Terms of Reference

United Nations Population Fund (UNFPA) Sao Tome and Principe cycle of assistance: 8th Country Programme (programme period: 2023-2027)

Country Programme Evaluation

date of terms of reference: April 2026

Contents

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ATR	Anti Retroviral therapy
CACVD	Domestic Violence Counseling Center
CCA	Common country assessment
CO	Country office
CPD	Country programme document
CPE	Country programme evaluation
CSE	Comprehensive sexual education
DSA	Daily subsistence allowance
EMTCT	Elimination of mother-to-child transmission
IEC	Information Education and communication
INS	National Institute of Statistics
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
MICS	Multiple Indicator Survey
PNDS	National Plan for Sustainable Development of Sao Tome and Principe
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and reproductive rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
YEE	Young and emerging evaluator
WHO	World Health Organisation
WCARO	West and Central 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 Sao Tome and Principe since 1977. The support that the UNFPA Sao Tome and Principe Country Office (CO) provides to the Government of Sao Tome and Principe under the framework of the Sao Tome and Principeth Country Programme (CP) (2023-2027) builds on national development needs and priorities articulated in: United Nations Common Country Analysis/Assessment (CCA),2022[2]; United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023-2027[3]; National Plan for Sustainable Development of Sao Tome and Principe (PNDS) 2020-2024[4]; Country programme document for Sao Tome and Principe 2023-2027 [5];National Strategy for Sustainable Development(ENDS) 2026-2040[6];.

[1] UNFPA Strategic Plan 2022-2025
[2] CCA STP_ 2022
[3] UN Sustainable Development Cooperation Framework - STP 2023-2027
[4] STP.PNDSustentavelSTP2020_2024
[5] CPD STP 2023-2027
[6] National Strategy for Sustainable Development(ENDS) 2026-2040

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.[7] The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 8th country programme(2023-2027) in Sao Tome and Principe, 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 line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.[8] 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 Sao Tome and Principe CO; (ii) the Government of Sao Tome and Principe; (iii) implementing partners of the UNFPA Sao Tome and Principe 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) West and Central Africa Regional Office (WCARO); 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 Sao Tome and Principe CO in close consultation with the Government of Sao Tome and Principe Directorate of Planning that coordinates the country programme, with guidance and support from the regional planning, monitoring and evaluation (PME) adviser at the WCARO, 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.

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

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

2. Country Context

Sao Tome and Principe is a Small Island Developing State, characterized by its steep volcanic mountains, deeply dissected landforms, moist winds, broad-leaf forests and rich volcanic soils.

The population of Sao Tome and Principe totals approximately 209,607 and grows at an annual rate of 1.9 per cent. Approximately 52,7 per cent of the population is female, and 52,4 per cent of households are headed by women. Young people under 25 years represent 59,5 per cent of the population. Only 4.2 per cent of the population are aged over 65, of which 2.1 per cent are women. People with visual, mobility, and hearing impairments account for 0.07%, 0.05%, and 0.24%, respectively. By gender, men with visual, motor, and hearing impairments account for 0.08%, 0.07%, and 0.23%, respectively, and women with visual, motor, and hearing impairments account for 0.06%, 0.04%, and 0.24%, respectively. The population is highly urbanized, 72.8 per cent of which are estimated to be living in towns and cities in 2019. The population density of Sao Tome and Principe, which comes to 209 people per square kilometre, is relatively high but falls below other small States [9]. In recent years, there has been a growing trend toward emigration, particularly to Portugal.

The economic growth rate of the country over the past 10 years has been approximately 4.1 per cent. Its socioeconomic progress over the past decade qualified the country to graduate from the category of least developed countries by the end of 2024. Gross national income per capita equalled $1,960. Between 1990 and 2019, Sao Tome and Principe's human development index value increased from 0.452 to 0.625, placing it in 135th place out of 189 countries and territories after adjusting for inequality (United Nations Development Programme, 2019) and the Gini coefficient of the country has risen from 32.1 in 2000 to 56.3 in 2017. Recent estimates from the World Bank show that about one-third of the population of Sao Tome and Principe lives in extreme poverty, which falls below the international poverty line of $1.90 per day.

Poverty affects women and men at the same level. Approximately 66.7 per cent of men are poor and 66.5 per cent of women are poor. However, poverty differs depending on the size of households, education level and the employment of the head of the household[10].

The total fertility rate of Sao Tome and Principe decreased from 4.4 to 3.8 children per woman between 2014 and 2019. Adolescent pregnancy before 19 is a concern, showing a steady increase from 16 per cent in 2014 to 21.9 per cent in 2019. The rate is higher in rural areas, where 26.7 per cent of adolescents were pregnant in 2019 against 20.3 per cent in 2014. The fertility rate of adolescents was 86 per thousand births in 2019, and in the rural area, it was 102. The fertility rate is higher among poor adolescents (177) versus the affluent (33), representing 210 per thousand among adolescents with a basic education level against 68 per thousand among adolescents with a secondary level. Adolescent pregnancy impacts the secondary school enrolment rate for girls at 31 per cent versus 46 per cent for

[9] Resultaos RGPH 2024
[10] IOF 2017

boys. This situation negatively affects their future well-being, income, social status and the fulfillment of their potential, which may consequently perpetuate poverty[11].

Early marriage is prevalent in the country, primarily taking the form of informal unions rather than legal marriages. Even though the legal age of marriage is 18, it is common to see young girls married before that age. In 2019, an estimated 32 per cent of women are married by law or union before the age of 18.

Sao Tome and Principe have made substantial progress in maternal health. Maternal deaths decreased from 158 per 100,000 live births in 2009 to 130 in 2017 (WHO health indicator estimations). Institutional delivery increased from 92.5 per cent in 2014 to 95.4 per cent in 2019 (MICS, 2019). The country is close to achieving 70 per 100,000 live births as per the 2022–2025 target of its strategic plan.

However, the BEmONC facilities do fully function and among all six maternity facilities in the country, only one comprehensive CEmONC service exists. Moreover, physician density amounts to 0.5 per 1,000 population.

HIV prevalence in the general population (ages 15-49) has remained low, at approximately 0.4% to 0.5%. Among pregnant women, HIV prevalence has not exceeded 0.5% over the last four years, recorded at 0.3% in 2022, 0.4% in 2023, and 0.3% in 2024. The country has applied for certification of the elimination of mother-to-child transmission of HIV (EMTCT). Coverage of prenatal care and the proportion of pregnant women tested for HIV are both over 98%. The percentage of HIV-positive pregnant women on antiretroviral therapy (ART) has reached 100% since 2022. Additionally, the annual rate of perinatal HIV infection stands at approximately 22 per 100,000 live births, while the rate of vertical transmission of HIV remains below 5%[12]. Approximately 11.8% of young men aged 15-24 had sex before the age of 15; 16% of them had sex with more than one partner in the last 12 months; 75.3% of young men aged 15-24 reported that a condom was used the last time they had sex, and 45% reported that in the past 12 months they had sex with a non-marital, non-cohabiting partner. In previous academic year 100% of third cycle basic and 100% of secondary schools provided comprehensive sexuality education

The contraceptive prevalence rate for modern methods increased from 37.4 to 46 per cent (Multiple Indicator Cluster Survey [MICS], 2019) due to the expansion of integrated sexual and reproductive health services and free access to modern contraceptive supplies. Family planning satisfied with modern methods increased from 41 per cent in 2014 to 60 per cent in 2019 (MICS, 2019).However, the unmet need for family planning (27.1 per cent) remains concerningly high, particularly among young people (32 per cent).

Having a gender inequality index of 0.537, Sao Tome and Principe ranks 133rd out of 189 countries. According to MICS (2019), 18 per cent of women aged 15–49 think that women can be beaten by their partners under certain circumstances, compared with 11 per cent of men. Social norms continue to shape perceptions and behaviors in São Tomé and Príncipe. The fact that 19.1% of women and 13.8% of men (aged 15–49) consider it “justifiable” for men to hit women in certain circumstances, while 96% of women say they have never experienced gender discrimination,reveals a normalization of inequality and a pattern of underreporting. Regarding the data on the types of GBV recorded by the CACVD, the

[11] CPD

[12] PEN_Tuberculose_VIH_SIDA-Hepatite virais e IST_2023_2027

prevalence of complaints is related to non-care of children (80%), followed by physical aggression (55%) and psychological/emotional aggression (50%).

The relevant national policies and strategic frameworks for UNFPA's areas of mandate are as follows: 2030 Agenda for Sustainable Development[13]; National Plan for Sustainable Development of Sao Tome and Principe (PNDS) 2020-2024; Integrated Strategy for Reproductive, Maternal, Neonatal, Child, and Adolescent Health and Nutrition 2019-2023[14]; National Health development Plan 2023-2032[15] ; National strategic plan to combat tuberculosis, hiv/aids, viral hepatitis, and STIs in São Tomé and Príncipe,2023-2027[16] ;II National Strategy to Combat Gender-Based Violence 2019-2023[17];III National Strategy for Gender Equality and Equity in São Tomé and Príncipe 2019-2026[18];National Strategy for the Development of Statistics in STP 2025-2029[19];Sao Tome and Principe_Education Policy Letter (CPE) 2019-2023[20]; STP Partnership Agreement 2023–2027[21];National Youth Policy Strategy 2025-2030[22];UNSDCF (2023-2027);Health Statistics Yearbook 2024[23];Decree 17.06-Comprehensive sexual education (CSE)[24];Decree Law on Sexual and Reproductive Health in Schools [25]; Decree Law 9.2018 - Basic Health Law[26] Domestic violence law[27] and UNFPA strategic plan(s) (2022-2025. In 2022, the UNFPA Sao Tome and Principe CO undertook the process of aligning the 8th country programme to the UNFPA Strategic Plan 2022-2025.

The profile of the staff of the National Institute of Statistics (INS) in 2026 shows that there are no statistical engineers (ITS); there are no statistical officers; there are five (5) senior statistical technicians and four (4) senior statistical technicians (TSS).

Sao Tome and Principe face climate-related challenges, including droughts, floods, coastal erosion and severe storms, resulting in widespread flooding that affects communities and disrupts livelihoods. Fisheries, which are crucial for livelihoods—both economically and in terms of food security—face threats stemming from climate change. Forest cover has decreased from 60.5% to 55.4%, threatening ecosystems. In waste management, only 20% of waste is collected, contributing to environmental threats.

[13] Agenda_transformação 2030
[14] Integrated Strategy for Reproductive, Maternal, Neonatal, Child, and Adolescent Health and Nutrition 2019-2023
[15] National Health development Plan 2023-2032
[16] National strategic plan to combat tuberculosis, hiv/aids, viral hepatitis, and stis in são tomé and príncipe 2023-2027
[17] II_ENLCVBG_2019_2023
[18] III ENIEG
[19] National Strategy for the Development of Statistics in STP 2025-2029
[20] Sao Tome and Principe_Education Policy Letter (CPE) 2019-2023
[21] STP Partnership Agreement 2023–2027
[22] National Youth Policy Strategy 2025-2030
[23] Health Statistics Yearbook 2024
[24] Decree 17.06-(CSE)
[25] Decree Law on SRH in Schools
[26] Decree Law 9.2018 - Basic Health Law
[27] Domestic violence law

3. UNFPA Country Programme

UNFPA has been working with the Government of Sao Tome and Principe since 1977 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 SRH, Youth and Gender. UNFPA is currently implementing the 8th country programme in Sao Tome and Principe.

The 8th country programme (2023-2027) is aligned with National Plan for Sustainable Development of Sao Tome and Principe (PNDS) 2020-2024; Integrated Strategy for Reproductive, Maternal, Neonatal, Child, and Adolescent Health and Nutrition 2019-2023[28]; National Health development Plan 2023-2032[29]; National strategic plan to combat tuberculosis, hiv/aids, viral hepatitis, and STIs in São Tomé and Príncipe,2023-2027[30]; II National Strategy to Combat Gender-Based Violence 2019-2023[31]; III National Strategy for Gender Equality and Equity in São Tomé and Príncipe 2019-2026[32]; National Strategy for the Development of Statistics in STP 2025-2029[33]; Sao Tome and Principe_Education Policy Letter (CPE) 2019-2023[34]; STP Partnership Agreement 2023–2027[35]; National Youth Policy Strategy 2025-2030[36]; UNSDCF (2023-2027) and UNFPA strategic plan(s) (2022-2025). In 2022, the UNFPA Sao Tome and Principe CO undertook the process of aligning the 8th 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 and private sector.

The UNFPA Sao Tome and Principe CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery.

The **overall goal/vision** of the UNFPA Sao Tome and Principe 8th country programme (2023-2027) is aligned with the UNFPA Strategic Plan 2022–2025 in its goal to enhance universal access to integrated sexual and reproductive health and reproductive rights by supporting the actions of national partners to accelerate the achievement of the three transformative results that are: zero unmet need for family planning, zero preventable maternal deaths and zero gender-based violence and harmful practices. The

[28] Integrated Strategy for Reproductive, Maternal, Neonatal, Child, and Adolescent Health and Nutrition 2019-2023
[29] National Health development Plan 2023-2032
[30] National strategic plan to combat tuberculosis, hiv/aids, viral hepatitis, and stis in são tomé and príncipe 2023-2027
[31] II_ENLCVBG_2019_2023
[32] III ENIEG
[33] National Strategy for the Development of Statistics in STP 2025-2029
[34] Sao Tome and Principe_Education Policy Letter (CPE) 2019-2023
[35] STP Partnership Agreement 2023–2027
[36] National Youth Policy Strategy 2025-2030

country programme contributes to the following national priorities, UNSDCF outcomes and UNFPA Strategic Plan 2022-2025 outcomes:

i) NATIONAL PRIORITY: National Transformation Agenda 2030 vision: That the Saotomeans live with dignity, in a stable, democratic and solitary, modernized country, capable of offering quality services at the regional and global level; ii) UNSDCF OUTCOME 1: By 2027, people in Sao Tome and Principe, in particular the people left behind and most vulnerable, benefit from quality and inclusive social systems and have access to integrated social protection; iii) UNSDCF OUTCOME 4: By 2027, people benefit from transparent, responsive and gender-sensitive institutions and iv) RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated; Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated; Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated

The UNFPA Sao Tome and Principe 8th country programme (2023-2027) has 3 thematic areas of programming with 3 interconnected outputs: (i) quality of care and services; (ii) gender and social norms and iii) 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.

The country program contributes to the following outcomes of the UNFPA Strategic Plan 2022–2025:

SP Output 2: **Quality of care and services**

Output 1. By 2027, strengthen the capacity of institutions and communities to assure universal and equitable access to sexual and reproductive health and rights, family planning, maternal health and gender-based violence information and services, including supplies.

This output will: (i) scale up targeted interventions to address women and girls with unmet needs for family planning through mapping their locality, including the causes and obstacles; (ii) improve the quality of EmONC services. It contributes directly to UNSDCF Outcome 1 by strengthening the institutional capacities – with active community participation – to implement the national health policy and strategies for universal health coverage.

During this period, the following activities were carried out: Distribution of products to warehouses and peripheral storage facilities; Reproductive Health Equipment, Supplies & Commodities; Meeting of the national contraceptive quantification team to update and monitor the supply plan ;Workshop on the SMART Approach to Advocacy for mobilizing domestic resources for family planning and conducting advocacy activities ; Development of arguments to support the case for sustainable family planning funding; Workshop to strengthen knowledge and understanding of the sustainability of FP funding for financial managers from the Ministries of Health and Finance; Provision of FP and RH services through mobile teams in communities with limited access; Training of trainers and providers in Unijet-SAYANA PRESS/DMPA-SC application techniques; Development, reproduction, and distribution of educational materials tailored to adolescent sexual health; Definition/revision of the content of the SR service package to integrate adolescent health, including menstrual hygiene and health care for victims of GBV in health facilities; Mapping/assessment of the capacities and needs of the maternity hospital network (central and

district) for the installation of a digital platform to improve the quality of care; Capacity building and adaptation of tools for conducting audits and integrated surveillance of maternal deaths; Dissemination of the STP_DADOS database through TVS and RNSTP; Development and implementation of a bimonthly monitoring plan on the use and performance of mSupply at the district and PPS levels; Assessment/mapping of storage and warehousing conditions for RH products at all levels of the supply chain, including the port and airport; Development of new tools for collecting data and information on maternal health and family planning at all levels; Development/strengthening of the family planning and maternal health database on the DHIS2 platform; Compile, process, and analyse quarterly data on family planning and produce the respective reports using specific tools; Implementation and monitoring of CIPD 25, the African Union Roadmap, and the UPR; Preparation and publication of Demographic and Social Statistics; Preparation and publication of vital statistics; Dissemination of survey results UNFPA Supplies (products and services); Strengthening logistics management for contraceptives and maternal health products and data quality for central and district logistics managers; Strengthening logistics management; Introduction of eLMIS; Implementation of the annual LMA process (Security to the Last Mile); Support for the development, reproduction, and distribution of communication materials to increase demand for DMPA-SC, implants, and IUDs; Support for the provision of family planning services through mobile teams and the conduct of awareness campaigns in the most vulnerable communities; Approval, printing, and distribution by health facilities of the new minimum SR package; Training of media communicators, including members of community radio stations, on family planning and GBV; Integration of sexual and reproductive health and rights into the preparedness and resilience plan; Capacity building for nurses and doctors in clinical management of survivors of rape and intimate partner violence.

SP Output 3: **Gender and social norms**

Output 2. By 2027, strengthen the capacity of institutions and communities to assure access to information and integrated management approach to address [gender-based violence] and discriminatory gender and social norms.

This output will contribute to: (i) improving the management of an integrated approach of gender-based violence cases including the production and use of disaggregated data; and (ii) address the social norms that drive gender-based violence and gender inequality to reduce the incidence of gender-based violence and contribute to reducing the gender inequality index. It contributes directly to Output 4 of the UNSDCF Outcome 1 to ensure multisectoral case management is strengthened for the prevention and coordinated response to violence, especially against women and children.

During this period, the following activities were carried out: Sustainable operation of the shelter; Supervision of counselling centers and health clinics; Restructuring and revitalization of the REDE VIDA network; Development of the GBV response protocol; Integrated care for victims; Development and production of IEC materials on GBV, sexual harassment, child and youth sexual abuse, and domestic violence; Awareness-raising activities to promote behavioural change in elementary(3th Cycle) and secondary schools and communities for children, youth, men, and women; Conducting pre and post-intervention assessments in communities ;Conducting a training workshop for mentors on Gender and Development; Conducting awareness-raising activities on Gender and Development in communities ;Awareness-raising and social mobilization against GBV; Training on GBV for national police, local police, CACVD, and health professionals;Awareness-raising on social norms that drive gender-based violence and gender inequality and awareness-raising on the promotion of positive masculinity in government bodies.

SP Output 6: **Adolescents and youth**

Output 3. By 2027, strengthened skills and opportunities for adolescents and youth, in particular adolescent girls, to ensure their bodily autonomy, leadership and participation, and to build human capital.

This output will enhance the skills of adolescents and youth, in particular the girls, to allow them to make informed decisions about their lives, including bodily autonomy and those related to their sexual and reproductive health and rights. It seeks to mitigate adolescents' risk of embracing harmful behaviours such as early union while promoting positive factors that support youth development and harness demographic opportunities. It contributes to the Output 2 of the UNSDCF Outcome 1, which seeks to strengthen the institutional capacities – with active community participation – to achieve quality learning results including behavioural changes and market-oriented skills.

During this period, the following activities were carried out: Training of mentors; Establishment and facilitation of girls' and boys' clubs in schools; comprehensive sexuality education content adapted for the natural sciences curriculum;Facilitation of district-level coordination mechanisms among stakeholders regarding adolescents and youth ;Supervision and monitoring in schools;Teacher training for comprehensive sexuality education (CSE) classes;Development of a Code of Conduct for school administrators, teachers, and support staff ;Creation of radio programs and Casting ; Monitoring of CSE teachers; Expansion of condom distribution points; Development and printing of ethical standards, principles, and teaching guidelines that promote EAS, and prevent sexual abuse and harassment; Planning and implementation of in-school fairs on education and careers; Development of an advocacy and communication strategy for behaviour change regarding CSE for the school community ;Media and social media coverage of EAS interventions ;Production and printing of materials to support training activities, community awareness, and visibility;Planning and implementation of school fairs for vocational and career guidance;Revitalization of the Youth Interaction Centers through training sessions and screenings of short films and educational films on SRH, including the equipping of the amphitheatre; Capacity building for district youth associations in the areas of SRH (pregnancy prevention, family planning, HIV prevention, GBV) ;Advocacy actions on Population & Development – World Population Day, etc ; Production of the national report on the implementation of the Addis Ababa Declaration on Population and Development; Implementation and follow-up of the activities of the 5th National Population and Development Conference

The UNFPA Sao Tome and Principe 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 Sao Tome and Principe 8th country programme (2023-2027) is based on the following results framework presented below:

Sao Tome and Principe/UNFPA 8th Country Programme (2023-2027) Results Framework

<table>
<tr><td colspan="3">CPD Goal/vision: enhance universal access to integrated sexual and reproductive health and reproductive rights by supporting the actions of national partners to accelerate the achievement of the three transformative results that are: zero unmet need for family planning, zero preventable maternal deaths and zero gender-based violence and harmful practices.</td></tr>
<tr><td colspan="3">National Priority (s):National Transformation Agenda 2030 vision: That the Saotomeans live with dignity, in a stable, democratic and solitary, modernized country, capable of offering quality services at the regional and global level.</td></tr>
<tr><td colspan="2">UNSDCF Outcome (s):1: By 2027, people in Sao Tome and Principe, in particular the people left behind and most vulnerable, benefit from quality and inclusive social systems and have access to integrated social protection.</td><td>UNSDCF Outcome (s): 4: By 2027, people benefit from transparent, responsive and gender-sensitive institutions.</td></tr>
<tr><td colspan="3">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; 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.</td></tr>
<tr><td>UNFPA Sao Tome and Principe Sao Tome and Principeth Country Programme Output:

Output 1. By 2027, strengthen the capacity of institutions and communities to assure universal and equitable access to sexual and reproductive health and rights, family planning, maternal health and gender-based violence information and services, including supplies</td><td>UNFPA Sao Tome and Principe Sao Tome and Principeth Country Programme Output:

Output 2. By 2027, strengthen the capacity of institutions and communities to assure access to information and integrated management approach to address [gender-based violence] and discriminatory gender and social norms .</td><td>UNFPA Sao Tome and Principe Sao Tome and Principeth Country Programme Output:

Output 3. By 2027, strengthened skills and opportunities for adolescents and youth, in particular adolescent girls, to ensure their bodily autonomy, leadership and participation, and to build human capital.</td></tr>
<tr><td>UNFPA Sao Tome and Principe Sao Tome and Principeth Country Programme Intervention Areas:

(i) the strengthening of reproductive health commodity security, focusing on supply-chain management and last-mile assurance;</td><td>UNFPA Sao Tome and Principe Sao Tome and Principeth Country Programme Intervention Areas:

(i) strengthening coordination mechanisms of implementation of national strategies on prevention and</td><td>UNFPA Sao Tome and Principe Sao Tome and Principeth Country Programme Intervention Areas:

the intensification of in-school and out-of-school comprehensive sexuality education to improve the</td></tr>
</table>

(ii) innovative approaches and the development of apps to increase the demand of family planning services and improve communication between service providers at different levels to increase the quality of care, particularly for EmONC, adolescent sexual and reproductive health and rights for counselling and gender-based violence services for women and girls; (iii) management capacity, including the production and use of disaggregated data; (iv) strengthening the EmONC supervision using the technology, information and communication strategy to connect providers working in designated basic EmONC facilities with the national referral hospital; (v) support innovation integration in monitoring maternal death ratio through civil registration and vital statistics data; (vi) scale up adolescent and youth-friendly family planning services; (vii) integrating sexual and reproductive health and rights into the resilience and preparedness plan.	response to gender-based violence through a multisectoral approach; (ii) implementation and review of human rights recommendations related to gender equality and discrimination; (iii) empowerment of adolescents, youth and female-led social enterprises to scale up anti-gender-based violence movements; (iv) strengthening the capacity of national institutions (police, health facilities, Ministry of Justice (department in charge of human rights), civil society, and young people organizations on social norms that drive gender-based violence and gender inequality, positive masculinity and bodily autonomy.	knowledge on family planning methods and information about services; (ii) the strengthening of the capacity of youth structures and CSOs to coordinate, implement and monitor delivery of sexual and reproductive health youth programmes, including linking the sexual and reproductive health interventions with programmes on youth economic empowerment; (iii) the continuation of the advocacy to catalyse the Government's and CSOs' investments in young people to harness demographic dividend; (iv) the continuation of the technical support to the government to undertake the fifth census in 2023 to provide disaggregated data for decision-making and monitoring the SDGs, ICPD PoA, three transformative results and country development.

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) enhance oversight and accountability to stakeholders by assessing progress towards results and resource use; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; (iii) promote organizational learning by identifying what works, what does not, for whom, under what circumstances, and why; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The **objectives** of this CPE are:

i. To provide the UNFPA Sao Tome and Principe CO, national stakeholders and rights-holders, the UNFPA WCARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Sao Tome and Principe 8th country programme (2023-2027).
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, coherence, effectiveness, efficiency and sustainability of UNFPA support.
ii. To provide an assessment of the role played by the UNFPA Sao Tome and Principe 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 the following: One Region and six districts where UNFPA implemented interventions: Autonome Region of Principe/Agua Grande district; Cantagalo district; Caué ; Mé-Zóchi district; Lobata district; Lembá district.

Thematic Scope

The evaluation will cover the following thematic areas of the 8th CP: (i) quality of care and services; (ii) gender and social norms and (iii) adolescents and youth. In addition, the evaluation will cover cross-cutting issues, such as Data generation,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 programme period 2023-2027[37], specifically January 2023 - June 2026.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria ssss

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.[38]

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

[37] CPD 2023-2027

[38] 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.

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 at the UNFPA Sao Tome and Principe 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 did the design and Theory of Change (ToC) of the CPD8 respond to: (i) national and sectoral priorities; (ii) the strategic orientation and objectives of UNFPA; and (iii) the priorities articulated in international frameworks and agreements, particularly the ICPD Programme of Action and the SDGs (consistently taking into account women, adolescents, youth, and persons with disabilities)? Furthermore, how did they adapt to contextual changes to achieve results?

Coherence

2. To what extent were the CPD8 interventions interconnected, integrated, and complementary? Did the interventions have a synergistic effect, and were they linked to government programmes and other projects implemented by other UN agencies, international NGOs, and development partners in the country?

Effectiveness

3. Taking into account the CPD8 Theory of Change, to what extent are the interventions implemented through partners effectively contributing to the expected results in sexual and reproductive health (SRH) and gender-based violence (GBV) — including women, adolescents, youth, and persons with disabilities — considering the socio-cultural barriers? Furthermore, what is the evidence of the link between the outputs achieved and the intended impacts within the context of São Tomé and Príncipe?

4. What has been the impact of interventions regarding 'positive masculinity', social norms, and community mobilization on shifting the social acceptance of domestic violence and early pregnancies? Furthermore, in what ways has the empowerment of girls and women contributed to their ability to exercise their right to bodily autonomy and the choice of healthcare services?

5. To what extent has the production and use of disaggregated sociodemographic data (including the 2024 Census) influenced the monitoring of service quality for maternal health, adolescent and youth services, and gender-based violence (GBV)? Furthermore, how has this data informed

decision-making regarding those 'left behind', specifically persons with disabilities and populations in remote areas ('last mile')?

Efficiency

6. To what extent did the human, financial, and administrative resources, as well as the policies, procedures, and tools, and the CPD8 implementation modalities, contribute to the effective and timely delivery of services and the achievement of the outputs and outcomes defined in the programme?

Sustainability

7. To what extent are the results achieved being institutionalized within national systems so that institutional capacity-building interventions contribute to the development of self-reliance mechanisms, ensuring the sustainability of the effects envisioned in the Theory of Change over the medium and long term?

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 Sao Tome and Principe 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 Sao Tome and Principe 8th country programme (2023-2027) (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 Sao Tome and Principe CO been during the period of the 8th 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 Sao Tome and Principe 8th country programme (2023-2027) 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 Sao Tome and Principe 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, 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 Sao Tome and Principe CO has established an ERG comprised of key stakeholders of the country programme, including: governmental and non-governmental counterparts at national level, including organizations representing persons with disabilities, the regional M&E adviser in UNFPA – See Handbook: section 1.5. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including 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 Sao Tome and Principe 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,*[39] *Ethical Guidelines for Evaluation,*[40] *Code of Conduct for Evaluation in the UN System*[41]*, and Guidance on Integrating Human Rights and Gender Equality in Evaluations.*[42] When contracted by the UNFPA Sao Tome and Principe CO, the evaluators will be requested to sign the UNEG *Code of Conduct*[43] prior to starting their work.

[39] Document available at: http://www.unevaluation.org/document/detail/1914.
[40] Document available at: http://www.unevaluation.org/document/detail/102.
[41] Document available at: http://www.unevaluation.org/document/detail/100.
[42] Document available at: http://www.unevaluation.org/document/detail/980.
[43] UNEG Code of conduct: http://www.unevaluation.org/document/detail/100.

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 Sao Tome and Principe. 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 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 Sao Tome and Principe 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 Sao Tome and Principe 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 Sao Tome and Principe 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 two 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 Sao Tome and Principe 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)
- 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 PME adviser in UNFPA WCARO 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 2 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 PME 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 Sao Tome and Principe CO.

At the end of the reporting phase, the CPE manager and the regional PME 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 editorial and style guide 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 PME 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 Sao Tome and Principe 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 PME 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 Sao Tome and Principe 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 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 grid[44] before submission to the CPE manager for review. The evaluation quality

[44] 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.

assessment checklist below outlines the main quality criteria that the version 1 and version 2 of the evaluation report must meet.

- **Executive summary**: Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and country programme; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluand (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 Sao Tome and Principe CO, (iii) the regional PME adviser in UNFPA WCARO, 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 CPE[45]

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		June-July 2026
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		July-August 2026
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		

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

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**	August-December 2026
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** *(see Evaluation Handbook, section 4.5)* **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 Sao Tome and Principe CO, in close consultation with the Directorate of Planning 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 Sao Tome and Principe 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 Sao Tome and Principe CO, WCARO, representatives of the national Government of Sao Tome and Principe, 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 PME adviser** in UNFPA WCARO 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 PME 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 8th UNFPA country programme in Sao Tome and Principe.

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 of the thematic areas of the country programme described below.

Evaluation team member: SRHR 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 Sao Tome and Principe 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: Adolescents and youth exper**t*

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 Sao Tome and Principe 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 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 Sao Tome and Principe 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 Sao Tome and Principe 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 SRH
- 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 Sao Tome and Principe.
- Fluent in written and spoken French.

SRHR 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.
- 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 Sao Tome and Principe.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken French.

Adolescents and youth expert

The competencies, skills and experience of the adolescents and youth 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 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 Sao Tome and Principe.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken French.

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 Sao Tome and Principe.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken French.

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 French.

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	*10-15*	*6-10*	*3-5*
Field phase	*23*	*21*	*22*
Reporting phase	*20-25*	*10-16*	*5-9*
Dissemination and facilitation of use phase	*2*	*1*	*2*
TOTAL (days)	*55-65*	*38-48*	*30-35*

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:
    - *Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022*
    - *Formative evaluation of UNFPA support to adolescents and youth*
    - *etc.*

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

Sao Tome and Principe 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 Sao Tome and Principe CO programming documents

10. Government of Sao Tome and Principe/UNFPA 8th Country Programme Document (2023-2027)
11. United Nations Common Country Analysis/Assessment (CCA)
12. Situation analysis for the Government of Sao Tome and Principe/UNFPA 8th Country Programme (2023-2027)
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 Sao Tome and Principe CO M&E documents

18. Government of Sao Tome and Principe/UNFPA 8th Country Programme M&E Plan (2023-2027)
19. CO annual results plans and reports (Quantum Plus)
20. CO quarterly monitoring reports (Quantum Plus)
21. Previous evaluation of the Government of Sao Tome and Principe/UNFPA 7th Country Programme (2017-2021, extended to 2022), 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
26. Donor reports of projects of the UNFPA Sao Tome and Principe CO
27. Evaluations conducted by other UN agencies
28. IAHE- Inter-Agency Humanitarian evaluations https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations

15. Annexes

A	Theory of change

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

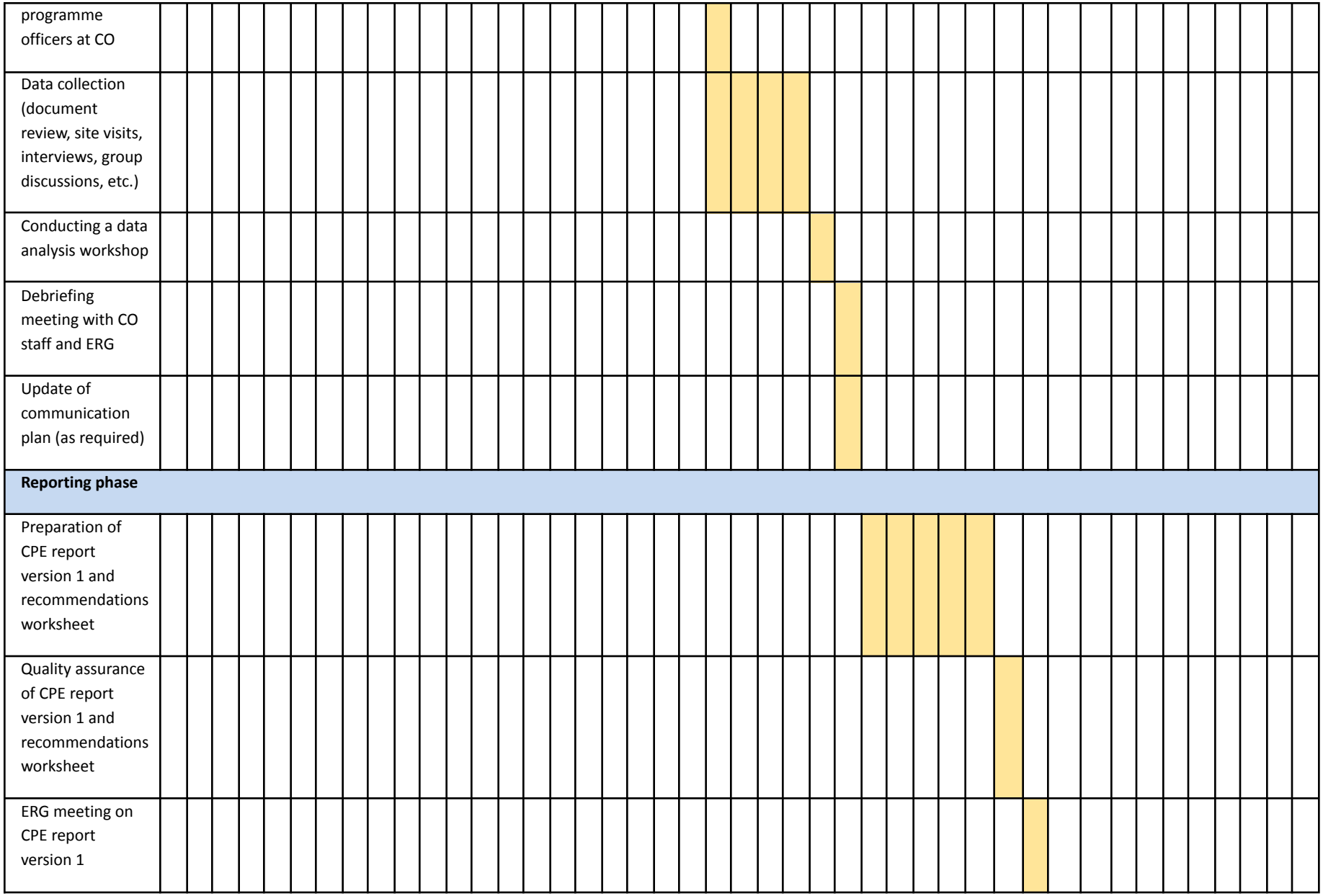
Annex A : Theory of change

STP Theory of change

Annex D: Tentative time frame and workplan

Evaluation Phases and Tasks	March: …				April: …				May: …				June: …				July: …				August: …				September: …				October: …				INovember: …				December: …				January: …			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Design phase																																												
Induction meeting with the evaluation team																																												
Orientation meeting with CO staff																																												
Desk review and preliminary interviews, mainly with CO staff																																												
Developing the initial communications plan																																												
Drafting the design report version 1																																												
Quality assurance of design report version 1																																												

ERG meeting to present the design report																																												
Drafting the design report version 2																																												
Quality assurance of design report version 2																																												
Submission of final design report to CPE manager																																												
Update of communication plan (based on final stakeholder map and evaluation work plan presented in the approved design report)																																												
Fieldwork phase																																												
Inception meeting for data collection with CO staff																																												
Individual meetings of evaluators with relevant																																												


programme officers at CO
Data collection (document review, site visits, interviews, group discussions, etc.)
Conducting a data analysis workshop
Debriefing meeting with CO staff and ERG
Update of communication plan (as required)
Reporting phase
Preparation of CPE report version 1 and recommendations worksheet
Quality assurance of CPE report version 1 and recommendations worksheet
ERG meeting on CPE report version 1

Recommendations workshop																																												
Revision of CPE report version 1																																												
Drafting CPE version 2																																												
Quality assurance of CPE report version 2																																												
Submission of final evaluation report to EO																																												
Development of independent EQA of final evaluation report																																												
Update of communication plan (as required)																																												
Dissemination and facilitation of use phase																																												
Preparation of management response and submission to PSD																																												
Finalization of communication																																												

plan for implementation																																												
Development of PowerPoint presentation of key evaluation results																																												
Development of evaluation brief																																												
Publication of final evaluation report, independent EQA and management response in UNFPA evaluation database																																												
Publication of final evaluation report, evaluation brief and management response on CO website																																												
Dissemination of evaluation report and evaluation brief to stakeholders																																												

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