance to generate the Excel sheet is available in the CPE Management Kit (Analyzing the list of UNFPA interventions)*

Annex D: Tentative time frame and workplan

Note to the CPE manager: The work plan provides an overview of the main tasks in the different phases of the CPE process. It includes the expected deliverables and the duration of each evaluation phase (in weeks). During the Design phase, the evaluation team leader, in collaboration with the evaluation manager will finalize the present tentative work plan and respective duration of each evaluation phase to **ensure that the evaluation results are available at the time when the planning and design of the next programme cycle star**

Evaluation Phases and Tasks	May 2025]: ...				June 2025				July 2025				August 2025				September				October				November				December				[Indicate Month]: ...				[Indicate Month]: ...				[Indicate Month]: ...			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Design phase																																												
Induction meeting with the evaluation team	x																																											
Orientation meeting with CO staff	x																																											
Desk review and preliminary interviews, mainly with CO staff		x	x																																									
Developing the initial communications plan		x																																										

[illegible]

[illegible]

