



UNICEF Eswatini Country Programme Evaluation (2021-2024)

Inception report



Susanne Turrall, Team Leader
Giulia de Bernardi, Evaluation Specialist

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List of Acronyms

| | |
|--------|---|
| ART | Antiretroviral Therapy |
| CO | Country Office |
| CP | Country Programme |
| CPD | Country Programme Document |
| CPE | County Programme Evaluation |
| CSO | Civil Society Organizations |
| ECDE | Early Childhood Care, Development and Education |
| ECE | Early Childhood Education |
| ECP | Eswatini Country Programme |
| EM | Evaluation Manager |
| EQ | Evaluation Question |
| ERG | Evaluation Reference Group |
| ESARO | East and Southern Africa Regional Office |
| ET | Evaluation Team |
| GDP | Gross Domestic Product |
| HIV | Human immunodeficiency virus |
| HRBA | Human Rights Based Approach |
| IPC | Integrated Food Security Phase Classification |
| KoE | Kingdom of Eswatini |
| OVC | Orphans and vulnerable children |
| ILO | International Labour Organisation |
| IRRF | Integrated Results and Resources Framework |
| MICS | Multiple Indicator Cluster Survey |
| OECD | Organization for Economic Co-operation and Development |
| QA | Quality Assurance |
| RO | Regional Office |
| ToC | Theory of Change |
| ToR | Terms of Reference |
| TVET | Technical and vocational educational training |
| UN | United Nations |
| UNFPA | UN Population Fund |
| UNICEF | United Nations Children's Fund |
| UNSDCF | United Nations Sustainable Development Co-operation Framework |
| VAC | Violence Against Children |
| VAG | Violence Against Girls |
| WFP | World Food Programme |

1. Introduction

This inception report is for an evaluation of UNICEF's Country Programme in Eswatini. The country programme evaluation (CPE) intends to capture and demonstrate evaluative evidence of UNICEF's contributions to development results in Eswatini and the effectiveness of UNICEF's strategy in facilitating and leveraging national efforts for achieving development results.

Building on the terms of reference, this report aims to articulate the approach to the evaluation. It sets out the evaluation team's understanding of the context, purpose, and scope of the evaluation, and provides an overview of the proposed methodology, responsibilities and workplan.

1.1 Purpose and scope of the evaluation

This evaluation has been commissioned by UNICEF's East and Southern Africa Regional Office (ESARO). Every UNICEF Country Programme must be evaluated at least once every two country Programme cycles. The UNICEF Eswatini Country Programme was evaluated during the last programme cycle (2016-20)¹ and it was decided to do an evaluation of this programme cycle given a strong demand by the Country Office for building a comprehensive evidence base to inform its future country programme.

The purpose of the UNICEF Eswatini Country Programme Evaluation is to:

- Assess results from the ongoing Country Programme to inform the development of the next UNICEF Country Programme Document (2026-2030)
- Strengthen the accountability of UNICEF to national and international stakeholders and the Executive Board

The overall objectives of the CPE are:

- To assess the relevance, effectiveness, efficiency, coherence, and sustainability of the Eswatini Country Programme from its inception to the present, with a particular focus on equity, gender equality, disability, and UNICEF's strategic positioning in relation to its child rights mandate.
- To identify and document key successes, challenges, and lessons in implementing the current (2021-2025) Country Programme, which can inform and support advocacy efforts for scale-up and replication.
- To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies in the design of the next Eswatini Country Programme, taking into consideration national development priorities and plans and the 2030 Agenda for Sustainable Development in the country.

Scope of the Evaluation

Timeframe: The CPE will cover the Eswatini Country Programme (ECP) from March 2021 to December 2024. Data collection will start in January 2025. The Country Programme (CP) is due to complete in December 2025; thus the evaluation is covering 3 years and 9 months of the CP (spanning 4 years 9 months).

¹ UNICEF, 2019, Evaluation of Eswatini Country Programme (2016-2020)

Thematic: The scope of the CPE includes the entirety of UNICEF's engagement in the country and, therefore, covers interventions funded by all sources. The CPE will focus on the formal UNICEF CPD approved by the Executive Board but also consider any changes/revisions from the initial CPD during the period under review. The CPE will also cover any humanitarian or emergency response supported by UNICEF Eswatini during the period under evaluation. The CPE will integrate equity, gender, and disability as cross-cutting themes throughout the evaluation.

Geographic: The evaluation will cover all of UNICEF's work within the country, across the full portfolio. Most of UNICEF CO's efforts are at the national level so emphasis will be placed on national level engagement. However, to understand the effects of UNICEF engagement at the subnational level, there will also be deep dive studies that will explore thematic areas in more depth across different levels.

Users and Uses of the Evaluation

The anticipated audience of the CPE and its uses are shown below in Table 1.

Table 1. The anticipated users of the evaluation and how they will use it.

| User | Potential uses/interest |
|-----------------------------|---|
| UNICEF Eswatini | <ul style="list-style-type: none"> • Input development of the next CPD • Refining or redesigning implementation strategies • Accounting to national stakeholders and partners • Accounting to UNICEF Executive Board |
| Government of Eswatini | To provide evidence of achievements and offer recommendations for improvement by UNICEF and the Government. |
| Civil society organizations | Implementing partner organizations can use the evaluation results to strengthen their programmes' implementation and plan and mobilize resources for scaling up or expanding interventions. |
| Development partners | Development partners can use the evaluation results to assess their partnerships with UNICEF. Other development partners, who may not have contributed financially to UNICEF but play an important role in development cooperation in Eswatini, can use the evaluation results to identify areas of opportunity for partnership with UNICEF. |
| UN Country Team Eswatini | The results will serve as input to future UNSDCF evaluations and could also be useful in developing the UNSDCF. |
| UNICEF ESARO | UNICEF ESARO can use the evaluation results to identify areas where the Eswatini Country Office requires additional technical support and potentially gather lessons for other similar countries. |
| UNICEF Executive Board | Evidence of results achieved through the Country Programme and recommendations for improvement/consideration in the next CPD |

2. Country context

The Kingdom of Eswatini (KoE) is a landlocked country bordered by South Africa and Mozambique, over a total land area of 17,364 square kilometres. The country is a monarchical democracy, with the King as head of the state and elections held every five years to determine the parliament. The latest nationwide elections were held in 2023, leading to the establishment of a new government administration. Administratively, the country is divided into four regions – Hhohho, Lubombo, Manzini, and Shiselweni. Each region is further divided into 59 *tinkhundla*, local governments that operate at the grassroots level. Despite its relatively small size, it is characterised by diverse climate and topography, ranging from the cool and mountainous Highveld to the hot and dry Lowveld. The official languages are siSwati and English. The people are predominantly of the Swazi ethnic group and predominantly Christian.

Based on the latest Population and Housing Census held in 2017, Eswatini has a population of 1,093,238. With a population growth rate around 1.2 per cent per annum, the total population is likely to have been 1,202,285 in 2024.² Birth and death rates are declining, the first as a result of increased level of education of women, and the latter as a result from expanded access to antiretroviral therapy (ART) for the management of HIV infection and improved health care system, which increases life expectancy at birth, now at around 63 years of age. The majority of the population is young, with 32 per cent of population between 10 and 24 years of age in 2017, and projections for 2024 of 14.1 per cent of children up to five years, and 41.4 per cent aged between 6 and 24 years.³ The child dependency ratio is declining, while the ageing dependency ratio is rising. This means that, while the country needs to start preparing for an aging population, it also has the potential to benefit from the demographic dividend generated by the economic and social opportunities that can arise when the ratio between the dependent and the working age population decreases, if this is supported by adequate plans and policy instruments. Most of the population resides in rural areas (75%)⁴ and is mainly dependent on subsistence farming for survival.⁵ The proportion of the urban population is expected to slightly rise due to migration from rural to urban areas, particularly from the Shiselweni and Lubombo regions.⁶

The country is classified as a lower-middle income country. Eswatini's economic performance is highly influenced by developments in South Africa. Between the 1980s to 1995, Eswatini's economy was fuelled by high Foreign Directed Investments (FDI) from South African firms relocating to Eswatini due to the apartheid, contributing to Eswatini's macroeconomic stability and spending on health, education and infrastructure.⁷ However, with the end of apartheid in 1996, firms returned to South Africa, causing a drop in the FDI to Eswatini, which in turn contributed to a drop in the averaged Gross Domestic Product (GDP) growth from seven per cent between 1980 and 1995 to three per cent between 1996 and 2021.⁸ The post-apartheid period has been characterised by structural changes.

² Kingdom of Eswatini, 2017-2038 Population Projections. 2020

³ Ibid.

⁴ Ibid.

⁵ UNICEF Eswatini, Country Programme Document 2021-2025. 2021

⁶ Kingdom of Eswatini, 2017-2038 Population Projections. 2020

⁷ World Bank Group, Country Partnership framework for the Kingdom of Eswatini for the period FY24-FY28. April 2023

⁸ Ibid.

While the country has remained one of the world's most trade-dependent economies, and South Africa has remained Eswatini's main trading partner (accounting for about 65 per cent of its exports and 75 per cent of its imports),⁹ exports are concentrated in fewer products, mainly sugar, chemicals, beverages, textiles and wood products (with foodstuffs and chemicals accounting for two-thirds of exports).¹⁰ The service sector has also been growing, contributing the largest share of GDP, increasing from 46 per cent in 2000 to 54 per cent in 2021, with wholesale and retail trade dominating, followed by public administration and defence.¹¹ After a contraction in the economic growth in 2020 due to the COVID-19 pandemic impacts, it has rebounded in 2021 following resurgent external demand for exports, with a real GDP growth at 4.8 per cent in 2023, projected to remain at 4.6 per cent in 2024.¹² Despite that the fiscal situation has improved thanks to the growth based on merchandise export, high public expenditure is not supported by adequate revenue mobilization. Public expenditure is also characterised by inefficiencies in management, having an impact particularly on the health sector, but also on the education and infrastructure sectors.¹³

At the individual/ household level, the last 20 years have registered some progress, with the GDP per capital (current US\$) more than doubled from \$1,669 in the year 2000 to an estimated \$3,610 in 2023.¹⁴ However, poverty persists and Eswatini's social indicators are lagging behind those of other lower middle-income countries. Based on the latest Eswatini Household Income and Expenditure Report (2017), the proportion of people living below the international poverty line is 58.9 per cent, with 20 per cent living in extreme poverty. High unemployment, especially amongst the youths (47.4 per cent reported in 2019),¹⁵ and the high concentration of employment in low-value-added activities such as subsistence agriculture are major factors behind the country's high incidence of poverty.

Based on the latest Multiple Indicator Cluster Survey conducted in 2021-2022, poverty rates are higher in rural areas, where 23 per cent of the household population is in the poorest quintile and another 23 per cent is in the second lowest quintile, while only 12.2 per cent is in the richest quintile. On the contrary, in urban areas 44.3 per cent of the household population is in the richest quintile, while 10.7 per cent is in the poorest and 10.6 per cent is in the second lower quintile.¹⁶ Poverty rates vary considerably also over the four administrative regions: the region with the highest rate of household population living in the poorest quintile is Shiselweni with 29.2 per cent, followed by Lubombo with 23.4 per cent of households living in the poorest quintile, followed by Manzini with 16.5 per cent, and Hhohho at 15.9 per cent. Based on the study on poverty trends dated 2019, poverty is consistently higher among individuals living in female-headed households (61.5 per cent in 2017) compared to their counterparts in male-headed households (56.0 per cent in 2017). Households are more prone to

⁹ World Bank website <https://www.worldbank.org/en/country/eswatini/overview#1> accessed on 23 December 2024

¹⁰ Ibid.

¹¹ Ibid.

¹² World Bank website: <https://www.worldbank.org/en/country/eswatini/overview#1> accessed on 23 December 2024

¹³ World Bank Group, Country Partnership framework for the Kingdom of Eswatini for the period FY24-FY28. April 2023

¹⁴ World Bank development indicators drawn from the website: <https://databank.worldbank.org/indicator/NY.GDP.PCAP.CD/1ff4a498/Popular-Indicators#> accessed on 23 December 2024

¹⁵ Eswatini, Voluntary National Review report. 2022

¹⁶ Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

poverty when the head is a widow/ widower, or a single parent (especially single mothers), or a youth (aged between 15 and 24), or an elderly person. In general, poverty is more pronounced among females compared to males, with 37 per cent versus 35 per cent respectively below the international poverty line.¹⁷ The incidence of poverty also increases with the number of children and the dependency ratio.¹⁸

Inequality remains high across the country. At national level, the Gini coefficient was around 49.3 in 2017, placing Eswatini at the tenth highest income inequality in the world.¹⁹ Wealth distribution varies between urban and rural areas, with urban areas at 43.1 and rural areas at 42.7, and also across regions, with Hhohho recording the highest Gini index (50.9) and Lubombo, the poorest region, at 48.8.²⁰

During the period under evaluation, the shocks caused by Cyclone Eloise in January 2021, the COVID-19 pandemic first wave in 2020 and second wave in 2021, and the political unrest of June 2021, are expected to have worsened the poverty situation across all vulnerable groups, having had negative effect on the country's economy and households' livelihoods and wellbeing. The 2022 Annual Vulnerability Assessment & Analysis found that food availability and access was pressurised by external factors including natural hazards such as hail, water logging, thunderstorms, heat waves and prolonged dry spells experienced in Lubombo and Shiselweni region; South Africa's unrest in previous years' and the effects of the Russia-Ukraine conflict which increased fuel and commodity prices in 2022; the consequences of the COVID-19 pandemic which caused loss of employment therefore loss of income for households. Between June and September 2022, over 182,600 people (16 per cent of the population) were estimated to be facing acute food insecurity and requiring urgent humanitarian assistance. Based on the Integrated Food Security Phase Classification (IPC), of this population, 169,000 people were facing crisis food insecurity (IPC Phase 3), with 13,543 facing emergency food insecurity (IPC Phase 4), hence requiring humanitarian assistance and action to protect livelihoods for the most vulnerable households, with priority to Orphaned and Vulnerable Children, child-headed households, the elderly and persons living with HIV and disabilities.²¹ More recently in December 2024, post-election unrest in neighbouring Mozambique has led to people fleeing Mozambique for Eswatini (and other neighbouring countries), causing a refugee crisis.

¹⁷ World Bank, Poverty and Equity Brief Eswatini. 2023

¹⁸ Eswatini, Poverty Trends in Eswatini. 2019. The dependency ratio relates the number of dependents – defined to include household members younger than 15 or older than 64 – to the number of household members of working age.

¹⁹ Eswatini, National Development Plan 2023/24 – 2027/28. 2022

²⁰ Eswatini, Poverty Trends in Eswatini. 2019

²¹ Eswatini, Annual Vulnerability Assessment & Analysis. 2022. The Integrated Food Security Phase Classification identifies five phases: Phase 1 (Minimal), Phase 2 (Stressed), Phase 3 (Crisis), Phase 4 (Emergency) and Phase 5 (Famine).

2.1 Relevant Sectors to the Evaluation: health, education, youth, social welfare and protection

Health

Based on data drawn from the Multiple Indicator Cluster Survey (MICS) 2021-2022, the neonatal mortality rate is 21 per 1,000 live births, and infant mortality rate is 35 per 1,000 live births. The under-five mortality rate is 41 per 1,000 live births, almost equal among males and females (42 versus 41 per 1000 live births), and although it has been steadily declining over the past 20 years, it is notably twice higher in the poorest wealth quintile households as in the richest wealth quintile households (51 versus 26 per 1,000 live births).²²

Basic immunization coverage for children 12-23 months is 77 per cent, higher in children residing in urban than rural areas (81 per cent versus 76 per cent), and lowest among children in poorest households (76 per cent). Full immunization coverage for children aged 24-35 months is at 66 per cent, highest among children whose mother has higher level of instruction (71 per cent).²³ Access to immunisation against vaccine-preventable disease are reported to be declining due to inaccessibility of health facilities, lack of money for transport and caregivers being elderly.²⁴

The dimension of nutrition yields a deprivation rate of 62 per cent for children aged 0-23 months and 27 per cent for children aged 24-59 months.²⁵ One in five children under-five is stunted, with children in poorest households twice as likely to be stunted than those in richest households (27 per cent versus 13 per cent), and stunting rates being higher in rural than urban areas (21 per cent versus 17 per cent). Children from richest households are highly more likely to receive minimum dietary needs than those in poorest households (49 per cent versus 18 per cent).²⁶

For children, the deprivation rate in water is around 36 per cent, and the deprivation rates in the sanitation dimension range between 55 per cent for children aged 0-23 months and 19 per cent for children aged 15-17 years.²⁷ Access to drinking water, sanitation and hygiene services is uneven across income groups, as reported by the Eswatini Multiple Indicator Cluster Survey 2021-2022. Only 62 per cent of the poorest quintile have access to drinking water, versus 97 per cent of the richest quintile. As regards access to basic sanitation facilities, this stands at 58 per cent at national level, with the poorest quintile having access to it only at 35 per cent versus the richest having access to it at 89 per cent.²⁸

HIV and Sexual and Reproductive Health and Rights

Eswatini has the highest HIV prevalence in the world amongst those aged 15 to 49 years, at 27.7 per cent. While the country has made significant progress in addressing the HIV epidemic, particularly reducing the mother-to-child transmission from 4.9 per cent in 2020 to 1.3 per cent in 2023,²⁹ the rate

²² Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

²³ Ibid.

²⁴ UNICEF Eswatini Country Programme Document, 2021, and UNICEF Eswatini Programme Strategy Note on Maternal, Child And Adolescent Health Outcome, 2020

²⁵ Eswatini, Multidimensional Child Poverty Study. 2018

²⁶ Ibid.

²⁷ Eswatini, Multidimensional Child Poverty Study. 2010

²⁸ Data on the WASH sector are drawn on Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

²⁹ UNICEF Eswatini, Country Programme Evaluation Terms of Reference. 2024

of children who do not receive ART treatment ranges between 47 per cent of children aged 0 to 4 years, to 27 per cent of children aged 15 to 19 years, contributing to high AIDS related mortality.³⁰ The 2022 Annual Vulnerability Assessment and Analysis reports that 16.5 per cent of households do not regularly take medicines, one of the reasons being the lack of medicines in health facilities.

There are significant gender disparities in HIV prevalence (32.5 per cent for women versus 21.3 per cent for men). Also, higher HIV incidence rates are reported among girls and young women aged 15-24 years compared to young males of same age (1.87 per cent for females, and 0.79 per cent for males).³¹

While new HIV infections have shown a steady decline over the years from 8,400 in 2017 to 7,800 in 2018,³² and it is projected to further decline to 4,200 in 2023,³³ adolescents report low levels of comprehensive knowledge on HIV infection prevention, low testing rates and low access to ART treatment.³⁴ Early sexual debut, age-disparate relations and risky sexual practices (such as lack of condom use) are common phenomena among adolescents and youth in Eswatini. Immediate causes of high adolescent vulnerability to HIV infection are found in early sexual debut, sexual abuse, transactional and inter-generational sex, unprotected sex with multiple partners, inconsistent use of condoms drug and substance abuse and low level of offer, and consequently, demand for youth-friendly sexual and reproductive health services.³⁵

Early childbearing is also quite high. The percentage of teenage girls age 15-19 who have had a live birth or are pregnant with their first child is 16.8 per cent; while the percentage of teenage boys age 15-19 who have fathered a live birth is one per cent.³⁶ The percentage of teenage girls age 15-19 who have had a live birth or are pregnant with their first child is highest for girls in the poorest quintile of wealth (24.8 per cent), followed by those in the second and fourth quintiles (both at 21.3 per cent); the incidence is lower for teenage girls in the middle quintile of wealth (13 per cent), and lowest for those in the richest quintile (3.8 per cent).³⁷ Just over half of the sexually active teenage girls age 15-19 years use (or their partner uses) a contraceptive method (51.2 per cent).³⁸

Education

Eswatini has made progress towards 'education for all' by introducing free primary education in 2010, reinforced by the Free Primary Education Act (2010).³⁹ The education system in Eswatini is organized into four key levels: (i) early childhood care, development, and education (ECDE); (ii) primary

³⁰ UNICEF Eswatini, Programme Strategy Note. 2021

³¹ UNICEF Eswatini Country Office, Programme Strategy Note. 2020

³² Ibid.

³³ World Health Organisation website: <https://www.afro.who.int/photo-story/eswatini-steps-progress-towards-zero-new-hiv-infection-status-2030> and <https://www.afro.who.int/countries/eswatini/news/eswatini-increases-hiv-preventative-options-reduce-new-infections>, accessed on 23 December 2024

³⁴ UNICEF Eswatini, Country Programme Document 2021-2025. 2021

³⁵ UNICEF Eswatini Country Office, Programme Strategy Note on Lifelong Learning, Protection, HIV and Development. 2020

³⁶ Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

³⁷ Ibid.

³⁸ Ibid.

³⁹ UNICEF Eswatini, Country Programme Evaluation Terms of Reference. 2024; Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

education; (iii) secondary education; (iv) and post-school education and training (PSET) which comprises tertiary education and technical and vocational education and training (TVET).⁴⁰

Primary school attendance is 95 per cent, with no gender, rural, or urban differences. However, learning outcomes are extremely low, showcasing significant gaps in the quality of education. For example, children attending grade 2/3 who show foundational reading skills by successfully completing three foundational reading tasks in English or Siswati are 15.9 per cent. Children attending grade 2/3 who show foundational numbering skills by successfully completing four foundational numbering tasks are only 8.2 per cent.⁴¹

At higher levels attendance rates reduce, with lower secondary school attendance at 51 per cent and upper secondary attendance at 29 per cent.⁴² A significant barrier to access secondary education is that it is not free.

Early Childhood Education between 36 and 59 months is very low, at 9 per cent.

The most urgent challenges in the education sector relate to improving education quality at all levels; keeping students in school until completion; strengthening the entry and exit points of the education system; enhancing the management of teachers; the lack of qualified teachers; and ensuring adequate and equitable education financing as well as spending.⁴³

The school completion rate declines as the level of education increases. In primary school the completion rate stands at 80 per cent, in lower secondary at 57 per cent, and in higher secondary at 37 per cent. The cost of schooling is by far the most common reason for dropping out. Rates of foundational reading and mathematical skills in grades 2/3 are low, respectively 16 per cent and 8 per cent, indicating low quality of education.⁴⁴ Poor performance is another key factor driving students to drop out of school, especially for boys.

The high prevalence of HIV further aggravates the challenges of the education sector, as it impacts on the teaching labour force and it can limit the education opportunities of children who have lost one or both of their parents.⁴⁵

The COVID-19 pandemic had detrimental effects on student learning, exacerbating existing inequalities, with the poorest children being the hardest hit with lack of access to remote learning opportunities. Household ownership of a computer spans from 49 per cent for the richest quintile to 1 per cent for the poorest quintile, and access to internet at home ranges from 86 per cent for the richest to the 37 per cent for the poorest.⁴⁶

The education system in Eswatini lacks systematic monitoring of services and collection of data for planning purposes, as well as to assess the quality of ECDE and TVET. Data on the number of ECDE centers, their location, enrolment, staff, resources, and child development outcomes are currently not

⁴⁰ World Bank, Eswatini Education Sector Analysis 2021. 2021

⁴¹ Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

⁴² Ibid.

⁴³ World Bank, Eswatini Education Sector Analysis 2021. 2021

⁴⁴ UNICEF Eswatini, Country Programme Evaluation Terms of Reference. 2024; Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

⁴⁵ World Bank, Eswatini Education Sector Analysis 2021. 2021

⁴⁶ Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

systematically collected and documented centrally. Both the ECDE and TVET sub-sectors are characterized by weak coordination and collaboration.⁴⁷

Youth

Eswatini has a very young population. Based on UNFPA population projections, in 2024 the median age is 22 years, and the percentage of population below 25 years is 56 per cent, of which 14,1 per cent are 0-5 years, and 41,4 per cent are 6-24 years.⁴⁸ This provides both an opportunity to reap a demographic dividend and to ensure social and political stability going forward, if the education system can provide young people with the relevant knowledge and skills needed in the labour market.⁴⁹

Once students leave school, access to TVET and tertiary education is low and there is a mismatch between the skills of graduates and those required by the labor market. However, most students do not have the opportunity to move into tertiary education either because they do not meet the entry requirements in terms of performance at secondary level, or because they cannot afford to attend university.

The youth unemployment is at 47 per cent, therefore twice higher than the national average of 23 per cent. Lack of sufficient formal job creation compounded with inadequacy of the education sector undermine Eswatini's potential to effectively leverage its demographic dividend.⁵⁰

Social welfare and protection

Eswatini has a National Social Security Policy, enacted in 2022, and the National Social Assistance Policy draft is under finalization⁵¹, while a centrally coordinated Social Registry System is currently missing.⁵² Social protection programmes and grants in Eswatini include Old Age Grant, Disability Grant, Orphans and Vulnerable Children (OVC) Educational Grant, School feeding, and Neighbourhood Care Points.⁵³ In 2022, the percentage of children and young people age 5-24 years attending primary education or higher who received support for school tuition and other school related support during the 2022 school year were 17.1 per cent.⁵⁴ Under the Social and Poverty goals, in an effort to improve food security and reduce hunger, the Eswatini government, in collaboration with partners, provided food distribution and cash transfers to vulnerable groups in all regions, particularly to support households affected by climate change impacts and to those affected by COVID-19.⁵⁵

Despite the high priority given to key social sectors and the efforts made by the government to undertake regulatory and policy reforms to address the disparities, social protection spending continues to fall far below international targets and social development programmes remain severely

⁴⁷ World Bank, Eswatini Education Sector Analysis 2021. 2021

⁴⁸ Kingdom of Eswatini, 2017-2038 Population Projections, 2020

⁴⁹ World Bank, Eswatini Education Sector Analysis 2021. 2021

⁵⁰ World Bank website: <https://www.worldbank.org/en/country/eswatini/overview> accessed on 25 November 2024.

⁵¹ The support to the National Social Assistance Policy will be a focus of one of the evaluation deep dives, see section 4.2 and Annex 13

⁵² UNICEF Eswatini Country Office, Programme Strategy Note on Social Policy Outcome. 2020

⁵³ Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

⁵⁴ Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

⁵⁵ Eswatini, Voluntary National Review Report. 2022

underfunded.⁵⁶ Child protection lacks a coordinated and formalised systems approach, which prevents responses from being implemented at scale.⁵⁷

2.2 Equity, gender, and disability

Equity

Based on the Eswatini Multidimensional Child Poverty study conducted in 2024, about 46.5 per cent of children 0-17 years in the country are deprived of three or more dimensions of well-being.⁵⁸ While the data emerged from the latest Multidimensional Child Poverty study show improvements in key social sectors, such as education and health services, compared to the previous study dated 2018, challenges persist.⁵⁹

The highest prevalence of deprivation among children are in the dimensions of child protection with 9 out of 10 children aged 0-14 being affected, and child development, at 89 per cent for children aged 24-59 months. These are followed by deprivation in the dimensions of health (73 per cent of children aged 0-23 months and 15-17 years, 68 per cent of children aged 24-59 months and 72 per cent of children aged 5-14 years) and nutrition (62 per cent for children aged 0-23 months and 27 per cent for children aged 24-59 months). The vulnerability in the HIV/AIDS dimension is highest for eldest children (age group 15-17 years, 79 per cent) and lowest for youngest children (age group 0-23 months, 62 per cent). Vulnerability also affects the dimensions of education (19 per cent of children aged 5-14 years and 58 per cent of children aged 15-17 years), water (between 36 and 37 per cent across all age groups) and sanitation (55 per cent for children aged 0-23 months, 21 per cent for children aged 24-59 months, 20 per cent for children aged 5-14 years and 19 per cent for children aged 15-17 years).⁶⁰

A higher proportion of children living in rural areas are multidimensionally poor (51.8 per cent) compared to children living in urban areas (23.1 per cent). At the regional level, Lubombo has the largest proportion of multidimensionally poor children (55.4 per cent) followed by Shiselweni (53.9 per cent) and Manzini (41.4 per cent); Hhohho had the lowest prevalence of multidimensionally poor children (39.5 per cent).⁶¹ With regards to gender disparities, no statistically significant differences are found in terms of multidimensional child poverty based on the sex of the child.

A higher proportion of children living in larger households are multidimensionally poor as opposed to children living in households with less members: 48.9 per cent of children 0-17 years living in households of more than four members are multidimensionally poor, compared to 29.7 per cent of children of the same age group living in households of one to four members. Slightly higher child poverty rates were found amongst households with a female household head compared to households with a male head (47.5 per cent and 45.8 per cent, respectively). A larger proportion of children who are orphans of both parents are multidimensionally poor compared to children living with at least one biological parent (61 per cent and 54 per cent, respectively). The more educated the household head and/or the mother of the child, the better off their children are in terms of multidimensional poverty (63% of children whose household heads achieved a primary level of education, experience

⁵⁶ UNICEF Eswatini, National Budget Brief, 2018

⁵⁷ UNICEF Eswatini, Country Programme Document 2021-2025. 2021

⁵⁸ Eswatini, Multidimensional Child Poverty Study. 2024

⁵⁹ Ibid. and Eswatini, Multidimensional Child Poverty Study. 2018

⁶⁰ Eswatini, Multidimensional Child Poverty Study. 2024

⁶¹ Eswatini, Multidimensional Child Poverty Study. 2024

multidimensional deprivation, against 15.3% of children whose household head has a post-secondary level of education).⁶²

With regard to child labour, the percentage of children aged 5-17 years who are involved in child labour is 13.6 per cent, with 15.6 per cent working under hazardous conditions and 11.3 per cent working in economic activities above age specific thresholds.⁶³

Gender equality

Gender inequality is evident in various dimensions, but prominently in terms of experienced violence and HIV prevalence. While the 2022 Eswatini Violence Against Children Survey (VACS) report a significant decline in the prevalence of every type of sexual violence, among 18-24-year-old about 5.5 per cent of female experienced sexual violence before age 18, while less than a half of their male counterparts (2.1 per cent) experienced the same. Among 13-24-year-olds, significantly more females (8.1 per cent) experienced lifetime sexual violence than males (3.3 per cent); however, only one in four female victims (25.7 per cent) sought professional services for an experience of sexual violence. Among those girls who experienced pressured or physically forced sex, almost 33 per cent were 13 years of age or younger.⁶⁴ Prevalence of HIV is higher in female youths 20 to 24 years of age (20.9 per cent) compared to males of the same age group (4.2 per cent).⁶⁵

In the education sector, while in primary school attendance there is no significant gender difference, being it at 95 per cent both for girls and for boys, lower secondary school net attendance and upper secondary school net attendance rates are higher for girls than boys (67 per cent versus 48 per cent at the lower level, and 37 per cent versus 22 per cent at the higher level).⁶⁶ Similarly, completion rates are higher for girls than for boys across all education levels: respectively, 85 per cent versus 75 per cent for primary school; 61 per cent versus 54 per cent for lower secondary school; 40 per cent versus 34 per cent for upper secondary school.⁶⁷

Although girls are more likely to complete school, a major reason for girls dropping out of school, even at primary level, is pregnancy. Around 18 per cent of girls drop out of primary school and 35 per cent of girls drop out of junior secondary school because they become pregnant, with rural and poor girls being at much greater risk.⁶⁸ Early childbearing before the age of 18 years in young women is about five times higher for those in the poorest households compared to those in richest households (22 per cent versus 4 per cent).⁶⁹ Unemployment rates are higher for young women (50 per cent) compared to that of young men (44 per cent).

While for girls a major reason for dropping out of school is early pregnancy, in a context of poverty and limited opportunity, vulnerable boys who lack positive male role models having lost their fathers, and who are expected to become the main providers for their families are at risk of dropping out of school.⁷⁰ They are also at risk of exploitation in the form of intergenerational relationships, risky sexual

⁶² Eswatini, Multidimensional Child Poverty Study. 2018

⁶³ Eswatini, Violence Against Children and Youth Survey. 2022

⁶⁴ Eswatini, Violence Against Children and Youth Survey. 2022

⁶⁵ Eswatini, Multidimensional Child Poverty Study. 2018

⁶⁶ Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

⁶⁷ Ibid.

⁶⁸ World Bank, Eswatini Education Sector Analysis. 2021

⁶⁹ Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. 2023

⁷⁰ World Bank, Eswatini Education Sector Analysis. 2021

behaviour, and substance abuse.⁷¹ Other key drivers are the lack of secondary school (294 secondary schools versus 622 primary schools), the cost of secondary education, the high level of repetition and out of age learners.⁷²

Disability inclusion

About twelve per cent of the total population of Eswatini have disabilities, with females most affected compared to males (16 per cent and 11 per cent, respectively).⁷³ The most prevalent disability assessed is difficulty in seeing (32.6 per cent), followed by difficulty in mobility (26.5 per cent), while the least prevalent disability is difficulty in communication at 4.7 per cent. Eighty-two per cent of persons with disabilities live in rural areas, largely because the majority of the population in Eswatini is rural.⁷⁴

Based on the latest MICS (2021-2022) the percentage of children who experience at least one functional difficulty are one in ten children aged 2-17 years: 14 per cent of children age 2-4 years and 13 per cent of children age 5-17 years. Controlling behaviour, seeing, learning and communication are the most prevalent functional difficulties for younger children; while controlling behaviour, seeing, accepting change and anxiety are the most prevalent functional difficulties in older children. Some children still experience functional difficulties despite using assistive devices: those with difficulties seeing when wearing glasses is 7 per cent, and those with difficulties walking when using equipment or receiving assistance are 8 per cent. Despite important progress in terms of development of key policies, legislations, and action plans, disability mainstreaming and disability-inclusive budgeting still needs to be implemented.⁷⁵

3. UNICEF Eswatini Country Programme

The goal of the country programme is ‘to contribute to national efforts to enable children, adolescents and women to realize their rights through a progressive reduction in disparities and inequities’.⁷⁶ It is aligned with the Government of Eswatini’s National Development Plans (2019-2022, 2023-2027/8) outcomes on “enhanced social and human capital development,” focusing on access to health and education, the reduction of poverty, and youth participation. It is also directly linked with the UNICEF Strategic Plan, 2018–2021 and 2022-2025. Under the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021–2025, the overall goal of the country programme is to contribute to national efforts to enable children, adolescents, and women to realize their rights through a progressive reduction in disparities and inequities, enhanced social and human capital development and sustainable livelihoods.

To achieve this goal, the country programme has three outcomes:

⁷¹ Ibid.

⁷² UNICEF Eswatini Country Office, Programme Strategy Note on Lifelong Learning, Protection, HIV and Development. 2020

⁷³ UNPRPD, Situational Analysis of the Rights of Persons with Disabilities, Eswatini. 2022; Eswatini Deputy Prime Minister’s Office, Eswatini National Disability Plan of Action 2024-2028. 2024

⁷⁴ Ibid.

⁷⁵ Eswatini, Handbook on disability mainstreaming and disability-inclusive budgeting. 2024

⁷⁶ UNICEF, 2020, UNICEF Eswatini Country Programme Document




Outcome 1 - Maternal, Child, and Adolescent Health - “By 2025, parents and children, with a focus on the most vulnerable, have access to equitable, integrated, quality essential health, nutrition, and HIV services, including during emergencies”.

Outcome 2 - Lifelong Learning, Protection, and Development - “By 2025, all children and adolescents in Eswatini are protected from violence and HIV, are learning, and are equipped with the skills to become active citizens”.

Outcome 3 - Social Policy - “By 2025, vulnerable children benefit from shock-responsive social protection and equity-sensitive efficient budget allocations”.

The outputs for each of the outcome areas are shown in table 2 below:

Table 2. The outputs of the UNICEF Eswatini Country Programme

| | |
|---|--|
|  | Outcome 1: Maternal, child and adolescent health |
| | <ul style="list-style-type: none"> • Output 1. Health systems have improved capacity for delivery and utilization of quality newborn and infant health services at facility and community levels. • Output 2. Health facilities, communities and caregivers have improved capacities to provide quality services for and utilize prevention and treatment of malnutrition. • Output 3. Health facilities, communities and caregivers have improved capacity to provide and utilize gender-responsive services for children and adolescents living with HIV, pregnant and breastfeeding women. |
|  | Outcome 2. Lifelong learning, protection and development |
| | <ul style="list-style-type: none"> • Output 1. Strengthened education system improves learning outcomes and skills development. • Output 2. Strengthened child protection systems promote positive social norms for prevention and response to violence against children and adolescents. • Output 3. Effective, integrated gender- and adolescent-responsive systems established for HIV prevention among adolescents and young people. |
|  | Outcome 3. Social policy |
| | <ul style="list-style-type: none"> • Output 1. National capacity is strengthened to generate and use robust evidence focusing on reducing socioeconomic disparities and promoting social inclusion. • Output 2. National capacity is strengthened for efficient and relevant social sector budgeting and public financial management. • Output 3. National capacity strengthened for the delivery of shock-responsive child sensitive social protection. |

The outcome areas are expanded upon in Annex 7. The Country Programme Document also states that disaster risk reduction is mainstreamed across programme components as a strategy to build the resilience of systems, services and communities. At the system level, the programme aims to ensure that capacities are in place to identify vulnerabilities and provide timely and adequate response. Considering the impact of climate change on the country and the socioeconomic impact of health pandemics, efforts will primarily focus on these two areas.

Programme Strategies

Key strategies to achieve the outcomes that are included in the Country Programme Document are:

- (a) Advocacy for public finance and resource-leveraging in providing technical and financial support to national efforts towards public financing for children and adolescents in all relevant sectors
- (b) Technical assistance, capacity development, and systems-strengthen to Government to improve the implementation of national policies, strategies, frameworks, action plans, and evidence-based solutions for the improved realization of the rights of children and adolescents
- (c) Partnerships and leveraging resources: partnerships forged with civil society organizations (CSOs), international financial institutions, and other development partners, including the private sector, by leveraging financial and non-financial resources
- (d) Research and evidence generation: robust research and evidence generation to strengthen evidence-based policies and programmes and enhance accountability will be harnessed
- (e) Social norms change through community engagement: focusing on schools and communities to improve their systems for education, health, nutrition, child protection, and HIV prevention
- (f) South-South cooperation: facilitating knowledge-sharing between Eswatini and other developing countries, increase programme effectiveness, and promote innovative programmes proven successful in similar contexts
- (g) Innovative solutions for continuity of services: In the context of the COVID-19 pandemic, partners were supported to continue service delivery to children and adolescents, using innovative alternative methods, when necessary, to ensure the sustainability of development gains.

Country Programme Budget

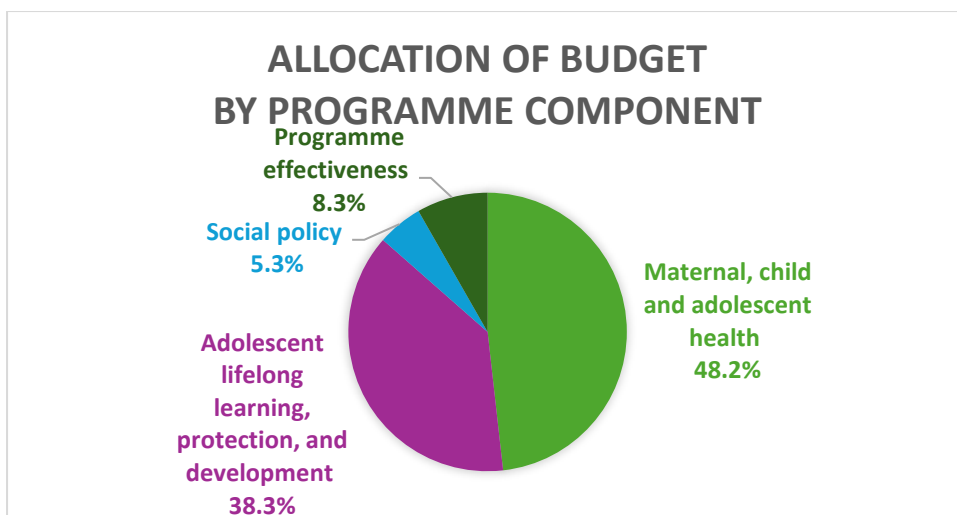
The budget for the Country Programme is USD 16,860,000. Of this 28.8% is from regular resources (unrestricted funds or core funds that UNICEF uses to carry out its work), and 71.2% is from other resources (funds that UNICEF receives for a specific purpose). This is shown below in table 3.

Table 3. Eswatini Country Programme budget by resource type and component

| | Regular Resources (USD) | Other Resources (USD) | Total (USD) |
|---|-------------------------|-----------------------|-------------------|
| Maternal, child and adolescent health | 1,930,000 | 6,200,000 | 8,130,000 |
| Adolescent lifelong learning, protection, and development | 2,350,000 | 4,100,000 | 6,450,000 |
| Social policy | 286,000 | 600,000 | 886,000 |
| Programme effectiveness | 294,000 | 1,100,000 | 1,394,000 |
| Total | 4,860,000 | 12,000,000 | 16,860,000 |

The breakdown by percentage of resource allocation to different programme components is shown below (figure 1), with the highest being to maternal child and adolescent health (outcome 1) at 48.2% and the lowest of social policy (outcome 3) at 5.3%.

Figure 1. The Eswatini Country Programme budget, by programme component



Programme Theory of Change

The Eswatini CO developed three theories of change at the outset of the Country Programme, one for each of the three outcome areas. They are all in narrative and visual forms (shared in Annex 7). They were developed by the CO as part of the conceptualisation of the Country Programme and are shared within the Programme Strategy Notes that help to guide the CPD. The evaluation team are not aware that they have been revisited or refined during the Country Programme implementation.

The evaluation team have developed a retrospective Theory of Change (ToC) for the overall Country Programme. This was to provide the overall ‘picture’ of the changes that the evaluated country programme aims to produce and contribute to. It thus provides an overarching or ‘nested’ ToC with the three outcome ToCs nested within it. To analyse the effects of the different programme components, the evaluation team will refer to and review the individual programme components, within the wider framework.

The retrospective ToC for the overall programme has been shared with the CO⁷⁷ and might be further refined during the data collection phase if needed, and any adjustments will be explained in the final report under the relevant section. The ToC is discussed further in section 4.2.

4. Stakeholder analysis

The evaluation team have conducted a stakeholder analysis, drawing upon the Terms of Reference and programme documents, which is shared below in Table 4.

⁷⁷ The overarching ToC was shared within the draft inception report, and no comments/ questions were raised. The evaluation team discussed a more consultative process for developing the ToC (such as a workshop) but it was felt by the EMG that sharing in a written form for the purpose of the evaluation was sufficient, as the same ToC model will likely not be used going forward (in the context of the next CP).

Table 4. List of stakeholders, their stake in the CP, human rights roles, and engagement in the evaluation

| Type of Stakeholder | Stakeholders | Human rights roles ⁷⁸ | Stake | Involvement in Evaluation |
|--|---|----------------------------------|---|--|
| UNICEF | | | | |
| UNICEF Eswatini Country Office (CO) | Senior management, Sector Chiefs, all technical staff, financing and administrative staff | Tertiary duty bearer | Responsibility of Country Programme (CP) development and implementation | Selective interviews Survey |
| UNICEF ESARO | Regional and technical oversight staff for Eswatini | Tertiary duty bearer | Support to CO in CP development and implementation | Selective interviews |
| National partners | | | | |
| National Authorities | Office of Prime Minister/ Deputy Prime Minister's Office, Ministry of Health, Ministry of Economic Planning and Development, Ministry of Education and Training, Ministry of Finance, Ministry of Home Affairs | Principal Duty Bearer | Lead partners in realising child rights in respective areas | Selective interviews (at least 1 individual/ group interview per Ministry) |
| UN System | UN Country Team, other UN agencies (UNAIDS, UNFPA, WHO, WFP, UNHCR, UNESCO, UN Women, | Tertiary Duty Bearer | Partnerships to join efforts | Selective interviews (1 individual/ group interview per UN agency as relevant) |
| Development partners | World Bank, USAID, EU, UK FCDO, Taiwan International Cooperation and Development Fund, Canada's Global Initiative for Vaccine Equity, US President's Emergency Plan for Aids Relief (PEPFAR), | Tertiary duty bearer | Collaboration on common efforts | Selective interviews (1 interview for a sample of 2-3 development partners) |
| Implementing partners – Civil Society Organisations | Young Heros, Junior Achievement Eswatini (JAE), Swaziland Action Group Against Abuse (SWAGGA), 2gether 4 SRHR, World Vision, Coordinating Assembly of Non-Governmental Organizations (CANGO) . SAFAIDS Family Life Association Eswatini. Baylor College of Medicine Children's Foundation, The Luke Commission, Elizabeth Glaser, Pediatric AIDS Foundation (EGPAF) | Secondary Duty Bearer | Implementation of the Country Programme | Survey, selective interviews |

⁷⁸ Ljungman, Cecilia M., COWI. [Applying a Rights-Based Approach to Development: Concepts and Principles](#), Conference Paper: The Winners and Losers from Rights-Based Approaches to Development. P. 6. November 2004.

| | | | | |
|--|--|-------------------------------|--|---|
| | Swaziland National Association of Teachers (SNAT) | | | |
| Private Sector | MTN Foundation, Business Eswatini | Secondary Duty Bearer | Engaged in leveraging financial and non-financial resources | Selective interviews |
| Media | Eswatini National Television | Tertiary Duty Bearer | Dissemination, promoting behaviour change communication strategies advocacy | Selective interviews |
| Academic and Research Organizations | Oslo University | Tertiary Duty Bearer | Research and evidence generation to inform policies and programmes | Selective interviews |
| Youth Advisory Board | Group of individual youths engaged within advisory board by UNICEF | Supports Tertiary duty bearer | Provides opinions and feedback to UNICEF Eswatini | Group interview |
| Sub-national level | | | | |
| Implementing Partners | As advised for each deep dive | Secondary Duty Bearer | Subnational & local implementation | Survey, selective interviews |
| Community Level | | | | |
| Community Structures | Community-based organizations and service providers. | Primary Duty Bearer | Key partners to deliver the activities; integration with other gender discrimination and child protection efforts. | Limited direct engagement – group interviews for deep dives |
| Community Members | Children, youth, adolescents, women, parents and caregivers | Rights Holders | Direct and indirect target population. | Limited direct engagement – FGDs for deep dives |

Annex 4 provides a more detailed stakeholder map, setting out the specific roles for each organisation.

5. Evaluation Framework

The evaluation is guided by the OECD-DAC evaluation criteria of relevance, coherence, effectiveness, efficiency and sustainability in line with the Terms of Reference (ToR). The criterion of impact is not being used because results are not expected to manifest sufficiently to draw conclusions about the impact of the present CP.

The evaluation framework with criteria, questions and sub questions are set out below in table 5. The evaluation questions and sub questions presented in the ToRs have been adjusted in response to issues raised within scoping calls, and also to enhance clarity. The changes that have been made, along with explanations are shared in Annex 3. Annex 2 includes the comprehensive evaluation matrix, with evaluation questions, indicators, data collection and analysis tools.

Table 5. The Evaluation Framework

| |
|--|
| <p>Relevance: <i>To what extent were the Country Programme’s objectives and design appropriate for the country context at the outset, and do they remain so? Was UNICEF’s approach the most suitable considering its mandate, resource base, comparative advantages and operational structures?</i></p> |
| <p>EQ1. To what extent is the Country Programme aligned with national and subnational priorities and need, particularly amongst vulnerable groups, and to what degree has the Country Office identified, and responded to changing needs?</p> |
| <p>EQ2. How appropriate are the Programme theories of change and Programme strategies for the country context?</p> |
| <p>Coherence: <i>To what extent is the Country Programme aligned with key UNICEF strategies and international commitments, and how compatible is the Country Programme with the work of Government, the UN and other development actors particularly around gender equality, disability, equity and human rights?</i></p> |
| <p>EQ3. To what extent is the Country Programme consistent with UNICEF strategies and international commitments, including for gender equality, disability, equity, and the human rights-based approach?</p> |
| <p>EQ4. To what degree is the UNICEF Country Programme playing a complementary role to Government and other development actors, including in addressing the challenges of gender equality, disability, and equity?</p> |
| <p>EQ5. To what extent is the Country Programme linked to and achieving synergies and coordination with other UN agencies, particularly in response to emergencies such as COVID-19?</p> |
| <p>Effectiveness: <i>To what degree has the Country Programme achieved or is expected to achieve its results, including for marginal groups? What has enabled and/ or constrained the achievement of results?</i></p> |
| <p>EQ6. To what extent has the Country Programme achieved or is likely to achieve its outputs and outcomes including any differential results across gender, disability status, income, rural / urban etc.?</p> |
| <p>EQ7. What are the major factors influencing the achievement (or not) of Country Programme outcomes (including convergence strategies, capacities, partnerships, gender, disability and equity responsiveness)?</p> |
| <p>EQ8. To what extent has the Country Programme responded to emergency situations, climatic shocks, governance issues?</p> |
| <p>EQ9. To what extent has UNICEF been able to position itself as a strategic partner in the country context, and to leverage on its comparative strengths to help achieve its results?</p> |
| <p>Efficiency: <i>To what degree does the Country Programme deliver, or is likely to deliver, results in an efficient and timely way?</i></p> |
| <p>EQ10. Were the funds allocated and/or mobilized by UNICEF in Eswatini, invested in the most appropriate priority areas, delivering results for children in a timely way with high quality standards? What were the key enabling/ constraining factors?</p> |
| <p>Sustainability: <i>To what extent is there likely to be continuation of benefits from the Country Programme? What is the potential for scale-up and replication of interventions?</i></p> |
| <p>EQ11. To what extent are the positive changes and effects of the Country Programme likely to be sustainable at the relevant levels (e.g., community, provincial/state, national) especially equity, gender, and disability-related results?</p> |
| <p>EQ12. To what extent have the Programme strategies, plans, and tools, particularly those with an equity, gender, and disability focus, been institutionalized in systems, policies, mechanisms, and strategies among government, NGO/civil society, and other partners and stakeholders?</p> |
| <p>EQ13. What interventions introduced by UNICEF are likely to be more widely replicated or adapted, and scaled up?</p> |

6. Methodology

6.1 Evaluability Assessment

A preliminary evaluability assessment has been undertaken drawing upon the documentation provided and information provided within scoping interviews. Whilst the importance of an evaluability assessment prior to commissioning the evaluation was a lesson from previous CPEs⁷⁹, no assessment was conducted. The evaluation team have conducted the assessment below in table 6 using an evaluability framework.⁸⁰

Table 6. Evaluability Assessment of the UNICEF Eswatini Country Programme

| Information Availability | |
|---|--|
| Is a complete set of documents available? | The ET have been provided with sufficient UNICEF strategic documents for this stage including the Eswatini Country Programme Document, Programme Strategy Notes, annual reports, the Integrated Results and Resources Framework, evaluations completed during the period under assessment and national surveys (e.g. Multi-Indicator Cluster Survey) and national reports. It is also envisaged that the evaluation team will request documentation from UNICEF and other stakeholders during the data collection period. |
| Do baseline measures exist? | Within the Integrated Results and Resources Frameworks (IRRFs) for each outcome area, baseline indicators and targets (for 2025) are intended to be included. However, the extent to which these have been included varies across outcome areas: maternal, child and adolescent health (4 of 8 intended baseline indicators); lifelong learning, child protection and HIV prevention (4 of 6 intended baseline indicators); social policy (0 of 2 intended baselines). The baselines and targets draw on national indicators, so depend on national data availability and also frequency (some of these are as old as 2014, and CP started 2020). References to the baseline sources is not always clear. In some cases, targets are included without baseline data. |
| Is there data on a control group? | There is no data from a control group. |
| Is data being collected for all of the indicators? | Data is collected annually. |
| Is critical data available? | The gaps identified to date are: <ul style="list-style-type: none"> - clarity on specific activities for each output areas (the Evaluation Team has identified activities drawing from the annual reports narrative). - number of intended beneficiaries across the CP - lack disaggregation of data by marginal groups - for Programme outcomes, indicators, baseline values and target values indicated in the annual reports do not always match fully with those indicated in the IRRF. |
| Is disaggregated data available – by sex, rural/urban, income groups, disability? | Within the IRRF (from CP) where baselines are available, data is disaggregated by sex, and age for some indicators. There is no disaggregation by rural/ urban, income subgroups (e.g. quintiles) or disabilities. Within government data (e.g. MICS) data tends to be disaggregated by sex, age, wealth quintile and region. There is no disaggregation by disability (except one indicator on discrimination and harassment), although there is data on types of disabilities by location. |
| Have reviews or evaluations been carried out? | The CPD commits that ‘Government and UNICEF will conduct reviews of the country programme at mid- and end-term to determine programme impact. Periodic surveys, studies and research on key issues will be prioritized’. A mid-term evaluation has not been carried out. Two evaluations have been carried out: an impact evaluation of the Maternal and Newborn Health Care Programme in Eswatini |

⁷⁹ United Nation Children’s Fund, ‘Notes: Sharing experiences and lessons learned from 2019 Country Programme Evaluations (CPEs) by Eswatini, Ethiopia, Madagascar, Uganda’ (internal document), ESARO, Nairobi, 2020

⁸⁰

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/248656/wp40-planning-eval-assessments.pdf

| | |
|---|--|
| | (Outcome 1) and an evaluation of UNICEF’s contribution to strengthening the Rural Health Motivators (RHM) Programme in Eswatini. Within Outcome 2 review of ‘one stop learning centres’ has not commenced and results will not be available until after the CPE has completed. |
| Do existing M&E systems have the capacity to deliver? | Annual reports have been provided that include a narrative on progress across the three outcome areas, as well as collaboration with partners, and lessons learned. The annual reports have been finalised up until 2023. The annual report format produced is difficult to extract and make comparisons across data, without further reformulation. A draft annual report for 2024 is due January 6 th , 2025, to be finalised 1 st February. |
| Practicalities | |
| Accessibility to and availability of stakeholders | Field visits are arranged for when stakeholders are due to be back in offices after festive break. Interviews with government stakeholders likely to be more difficult to achieve given workloads. Sufficient advance notice and follow-up will be given. |
| Resources available to do the evaluation | The two-person team is made up of international team leader and evaluation specialist and does not have a national consultant to provide national expertise. Prioritisation of evaluation areas of enquiry is required given time constraints. |
| Is the timing right? | The evaluation is intended to influence the Country Programme planning, so has an opportunity for timely influencing. However, the delayed start to the evaluation (mid-November, rather than September) necessitates efficient implementation to be able to provide findings and tentative conclusions to meaningfully inform the new Country Programme planning process. There are other ongoing evaluation processes in country (United Nations Sustainable Development Co-operation Framework, UNFPA CPE) so the evaluation team will be mindful about adding to evaluation fatigue. The evaluators also learnt that Government staff return to work mid-January (after the festival of Incwala), and thus the timing of the fieldwork needs to bear that in mind. |

The evaluability assessment has influenced the methodological approach in various ways:

- Clarifications on indicator statements, BL values and targets will be sought with the Chiefs of Sections during the data collection phase, otherwise alternative approaches will be required
- The evaluation has selected an approach that does not rely on having comparative data from a ‘control group’
- The evaluation recognises that it cannot rely on disaggregated data from CP monitoring so will seek perspectives from representative organisations
- Data collection is being undertaken after the cultural festivals, and when government staff are back working.

6.2 Evaluation Approach

This section sets out the selected approaches, and implications for the evaluation.

Theory-based approach

The evaluation will apply a theory-based approach, as per the guidance in the ToR. A theory-based approach tests the validity of the project’s theory of change (ToC) against its implementation, by assessing whether envisaged change has taken place and whether the assumptions underlying the theory were realised.

The theories of change for each of the three programme areas are shared within Annex 8, in both narrative and visual forms. They were developed at the outset of the country programme, within the

Programme Strategy Notes. The evaluation team has not been informed of any changes made to the ToCs or associated implications.

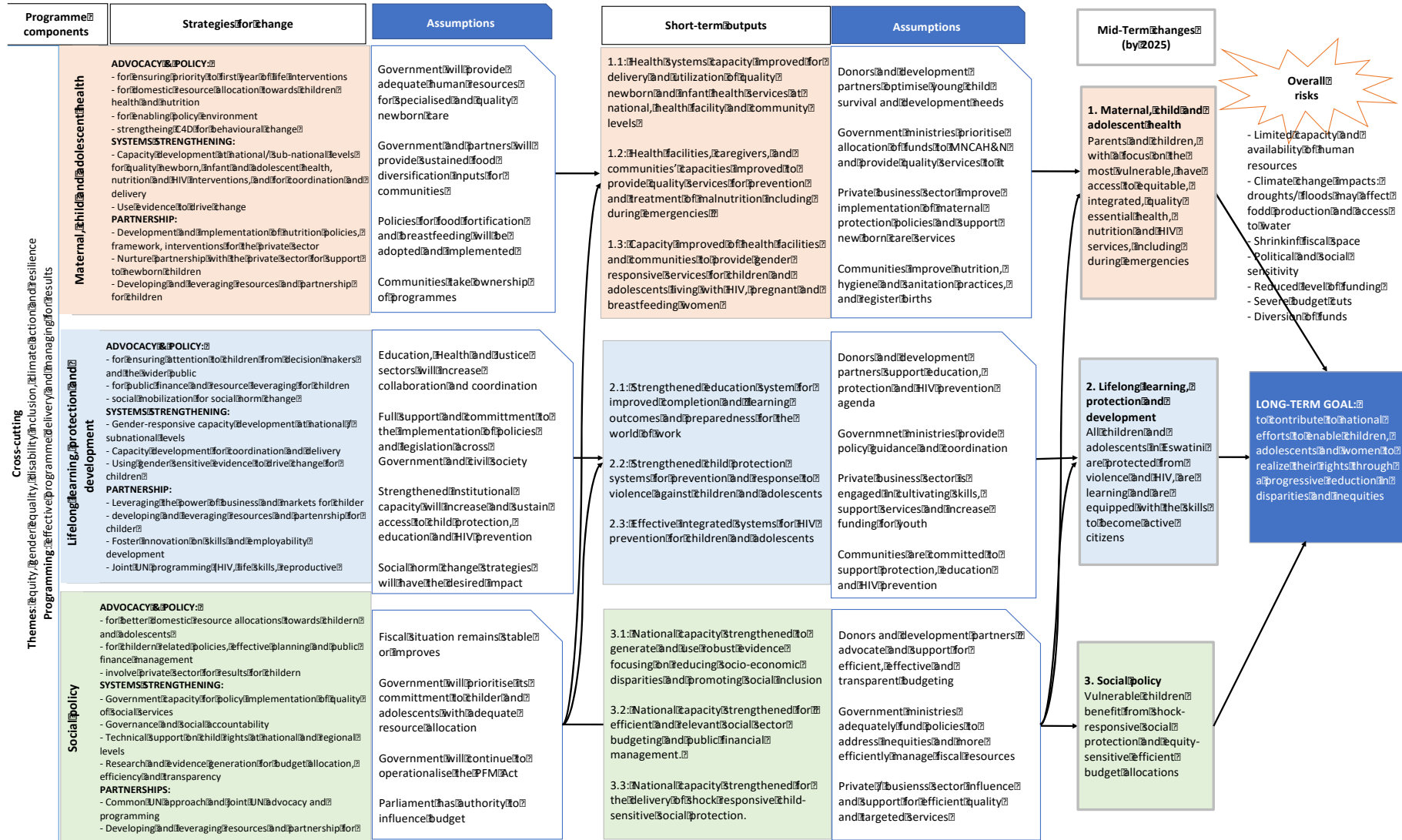
Although the previous Country Programme Evaluation recommended the design of the theory of change for the overall country programme (recommendation 1), UNICEF Eswatini did not develop an overarching theory of change for the CP. For the purpose of the evaluation, the evaluation team has developed an overarching theory of change (figure 2) to better understand the articulation of the overall work of UNICEF in Eswatini and to help trace the causal pathways. This provides a ‘nested’ theory of change with the three outcome theories of change sitting or ‘nesting’ within it. To reconstruct the overarching model, the Evaluation Team drew both from the individual programmes’ models (strategies for change, assumptions and risks), as well as from the Country Programme Document and the Results and resource framework (programme components, outputs, outcomes and goal). Whilst it has been shared with the CO, no feedback has been received as yet⁸¹. The model may be further refined during the data collection phase if needed, and any adjustments will be explained in the final report under the relevant section.

The reconstructed overarching model, which reads from left to right, starts with the four programme components, one of which is cross-cutting (effective programming, in vertical, together with the cross-cutting themes). Components are accompanied by the strategies adopted by the programme to bring about change, followed by the main assumptions that need to happen for the strategies to produce the expected results, i.e. the short-term outputs. Following them, are the ‘higher-level’ assumptions that should happen for the results to lead to mid-term changes, i.e. the desired outcomes by 2025. Finally, on the right, the model includes the long-term overarching goal as described by the CPE, and the major identified risks for the changes to happen. The Evaluation Team acknowledges that the reconstructed model has a very broad scope, and at the same time it lacks important elements such as activities. However, this model represents the best reconstruction given the available information.

For the purpose of the evaluation, to analyse the effectiveness of the different programme components, the evaluation team will refer to, and review, the individual TOCs, but mindful of the bigger ‘picture’ or framework which they are contributing to.

⁸¹ The ToC was shared within an earlier draft of the inception report. No comments or questions were raised. The evaluation team discussed a more consultative process for developing the ToC (such as a workshop). However, it was felt by the EMG that sharing in a written form for the purpose of the evaluation was sufficient, as the same ToC model will likely not be used going forward (in the context of the next CP).

Figure 2. The reconstructed theory of change (ToC) for the UNICEF Eswatini Country Programme






Deep Dives

Whilst the scope of the country programme evaluation is the overall Eswatini Country Programme portfolio across all of its components (which will be tested within the theory-based approach), deep dives will also be undertaken to focus on key areas. The Terms of Reference for the evaluation highlighted interest in deepening understanding and reflection on the upstream work, in terms of what is being achieved, what is working well and less well, and where UNICEF is harnessing its comparative strengths.

The ‘deep dives’ are intended to provide examination of UNICEF’s upstream work. They will involve exploration of UNICEF’s advocacy efforts, system-strengthening initiatives, and strategic engagement with government and other stakeholders in driving policy and institutional changes that enhance children's well-being. Where possible, this will include subnational engagement to consider implications at the community level. The deep dives are a small but important part of the evaluation, deepening understanding of the findings. There will be three deep dives, one from each of the three outcome areas.

The three deep dives are:

| Theme | Overview |
|---|---|
|  <p>1. Immunization as an entry point to promote integration of immunization and other essential services in Primary Health Care (PHC) health facilities: health system strengthening to bring about changes</p> | <p>UNICEF has worked significantly since Covid on immunisation at all levels (national to subnational) and across different aspects (capacity development, cold chain, logistics, supply management, vaccine management). Given the financial allocation was high to Covid and not to other areas, UNICEF treated immunisation as an entry point and integrated other areas (in agreement with donors) such as nutrition, HIV, WASH, new vaccines (HPV), renewable energy, digital health) at all levels of the health system and supported the strengthening of the broader system for implementation.</p> |
|  <p>2. System strengthening within the education sector: supporting the establishment of an education management informant system (EMIS)</p> | <p>The Government recognised the need to move from a paper-based education management information system to one that was more efficient and could produce timely information. UNICEF has supported with consultancy and other support, and the EMIS is now has been rolled out to the majority of schools in Eswatini and is run by the Government.</p> |
|  <p>3. Supporting policy development and system strengthening in the social assistance sector</p> | <p>UNICEF is supporting the Social Welfare Department (DPMO) in the finalization of a National Social Assistance Policy draft (the first of its kind in Eswatini), in collaboration with the ILO, WFP and UNFPA. It is intended to be child sensitive, gender responsive, disability inclusive and shock responsive. System strengthening is also under way with support to for example a disability grant. It is anticipated that enhancements to the national social assistance system will contribute to reducing child poverty, both monetarily and in multiple dimensions, through cash and in-kind support.</p> |

These have been identified through consultation with the Chief Advisors for each outcome area, as an area of interest for mutual learning of upstream work. A proposal has been developed for each area and shared with Chief Advisors for their feedback.

The deep dives will be developed through desk review, as well as interviews and focus group discussions with the 'ecosystem' of stakeholders engaged including UNICEF, government staff, implementing partners, service providers, rights holders and development partners.

Participatory Approach

As per the guidance in the ToR, the evaluation will apply a participatory approach to gain a wide range of perspectives and will involve a mix of stakeholders. This will include government representatives, civil society organizations, private-sector representatives, UN agencies, multilateral organizations, bilateral donors, and rights holders under the Programme. The process will be conducted in an inclusive and transparent way.

The evaluation team will foster active adolescent and youth engagement and participation within the evaluation process, to ensure that their perspectives are heard.⁸² This will be through inclusion of a youth and adolescent representative within the Evaluation Reference Group, a group interview with the Youth Advisory Board and a poll on the U-Report social platform. These are discussed in more depth in section 6 below.

Specific effort will also be placed upon ensuring that other diverse voices are heard, from vulnerable and marginalised groups, including children, youth and adolescents living with disabilities, from lower income groups, living in rural areas and girls. Perspectives will primarily be sought from representative organisations (such as disability rights CSOs) given that most of UNICEF's engagement is with tertiary and secondary duty bearers (see Table 4) rather than rights holders and primary duty bearer. A limited number of FGDs will be held with rights holders at the local level (expanded upon below).

Gender equality and human rights approach

Throughout the evaluation, a gender quality and human rights approach will be applied.

Human rights-based approach (HRBA): HRBA is based on the fundamental perspective that all individuals should have equal opportunities to participate in society. For this to be achieved it is important to provide additional support or protection for people to make sure that they can fully take part in society. The evaluation will, therefore, assess aspects such as the level of engagement of stakeholders, including rights holders and duty bearers, in the design, implementation and evaluation processes of the CP in order to respond to their needs. It will also examine existing mechanisms and strategies that are in place to address human rights issues and the extent to which the programme contributed to an equitable improvement in the lives of vulnerable children and adolescent girls and boys including those with disabilities. Human rights standards concerning education, health and social policy will be referred to, including: Universal Declaration of Human Rights (1948), Social Security Minimum Standards Convention (X) and The Convention on the Rights of the Child (1989) as well as the Convention on Non-Discrimination in Education (1960).

⁸² Drawing on https://www.unicef.org/media/107941/file/Engaging_children_and_young_people_on_UNICEF%27s_Strategic_Plan.pdf

Gender responsive evaluation: Adhering to UNEG standards of a gender responsive evaluation, and that girls (girl child, adolescent girls) are identified as marginalised groups, a gender lens will be used throughout the evaluation. This also to align with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979). The evaluation will incorporate gender and girls’ rights dimensions into the evaluation, methods, processes and use.⁸³ The evaluation will analyse the effect on girls of the CP on gender needs, roles and relations and the strategies used to foster changes, and will draw upon the gender equity continuum used by UNICEF and other organisations⁸⁴ shown in Figure 3.

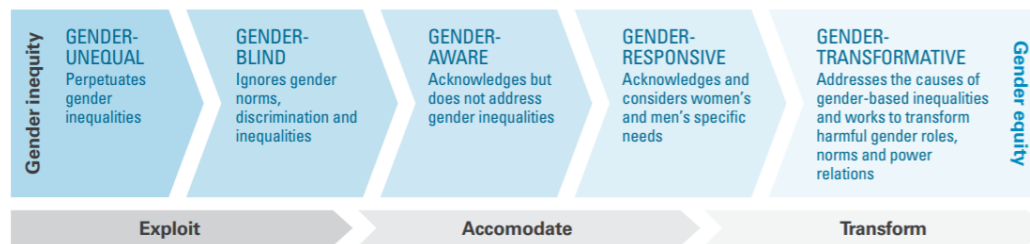


Figure 3. Gender equality spectrum⁸⁵

Disability responsive evaluation: The evaluation aligns to The Convention on the Rights of Persons with Disabilities and its optional protocol (CRPD, 2006). UNICEF has a commitment to the 2019 United Nations Disability Inclusion Strategy (UNDIS), and children living with disabilities are classified as marginalised groups within UNICEF documentation. The evaluation will treat children with disabilities as a diverse group, having different types of disabilities, including physical, sensory, intellectual, and psychosocial, with some not obviously visible. The evaluation acknowledges that diversity requires a corresponding understanding of the diverse barriers they face (physical, social, cultural, legislative). Any compounding forms of discrimination (based on their gender identity, cultural, or geographic residence) will also be considered. The integration of disability inclusion into programming will be assessed.

An **intersectional approach** is also applied to ensure that there is a nuanced understanding of the intersection of a variety of social variables and identities (such as gender, disability, income, geographical location) and the overlap of traits. This enables the exploration of vulnerabilities and their contribution to securing greater advantage or disadvantage among different groups.

6.3 Data Collection Methods

The evaluation will use data from primary and secondary sources. The methodology uses mixed methods, combining qualitative methods (including key informant interviews, focus group discussion and document review), and quantitative methods (involving a survey and desk review). This approach is most appropriate as it makes it possible to capture the fine granular data from semi-structured interviews with key informants, to situate it within the most relevant documentary data, and then to

⁸³ See more at UN Women, 2015, How To Manage Gender-Responsive Mid-term review Handbook

⁸⁴ <https://www.unicef.org/media/58196/file>

⁸⁵ UNICEF, no date, Technical Note on Gender-Transformative Approaches in the Global Programme To End Child Marriage Phase II: A Summary For Practitioners

contextualise it within the larger dataset from a survey of staff members and implementing partners, that will capture a broader range of perspectives and thus make it possible to triangulate data.

All evaluation questions will be answered through triangulation of quantitative and qualitative data collected using multiple tools and from multiple sources (see the Evaluation Matrix in Annex 2).

There will be a field visit to Eswatini so that face-face interviews can be carried out where possible. This will involve interviews with national stakeholders (from government, UNICEF, other UN agencies, implementing partners and development partners) as well as sub-national visits to explore deep dives. The field visit is planned for 27th January 2025 for one week, for both evaluation team members. A tentative schedule is included within Annex 9.

Desk-based document and data review will be one of the most important data sources for the evaluation as (i) it will also serve in the design of the other data collection tools such as key-informants' interviews and surveys, (ii) it will help clarify and complement the information collected from other sources, (iii) and it will provide the analytical frameworks for the data analysis.

The desk review will rely on different sources: the documentation made available to the evaluation team in SharePoint, relevant documents accessible on the UNICEF website and independently conducted web-based research of documents (such as academic papers, grey literature, previous evaluative works etc.) regarding the context and outcome areas. The review will look at strategic and programmatic documents, progress reports, monitoring data, past reviews and evaluations, technical reports and publications and other relevant documents at country and regional levels (e.g., annual reports and work plans, previous and current evaluative work, monitoring data, case studies). The list of documents reviewed to date within the inception report is included in Annex 6 and will be expanded upon throughout the evaluation process.

Semi-structured individual and group interviews with 30-40 stakeholders. These will be conducted to pursue particular areas of knowledge of individual respondents and thus to better inform the evaluation with their experience and insights. It will target key informants from across the different groups of stakeholders:

- UNICEF CO, government, other UN agencies, development partners, implementing partners and Youth Advisory Board at the national level
- To support the three 'deep dives' the stakeholder 'ecosystems' will be engaged including UNICEF staff, government staff, implementing partners, service delivery, CSOs and academia, other UN agencies within interviews

The interviewees will be selected based on purposeful sampling with the following sampling criteria: special knowledge of the Country Programme, interest and influence in the Country Programme, stakeholder inclusion, learning opportunities, and coverage of the three outcome areas. Specific templates will be developed for individual interviews based on the stakeholder type, drawing on the evaluation matrix. Group interviews will be conducted where felt appropriate by the evaluation team i.e. there is sufficient commonality and that it will not limit participation and expression of views. Interviews will be conducted in English.

Interviews will be conducted through online interviews and face-to-face as appropriate. Face-to-face interviews will be conducted where felt to be most effective (particularly with government staff, implementing partners, development partners) whilst on a field visit. Online interviews will be



undertaken where it is considered more convenient for interviewees, or less necessary to undertake a face-to-face interview. Online interviews will be conducted remotely with the support of Ms Teams or Zoom platforms, unless interviewees request to use other platforms (e.g. Google). The interviews will be captured with typed notes in standard log-books developed in Word templates, stored in SharePoint (offered by Microsoft Office 365) and accessible only by the evaluation team. Group interviews might be recorded for data collection purposes, only after all participants' acceptance of the session being recorded.

A web-based survey will be developed in English to target (i) all 22⁸⁶ UNICEF Eswatini implementing partners and (ii) all UNICEF Eswatini CO technical and management staff. It will be focused upon gathering data about perceptions around programme performance and adaptation to changing situations (such as COVID-19), as well as efficiency of programme implementation.

Respondents' feedback on their perceptions will be captured using mainly Likert and ranking scales. The survey will also include open-ended questions to allow respondents to provide more articulated feedback and suggestions for future programming and implementation. The survey will also be piloted to ensure that it is functioning and accessible.

In terms of the administration, an accompanying email will explain the purpose and use of the survey, and it will include the link to the online form. To reach respondents, UNICEF M&E staff will be requested to provide contact details, so that the web survey can be sent out directly by the Evaluation Team. The surveys will be developed and rolled out with the support of Microsoft Forms or Survey Monkey. The survey is shared in Annex 5.

Focus group discussions (FGDs). Two FGDs will be held with rights holders to inform the deep dive data collection and analysis. This will be an opportunity to hear the perspectives of rights holders who, whilst UNICEF does not work directly with them, are indirectly impacted by UNICEF's upstream work and subnational implementation. The focus groups proposed are:

| Outcome | Theme | Participants and topics to explore |
|---|---|---|
|  | 1. Immunisation as an entry point for comprehensive healthcare: system strengthening to bring about change | Parents of children who have received immunisations. To explore: experience and satisfaction of immunisation services, and challenges/ barriers to access. |
|  | 2. System strengthening within the education sector: supporting the establishment of an education management informant system | Teachers and school management To explore: experience and satisfaction of the education management information system, strengths/ weaknesses. |

They will be facilitated by the evaluation team, with interpretation supported by the Country Office. The evaluation team will ask open ended questions (largely around the 'SWOT' – strengths, weakness, opportunities and threats' format), which will then become more specific.

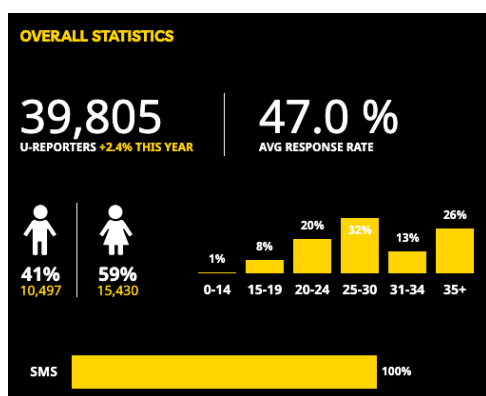
The focus group discussions will be organised by implementing partners/ UNICEF. The sites are set out to be Manzini for the deep dive for Outcome 1, and a site near Mbabane for the deep dive of Outcome

⁸⁶ This number is to be confirmed by the UNICEF Eswatini CO

2⁸⁷. The site sampling utilised has been : (i) UNICEF presence; (ii) representativeness in terms of socio-economic indicators of the areas; (iii) as a set, provide a diverse mix of contexts (geography, issues). Sampling criteria will also be utilised to select the 4-8 participants for each focus group discussion and will include: (i) those that have participated/ received services and (ii) include representative groups across gender, disability, and equity as far as is feasible and considered appropriate.

The focus group discussions are expanded upon in Annex 5.

U-Report. The U-Report is a global social platform created by UNICEF where people can express their opinion by responding to polls launched by UNICEF national country offices, on issues that are of interest to them. In order to answer to UNICEF’s polls, people have to register as U-Reporters in the U-Report database. In Eswatini, U-Report is available via SMS messaging (therefore it works on basic mobile phones), in simple and user-friendly formats. Responses are anonymous and free of charge for respondents. At the time of writing the Inception Report, the number of U-Reporters registered in Eswatini is 39,805, of which 41 per cent male and 59 per cent female⁸⁸, from different age groups and with an average response rate of 47 per cent, as reported in the figure below.⁸⁹



The evaluation team is using U-Report as an opportunity to reach out to the wider population of right holders in Eswatini. While it will target the broader right holder group, it is anticipated that it will focus mainly on people who have

access to SMS. The aim of the poll will be to collect right holders’ perceptions around selected UNICEF-supported sectors, such as health, education, and child protection, to supplement the evidence collected from other sources on the effectiveness of UNICEF’s work.

Right holders’ perceptions will be collected using a questionnaire composed of nine close-ended questions.⁹⁰ The suggested survey questionnaire is attached to this report within Annex 5. Questions will focus on the respondents’ perception of improvement (or not) of sectors where UNICEF works, of cross-cutting themes such as gender equality and inclusion of persons with disabilities, and what they feel the main priority areas will be for youths in the coming future. The U-Report questionnaire will also include questions on demographic data regarding age, sex, region of residence, and kind of environment (e.g. rural, urban, and peri-urban setting) of the respondents for disaggregation purposes.

In order to discuss strengths and limitations of this tool, as well as to assess the feasibility of its use in the context of this CPE, the evaluation team held a scoping interview with respective CO staff. The U-Report questionnaire will be finalised by the evaluation team with the support of the UNICEF CO personnel and the U-Report specialist at regional level, to ensure that wording is accurate for the

⁸⁷ The two options have been put forward and a planned discussion with UNICEF CO respective staff will enable a final decision.

⁸⁸ The sum of the absolute numbers to which these percentages refer to, do not equal the total number of U-Reporters indicated. It would be useful to have the gender and breakdown reviewed, as well as the breakdown by age groups.

⁸⁹ Source (last accessed on 11.12.2024): <https://eswatini.ureport.in/engagement/>

⁹⁰ During the exploratory consultations with the UNICEF staff on the potential use of the U-Report in the evaluation, the evaluation team has been recommended to keep the U-Report around 10 questions maximum.

specific context and that the survey can run smoothly on the U-Report platform. Prior to being officially launched, it will be piloted with a limited number of respondents to test both the appropriateness of its language and that the digital data collection system runs smoothly.

The UNICEF CO staff will be in charge of deploying the U-Report amongst the target population via SMS using the phone network. The respondents will be reached out to by drawing on the UNICEF database of U-Reporters' list of phone contacts at the country office level. The UNICEF staff will then share access to the data collected through U-Report with the Evaluation Specialist for the data analysis. It is anticipated that UNICEF will cater for any costs related to the deployment of U-Report in the field.

While the U-Report will enable insights into the perspectives of a subsection of right holders, the evaluation team is aware that limitations are inherent to digital data collection tools, such as the quality of the devices available to the user and therefore the need to articulate very simple questions and answer, that do not allow to collect more complex data. Moreover, most U-Reports are generally concentrated between age 20-30 and they report on a voluntary basis, and can not be considered to be representative of the youth population as a whole and thus data will be treated cautiously. Rather than controlling for this skewed representativeness, the evaluation team will refer to the data generated primarily to add additional layers of understanding to findings identified and triangulated from other sources.

6.4 Data Analysis Methods

Qualitative Content Analysis

Qualitative content analysis will be applied to data collected from interviews with the different kinds of stakeholders to pull out key trends, issues, and patterns across the different evaluation questions. From each interview, a synthesis of the key points linked to the evaluation areas of inquiry will be conducted using Excel to populate the evaluation matrix and key findings. Quotes will also be collected from interviews, so that they can be used to support findings.

Descriptive Statistics

Descriptive statistics will be applied to analyse quantitative data collected through the desk review and questionnaire responses. Desk review data will include outcome and output data, as well as budgetary data. Data will be analysed with the support of Excel to identify trends and frequency distributions. Associations between variables will be explored with bivariate descriptive statistics, that will help identify potential trends across different population groups (e.g. by age, sex, geographical area, and residential setting).

The data collected (from desk review, interviews/ FGDs and the questionnaire) will be carefully synthesised and triangulated to allow development of findings and conclusions for each of the key evaluation questions.

Efficiency Analysis

The evaluation will assess whether implementation of the Country Programme to date has been efficiently delivered. This will draw significantly upon programme monitoring (financial data, implementation data) as well as perceptions from the evaluation survey and interviews. Various elements will be explored including:

- Analysis of the proportion of resources (financial, human, technical) allocated to the implementation of the Country Programme, disaggregated by outcome areas
- Percentage of resources (financial, human) specifically allocated to support gender, disability, equity-focused interventions
- Collation and analysis of stakeholders' perspectives on the efficiency of programme delivery (timeliness, utilisation of budget to date)
- Review whether financial and human resources are sufficient to achieve the CP's intended results within its timeframe (based on above analysis and stakeholders' perspectives through interviews and web survey).

Policy Influence Analysis

Policy influence analysis⁹¹ will be applied to the deep dives to explore the contribution of UNICEF's support to policy change and implementation through its advocacy, research and evidence generation, technical assistance and capacity development efforts. The analysis will track specific policy shifts, assess UNICEF's role in these changes, and evaluate the strategies used to influence policymakers and institutional practices. Perspectives around policy implementation will also be sought where relevant. The analytical framework utilised will trace in retrospect any policy shifts, and the nature and stages of policy engagement and UNICEF's role in contributing to the shift. It will draw upon interview and web-based survey data, and in-depth examples of policy shifts and UNICEF's contributory role will be shared in visual form.

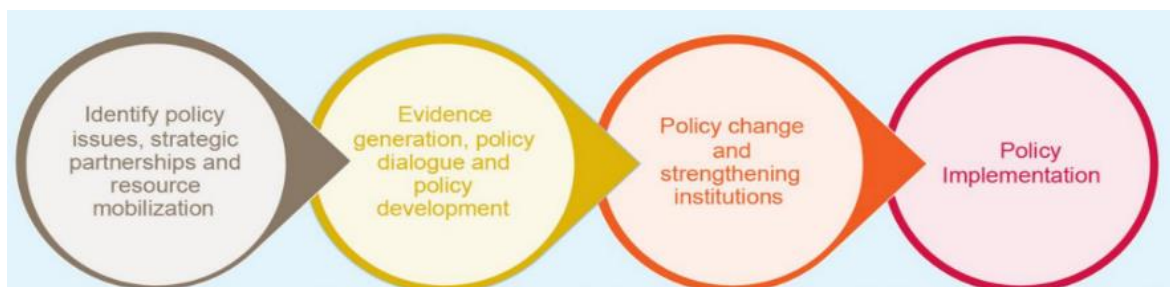


Figure 4. Policy influencing process . Source: UN Women⁹²

System Strengthening Analysis

This method will assess how UNICEF's interventions have contributed to the strengthening of systems within deep dives. The analysis will explore the extent to which UNICEF's efforts have enhanced the capacity of government institutions, improved service delivery mechanisms, and created sustainable changes in the systems that support children's rights and well-being.

⁹¹ Cathexis Consulting, No Date, A Guide to Policy-Influence Evaluation: Selected Resources and Case Studies; and Jones, H., 2011, A Guide to Monitoring and Evaluating Policy Change

⁹² UN Women, 2022, Corporate Evaluation of UN Women's Policy Advocacy work

An analytical framework will be drawn upon which has been developed by UNICEF for social protection,⁹³..

Contribution Analysis

Contribution Analysis will be applied across all the deep dives. Contribution Analysis is a methodology used to identify the contribution that a development intervention has made to a change or a set of changes. It aims to produce a plausible,

evidence-based narrative of contribution that a reasonable person would be likely to agree with, rather than producing conclusive proof. It encourages a rigorous and transparent approach to assessing contribution to change and reduces uncertainty in the analysis of whether a development intervention has contributed to change. It is particularly useful for situations where assessment of sole contribution is difficult.

Steps in conducting a Contribution Analysis are: (1) Set out the attribution problem to be addressed; (2) Develop a programme logic and risks to it; (3) Gather the existing evidence on the programme logic; (4) Assemble and assess the contribution story, or performance story, and challenges to it; (5) Seek out additional evidence; (6) Revise and, where the additional evidence permits, strengthen the contribution story⁹⁴.

Contribution Analysis will be incorporated into the findings, synthesising the main insights from different lines and levels of evidence, as well as the assessed plausible contribution story of the deep dives. Contributions will be induced/harvested from the evidence available; and may include unexpected (positive and negative) as well as planned contributions.

The following table will be used to add rigour to the analysis (an example is added to demonstrate how it will be used):

| Contribution of UNICEF (description) | Main supporting evidence | Main refuting evidence | Possible alternative explanations | (a) Plausible level of UNICEF contribution (H/M/L) | (b) Level of evidence (H/M/L) | (c) Overall contribution (a)*(b) |
|--------------------------------------|--------------------------|------------------------|-----------------------------------|--|-------------------------------|----------------------------------|
| Example (e.g. Advocacy for | Government financial | Other funds and | Increased political | Med | Med | Med |

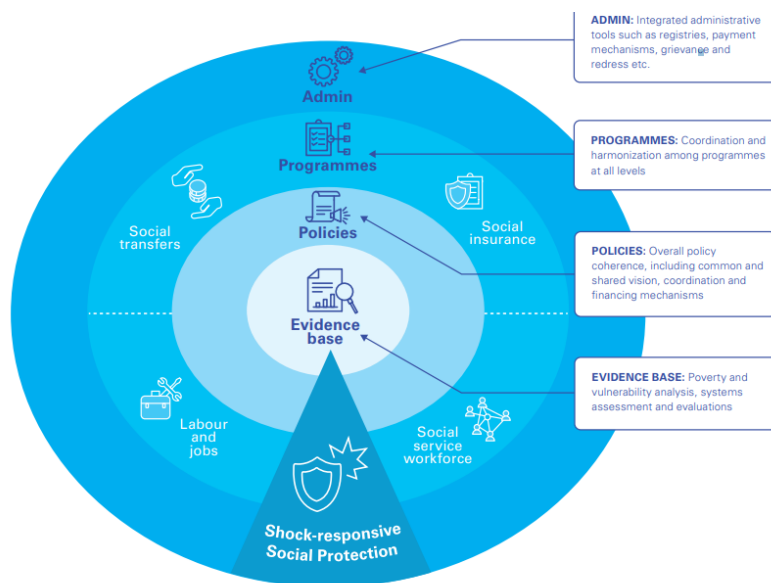


Figure 8. UNICEF Global Social Protection System Strengthening Framework

⁹³ UNICEF, 2019, Social Protection System Strengthening Framework

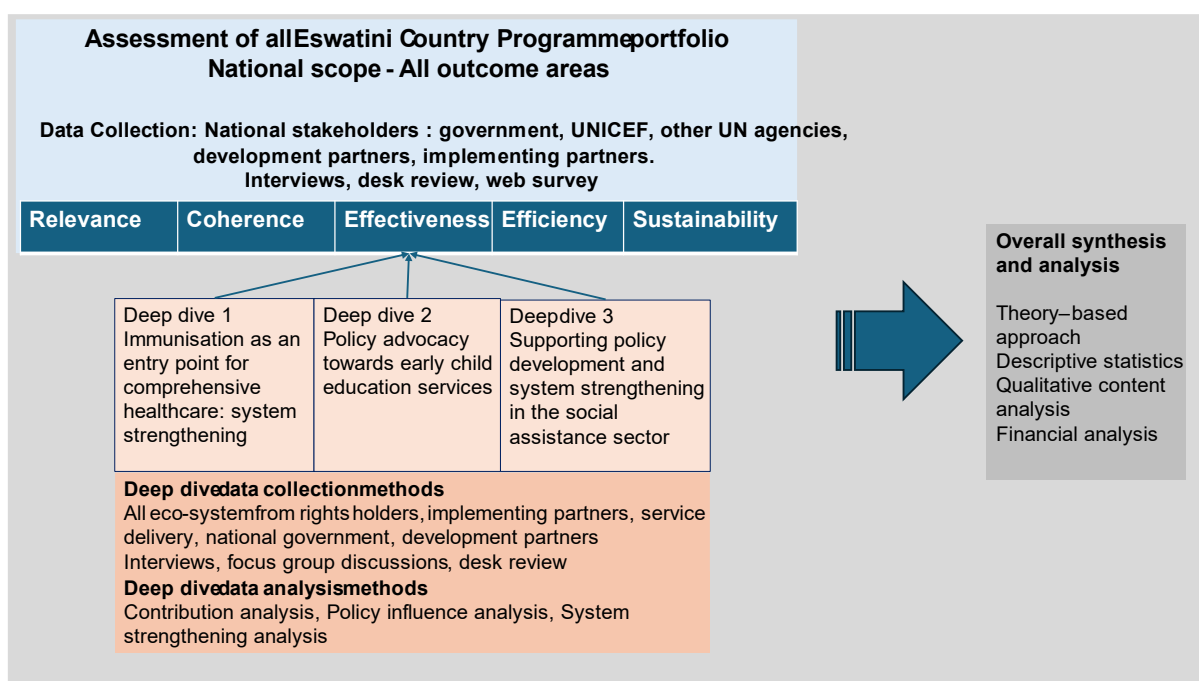
⁹⁴ INTRAC, 2017, Contribution Analysis

| | | | | | | |
|---|---|--|---|--|--|--|
| <i>disability focal points across Ministries)</i> | <i>allocation to disability focal points and accompanying budget Interviews with government</i> | <i>programmes addressing disability [list] – overall sector growth</i> | <i>attention in donor countries International campaigns</i> | | | |
| | | | | | | |
| | | | | | | |

All evidence will be synthesised into a master contribution analysis table, and the evaluation matrix to support the development of findings and conclusions from the deep dives.

Figure 6 summarises the methodology sharing the overall approach, and how the deep dives and data collection methods and data analysis methods will be used.

Figure 5. A summary of the evaluation methodology showing data collection and analysis methods



6.5 Quality assurance

The terms of reference specify several deliverables. Indeva Consulting will conduct quality control of all outputs (including drafts) prior to submission to the evaluation management group; ensuring that the evaluation’s findings, learning, conclusions and recommendations are clearly located within a rigorous process, which meets UNEG and UNSWAP standards. This is the first level of quality assurance of all evaluation deliverables (including drafts).

For the first level of QA, the Team Leader holds overall responsibility for quality. This is based on close working with the client to further refine the ToR, triangulation of evidence with the evaluation team members, and facilitating robust processes for validating and communicating emerging findings.

The second level of quality assurance of the evaluation report will be conducted by the Evaluation Reference Group⁹⁵ (comprising Government counterparts, several senior Eswatini Country Office and ESARO staff members, select development, civil society organizations, and private sector partners and adolescent/ youth member) whose primary role is to review evaluation deliverables, including the draft evaluation report.

The third level of quality assurance of the evaluation deliverables is conducted by UNICEF. Quality assurance will be provided by UNICEF's Regional Office Evaluation Section. The final evaluation report will be subject to assessment by an independent evaluation quality assessment provider using UNICEF Evaluation Office quality assessment. The evaluation quality assessment grid will be published along with the evaluation report on the UNICEF Evaluation Office website.

The key milestones for the quality assurance process are included in section 7.

6.6 Ethical Considerations

The evaluation will be guided by evaluation ethical standards at all times. It will be conducted in accordance with the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis, United Nations Evaluation Group Ethical Guidelines, the Code of Conduct for Evaluation in the UN System, and the United Nations Norms and Standards for Evaluation in the UN System.⁹⁶

Approval from a UNICEF designated ethical review board has been received prior to data collection commencement⁹⁷. This approval was required for the evaluation, due to the engagement of adolescents (15 and above) within the ERG and the youth advisory board group interview. The ethical review assessed the methodology, data collection approach and instruments and any ethical safeguarding elements to ensure that all ethical standards are upheld.

Specific commitments include:

Involvement of adolescents: The evaluation will work with adolescents who are over 15 years old. This will be through:

- (i) inclusion of an adolescent within the Evaluation Resource Group to gain their perspectives on the evaluation findings, conclusions, recommendations and process.
- (ii) a group interview with the UNICEF Youth Advisory Board to understand their experience of engaging with UNICEF on the Youth Advisory Board (degree and scope of engagement, satisfaction levels, perspectives on uptake, and priorities for youth in Eswatini for the future).

The purpose of their engagement will be fully explained, along with their rights (informed consent, confidentiality, ability to stop the interview/ process at any stage, as per other ethical commitments set out below). They will not be requested to share personal information or personal stories thus reducing any potential ethical risk/ concern. Parental consent may be sought if advised and agreed by

⁹⁵ The Evaluation Reference Group is in the process of being established

⁹⁶ United Nations Evaluation Group, Norms and Standards for evaluation in the UN System, accessible at: <http://www.unevaluation.org/document/detail/2866>; Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance, accessible at:

http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=1401

⁹⁷ Approval received on 09/01/25

UNICEF. The evaluation team will abide by the principles set out in UNICEF's Ethical Research Involving Children as appropriate,⁹⁸ and will also sign/ abide by UNICEF's protocols involving engagement with adolescents.

Rights to self-determination, fair representation, protection, and redress: The evaluation team will ensure that the rights of individuals to participate or not in the data collection is respected. Prior to their involvement, all participants will be explained the purpose of the data collection and the intention of the evaluation team in an accessible language, verbally or in writing (see Annex 10 and 12 for Informed Consent forms), to ensure that they can provide their informed consent to freely and voluntarily contribute to the data collection. The evaluators will ensure that consent will be based upon clear understandings of the intention of the process and possible risks or outcomes. A proposed informed consent form model is included in Annex 10. All contributors will be given the possibility to withdraw from the process at any time, and to request not to utilize the information already provided. They will be given contact details in case they would like to access to their data or to request their correction or deletion, and their identity to be forgotten (i.e., no record of their identity) as being involved in the evaluation.

Confidentiality: The confidentiality of the information disclosed by individuals during the evaluation process will be granted at any stage of the evaluation, and messages concerning confidentiality will be integral to all data collection tools. Recruitment procedures will clearly ensure privacy of subjects throughout the recruitment process. For interviews the individuals interviewees (or groups interviews where well known to each other) will be directly contacted and their details will not be shared. For the information collected via survey, the anonymity of individual respondents will be explained in the survey introduction. Respondents will have the option to deny consent to having their information gathered and analysed both prior to the beginning of the questionnaire and at its very end. Background questions on participants' demographic details (e.g., age and sex) will be requested only for data disaggregation purposes. All information will be used and represented only to the extent agreed to by its contributor. In all evaluation outputs, including presentations and reports, it will be presented applying accepted ethnographic norms. Where information is made available as open data, it will be stripped of identifiable information.

Independence and impartiality: The independence of the evaluation will be retained throughout the evaluation process in order to ensure an external assessment. All of the data collection will be collected by the consultants, and it will be communicated clearly to evaluation informants that they are independent team. The evaluation team do not have any vested interests in the outcomes of the evaluation.

Transparency: To ensure the transparency of the evaluation process, the evaluation team will track the evidence on which the findings will be based on its source to its use and interpretation, however in the respect of anonymity of contributors and confidentiality of information.

Appropriateness of data collection tools: Survey questions will be developed to ensure that they are perceived as sensitive to and respectful of beliefs, manners and customs by targeted respondents. The survey answers will be anonymously submitted to the review team directly through the online platform that will be adopted to circulate the survey.

⁹⁸ UNICEF, 2013, Ethical Research Involving Children

Storage of data: All primary data collected will be stored through password-protected devices in a SharePoint hosted on password-secured servers offered by Microsoft Office365 and accessible only by the evaluation team. Data will be stripped of identifying information before analysis. Data will be deleted (up to) three years after data collection, allowing sufficient time in case any queries arise.

6.7 Limitations and Mitigation Strategies

A number of limitations have been identified by the evaluation team. These are described in table 7, along with efforts that will be made to prevent or overcome them.

Table 7. Evaluation anticipated limitations and mitigation strategies

| Limitation | Description | Mitigation Strategy |
|--|---|--|
| 1. Limitations in accessing reliable and informative quantitative data and measuring programme outcomes | M&E data may not be as readily available, disaggregated, or reliable as necessary. This is also given a reliance on national data for some indicators. | The evaluation team will use a theory-based mixed methods approach combining qualitative assessments with available quantitative data. This will enable assessment of the logical coherence of the programme's change model, that can provide some reasonable insight as to whether or not the programme is likely contributing to the overall objective. Proxy indicators will be used where direct measures are unavailable. |
| 2. Availability of sufficient and appropriate stakeholders for interviews and FGDs | A key element of the evaluation is reaching a breadth of stakeholders, many of whom are in senior positions in government and across partners, and thus may have limited time. There may also be challenges of accessing the appropriate stakeholders who have sufficient knowledge of the CP from 2021 onwards. | The interviews will be scheduled in advance, and will also offer face to face interviews, and online interviews (outside of the mission) as convenient. All interviewees will be asked as to how long they have worked in position, and if it is relatively recent the views of other colleagues will be sought. Individual interviews will be supplemented by documentary analysis. |
| 3. Potential bias in selecting stakeholders to participate in interviews and group discussions | As with most evaluations, a potential bias exists in working with country offices to select interview and group discussion participants. Offices may be inclined to invite stakeholders who are based within close proximity, stakeholders who have had a particularly positive or negative experience with the programme, stakeholders with a certain level of education and ease in communicating with evaluators, etc. | Purposive sampling will be utilised to ensure a diverse range of views. Clear criteria will be provided for the selection of stakeholders. The team's experience in conducting such data gathering means that it is able to some extent to correct for bias by triangulating sources, asking questions in such a way as to elicit more neutral responses. |
| 4. Political and emergency context | Public protests, demonstrations, and strikes do occur occasionally in | The evaluation team will be advised by UN security briefing |

| | | |
|------------------------------------|---|---|
| | Eswatini, mostly in response to political or economic issues. The recent political unrest in Mozambique has led to a high influx of refugees, which may mean that UNICEF staff need to prioritise the issue. | and adhere to guidance. The evaluation team will aim to be flexible around the CO response to the refugee crisis. |
| 5. Delays to the evaluation | A risk identified with the ToR is delays to the evaluation process, with repercussions of not being able to inform the next country planning process. | The evaluation team will work to the agreed timeline and raise any issues that are causing/ potentially causing delays. |

7 Work Plan

The evaluation comprises a design phase, data collection, analysis and reporting and then dissemination and use. The timeframe of the work plan is set out below in figure 7.

Figure 6. Overview of the evaluation process



7.1 Team roles and tasks

The three team members comprise Susanne Turrall, Team Leader, and Giulia De Bernardi, Evaluation Specialist. The team tasks, roles and distribution of effort across the evaluation process are set out below in table 8.

Table 8. Evaluation team distribution of effort

| Team member | Inception | Primary data collection | Data analysis | Reporting |
|---|---|--|---|--|
| Susanne Turrall Team Leader <i>Evaluation Expert, Gender and Social Inclusion Analyst</i> | Inception kick-off presentation Inception interviews Development of methodology Inception report development and | National data collection, online interviews, documentation | Overall synthesis Two deep dives Application of contribution analysis | Emerging findings and recommendation meeting (virtual) Final report oversight |

| | | | | |
|---|--|--|---|--|
| | oversight | | | |
| | 10 days | 7 days | 6 days | 7 days |
| Giulia De Bernardi Evaluation Specialist <i>Evaluation Professional, Gender equality, child education</i> | Inception interviews Stakeholder mapping Context | National data collection, online interviews, documentation. Survey administration | Survey One deep dive Application of contribution analysis | Emerging findings and recommendation meeting (virtual) Formatting and annexes |
| | 10 days | 7 days | 6 days | 7 days |

7.2 UNICEF Roles and Responsibilities

The CPE will be managed by the Evaluation Section of UNICEF's East and Southern Africa Regional Office (ESARO), under the overall oversight of the ESARO Regional Director, and in close collaboration with the UNICEF Eswatini Country Office (ECO), Government of Eswatini and development partners. An Evaluation Manager is responsible for the day-to-day management and is accountable to the Regional Evaluation Adviser. An Evaluation Focal Point from the Eswatini Country Office will act as the primary liaison with the Evaluation Manager and will facilitate the data collection and evaluation process at the country level.

The evaluation team relies on key inputs from UNICEF colleagues, as set out in the ToRs, including:

- Lead the management of the evaluation exercise throughout the process (design, implementation and dissemination), ensuring that the evaluation products meet quality and ethical standards.
- Hold weekly meeting (virtual) to discuss on the progress of the work and any emerging issues
- Support the logistical arrangements for field visits, arranging of interviews and focus group discussions
- Establishing and updating the electronic library of documents for the evaluation.
- Sharing the relevant UNICEF documents, tools, and templates and provide guidance throughout the process to contribute to delivery of quality deliverables.
- Providing, collecting and summarizing all feedback received for IR and Draft Report throughout the main stages of the evaluation.
- Conducting the Quality assurance as per the Standard Operating Procedures for Research, Studies and Evaluations.
- Ensuring Ethical standards and requirements are fully met as per UNICEF Evaluation Policy and SOPs for RSEs.
- Supporting participation of stakeholders throughout the evaluation process.
- Establishment of the Evaluation Reference Group (ERG) and arrangement of its meetings.
- Ensure ERG members and other key stakeholders are consulted and comment on the evaluation main deliverable.
- Support the development of management response for the evaluation

7.3 Evaluation Reference Group

An Evaluation Reference Group (ERG) is being developed comprising critical stakeholders of the CPE, including Government counterparts; several senior Eswatini Country Office and ESARO staff members; select development, civil society organizations, private sector partners and youth/ adolescent representatives. The ERG's responsibilities are described in the ERG terms of reference. The inclusion of youth/adolescent is important for ensuring a 'voice' for youth in the evaluation and is discussed more in Annex 11. The ERG has an advisory capacity whose primary role is to review evaluation milestones (terms of reference, inception report, draft evaluation report) and to provide comments.

Table 9. Timeline of the evaluation with key deliverables

| Timeframe | Activity | Responsibility | Evaluation Deliverable and deadline |
|---|--|--------------------------------------|---|
| 13 th November - 10 th December | Inception and scoping period | Indeva Consulting Team Leader (TL) | Draft inception report 10/12/24 Presentation of draft inception report 18/12/24 |
| 11 th December – 3 rd January | Review of Draft Inception Report by EMG+ERG | UNICEF ESARO Evaluation Manager (EM) | |
| 24 December - 10 th January | Revision of inception report | Indeva Consulting TL | Submission of final inception report 10/1/25 |
| 11 th January – 7 th February | Data Collection | Indeva Consulting TL | In-country visit 27/1/25 to 31/1/25 |
| 10 th February – 3 rd March | Data analysis and reporting | Indeva Consulting TL | Presentation of preliminary findings at Strategic Moment of Reflection 21/2/25 Submission of draft evaluation report 03/3/25 |
| 4 th March – 17 th March 2025 | Facilitate review of draft by EMG and ERG | UNICEF ESARO EM | Presentation of evaluation conclusions and recommendations 12/3/25 |
| 17 th – 21 st March 2025 | Revision of draft evaluation report, incorporating feedback by EMG and ERG | Indeva Consulting TL | Submission of final evaluation report 21/3/25 |

A tentative schedule for the data collection mission is included in Annex 9.

Annexes

Annex 1. Evaluation Terms of Reference

Evaluation of the Government of Eswatini and UNICEF Country Program of Cooperation 2021-2025

Background and Justification

As per UNICEF's Evaluation Policy, every UNICEF Country Program must be evaluated at least once every two country Program cycles. The Evaluation Section of the respective UNICEF Regional Office conducts such country program evaluations (CPEs).

CPEs intend to capture and demonstrate evaluative evidence of UNICEF's contributions to development results at the country level and the effectiveness of UNICEF's strategy in facilitating and leveraging national efforts for achieving development results. Their purpose is to:

- Assess results from the ongoing Country Program to inform the development of the next UNICEF Country Program Document (CPD)
- Strengthen the accountability of UNICEF to national and international stakeholders and the Executive Board

The CPE will be managed by the Evaluation Section of UNICEF's East and Southern Africa Regional Office, under the overall oversight of the ESARO Regional Director, and in close collaboration with the UNICEF Eswatini Country Office (ECO), Government of Eswatini and development partners. Quality assurance will be provided by UNICEF's Evaluation Office, which reports directly to UNICEF's Executive Director and is functionally independent within the Organization. The CPE will be conducted in accordance with the provisions of UNICEF's Evaluation Policy and the norms and standards of the United Nations Development Group (UNEG).

Evaluation Objectives

The **overall objectives** of the CPE are:

- To assess the relevance, effectiveness, efficiency, coherence, and sustainability of the Eswatini Country Program from its inception to the present, with a particular focus on equity, gender equality, disability, and UNICEF's strategic positioning in relation to its child rights mandate.
- To identify and document key successes, challenges, and lessons in implementing the current (2021-2025) Country Program, which can inform and support advocacy efforts for scale-up and replication.
- To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies in the design of the next Eswatini Country Program, taking into

consideration national development priorities and plans and the 2030 Agenda for Sustainable Development in the country.

Scope of the Evaluation

The proposed CPE will cover the Eswatini Country Program (ECP) from 2021 to 2025, capturing and demonstrating evaluative evidence of the effectiveness of UNICEF in leveraging national efforts and the organisation's direct contributions to achieving development results for children at the country level. It is anticipated to begin in late September 2024 with the inception phase and take 60 days over seven months to complete. As a country-level evaluation of UNICEF, the CPE will focus on the formal UNICEF CPD approved by the Executive Board but also consider any changes/revisions from the initial CPD during the period under review. Subject to specific areas of focus identified below, the scope of the CPE includes the entirety of UNICEF's engagement in the country and, therefore, covers interventions funded by all sources. The CPE will also cover any humanitarian or emergency response supported by UNICEF Eswatini during the period under evaluation.

The CPE should focus particularly on UNICEF's positioning within the development community and national partners regarding its child rights mandate. It will also examine equity, gender equality, and disability.

While the ECP will be the unit of analysis, each of the components making up UNICEF's Program will be assessed. The CPE will also strongly focus on equity, gender, and disability as cross-cutting themes across evaluation criteria and evaluation questions. It will also specifically examine the coherence of the ECP with the Core Commitments for Children in Humanitarian Action, Gender Action Plans (GAP) (2014 – 2017 and 2018 – 2021), and the United Nations Disability Inclusion Strategy (UNDIS).

The ECP is in year 4 of a 5-year cycle. Programmatic results are not expected to manifest sufficiently to draw conclusions about the impact of the present ECP. The CPE aims to foster learning of what has worked, what has not, and why in the current ECP with a view to designing the next ECP.

Evaluation Criteria and Questions

The CPE will be guided by key evaluation criteria and aim to answer the following evaluation questions:

Relevance: The CPE will seek to assess the extent to which the Country Program's objectives and design were and remain appropriate within the country context, as well as whether UNICEF's approach to addressing them was the most suitable considering its mandate, resource base, comparative advantages, and operational structures.

1. To what extent is the Country Program guided by national priorities, clear Program theories, and relevant Program strategies appropriate to the changing context and emerging issues, and responded and adjusted, as necessary?
2. To what extent has UNICEF been able to position itself as a strategic partner in the country context? What are UNICEF's comparative strengths in the country – particularly in comparison to other UN agencies and development partners - and how were these harnessed to help achieve the results?

Coherence: The CPE will assess policy consistency with key UNICEF strategies and international commitments, including gender equality and women's empowerment, disability inclusiveness, equity for children, and the human rights-based approach; and UNICEF's coordination and convening role within the UN, with government sectors and donors in Eswatini.

3. To what extent have ECP strategies to address gender equality, disability, and equity, particularly the alignment of the ECP with the Core Commitments for Children in Humanitarian Action,

UNICEF's Gender Action Plans (2014-2017 and 2018–2021) and United Nations Disability Inclusion Strategy (UNDIS), been consistently integrated into all aspects of programming and implementation, including policy and advocacy?

4. Did the Country Office's strategic approach to addressing the challenges of equity, gender equality, and disability play a complementary role to that of the Government and other development actors?
5. To what extent is the Country Program linked to and achieving synergies and coordination with other UN agencies, particularly in response to emergencies such as COVID-19?

Effectiveness: The CPE will assess the extent to which the Country Program results were achieved and whether UNICEF's adopted strategies were gender responsive/transformational, disability-inclusive, and demonstrated a reasonable contribution at the outcome level, including any differential results across groups.

6. To what extent has the Country Program achieved or is likely to achieve its outcomes, including any differential results across gender, disability status, income, ethnicities, etc.? What results have been achieved through convergence, and what are the other major factors influencing the achievement (or not) of Country Program outcomes?
7. Did the country Program contribute to reducing inequities and exclusion and progressing towards greater gender equality and disability inclusion? To what extent are programs, communications, and advocacy efforts gender-responsive/transformational and disability-inclusive, and, relatedly, are UNICEF ECO staff capacitated to integrate and implement gender-responsive/transformational and disability-inclusive programs?

Efficiency: The CPE will measure how resources/inputs (funds, expertise, time, etc.) were converted into and affected results. It is also understood as how UNICEF manages its partnerships, operationalizes its strategies, implements activities, and delivers outputs.

8. Were resources (funds, human resources, time, expertise, etc.) allocated and utilized strategically to track and achieve results, including equity, gender, and disability-related objectives?
9. To what extent have the convergence strategy, the Program structure, and the office structure supported the delivery of the Country Program? Were the chosen strategies and approaches the most cost-effective and efficient? Were there alternatives that would have worked better, and what are those?

Sustainability: The CPE will assess the extent to which continuation of benefits from Country Program interventions was ensured, including the likelihood of and risks to continued long-term benefits and its potential for scale-up and/or replication.

10. To what extent are the positive changes and effects of the Country Program sustainable at the relevant levels (e.g., community, provincial/state, national)? To what extent have the Program strategies adopted by UNICEF contributed to or were designed in a way that will contribute to the sustainability of results, especially equity, gender, and disability-related results?
11. To what extent have the Program strategies, plans, and tools, particularly those with an equity, gender, and disability focus, been institutionalized in systems, policies, mechanisms, and strategies among government, NGO/civil society, and other partners and stakeholders? Will the strategies/plans/tools be more widely replicated or adapted? What's the scalability of models introduced by UNICEF?

To answer these overarching questions, the evaluator will be expected to develop sub-questions as part of the evaluation matrix during the inception phase to further focus the evaluation, not expand its scope. These questions will be reviewed with all stakeholders during the inception period.

Evaluation Approach and Methods

The evaluation methodology will adhere to the United Nations Evaluation Group (UNEG) Norms & Standards⁹⁹ and will be further refined by the external evaluators during the inception phase, in close consultation with the ESARO Evaluation Section and key evaluation stakeholders. The evaluation design will emphasize the analysis of UNICEF's contributions to outcome-level and successes in influencing upstream changes, such as policy shifts, system strengthening, and high-level decision-making processes that contribute to the broader goals of the Country Program. The design should specify how data collection and analysis methods integrate gender and disability considerations throughout the evaluation process.

Theory of Change (ToC) Approach

A Theory of Change (ToC) approach will be used in consultation with stakeholders, as appropriate, to understand better how and under what conditions UNICEF's interventions are expected to improve the well-being of children in Eswatini. Discussions of the ToC will focus on mapping the assumptions behind the Program's desired change(s) and the causal linkages between the intervention(s) and the intended Country Program outcomes.

Contribution Analysis for Outcome-Level Change

Accordingly, the evaluation will incorporate **Contribution Analysis** to assess the extent to which UNICEF's interventions have led to the achievement of specific outcome-level changes. Contribution Analysis is particularly useful in complex settings where multiple factors and actors influence outcomes.

Contribution Analysis will help determine how and to what extent UNICEF's activities have contributed to observed changes in the well-being of children in Eswatini. The analysis will involve identifying and testing causal links between the interventions and the outcomes, considering alternative explanations and other contributing factors. This approach will provide a clearer understanding of UNICEF's role in achieving the desired results.

Focus on Upstream Change

The evaluation will specifically assess the extent to which UNICEF's interventions have led to significant upstream changes in Eswatini. This includes analysing the effectiveness of UNICEF's advocacy efforts, system-strengthening initiatives, and strategic engagement with government and other stakeholders in driving policy and institutional changes that enhance children's well-being.

Analytical Methods for Upstream Change

To thoroughly assess UNICEF's impact on upstream changes, the evaluation will focus on the following analytical methods:

⁹⁹ <http://www.unevaluation.org/document/detail/1914>

- **Policy Influence Analysis:** This method will evaluate how UNICEF's efforts have contributed to policy changes in Eswatini. The analysis will track specific policy shifts, assess UNICEF's role in these changes, and evaluate the strategies that influence policymakers and institutional practices. The analysis will consider the tactics employed, such as policy briefs, advocacy campaigns, and strategic partnerships, to understand how these contributed to shifts in the policy environment.
- **System Strengthening Analysis:** This method will assess how UNICEF's interventions have contributed to the strengthening of systems within key sectors, such as education, health, and child protection. The analysis will explore the extent to which UNICEF's efforts have enhanced the capacity of government institutions, improved service delivery mechanisms, and created sustainable changes in the systems that support children's rights and well-being.

Participatory Approach

A participatory approach will be maintained throughout the evaluation, ensuring that key stakeholders—including government representatives, civil society organizations, and other partners—are actively engaged in the evaluation process. Stakeholder consultations will be integral to assessing the ToC, identifying key moments of influence, and validating the findings related to outcome-level contributions and upstream changes.

Gender, Disability, and Equity

It is expected that the CPE apply strong equity, gender, and disability focus by i) including equity, gender, and disability in evaluation criteria and evaluation questions; ii) making evaluation methodology and data collection and analysis methods equity, gender, and disability responsive; and iii) reflecting equity, gender, and equity analysis in evaluation findings, conclusions and concrete recommendations and action points that can be addressed in the design of the next CPD both for better integration of equity and gender in the office and programming efforts, and for strengthened results for children.

Assessment of data availability and data constraints

Where possible and appropriate, the evaluation should seek evidence of what may or may not have occurred in the absence of UNICEF's Program.

As part of the inception phase, the evaluator will assess the available information, identify data constraints, and determine the data collection needs and methods. The methodology should be aware of and prepared to take advantage of the accumulated and in-process evidence generated through research, studies, surveys, and evaluations conducted within the UNICEF Eswatini Country Program.

With respect to indicators, the CPD results framework is updated annually during the annual reporting to show progress toward outputs. A Country Office Annual Report (COAR) is produced annually, covering all the Program components and implementation strategies and their status. The evaluator will be provided with other relevant programmatic surveys and studies.

The following secondary data will be reviewed, among others: background documents on the national context, documents prepared by international partners during the period under review and documents prepared by UN system agencies; Program plans and frameworks; progress reports; monitoring self-assessments such as the UNICEF Country Office Annual Reports; national surveys (e.g.

Multiple Indicator Cluster Surveys (MICS); national reports; and evaluations conducted by the country office and partners. Sex-disaggregated data will be collected, where available, and assessed against Program outcomes.

Data collection methods

The evaluation will use data from primary and secondary sources, including a desk review of documentation and information and interviews with key informants. It will follow a multi-stakeholder approach, and interviews will include Government representatives, civil society organizations, private-sector representatives, UN agencies, multilateral organizations, bilateral donors, and rights holders under the Program. Focus group discussions may be used to consult different groups of rights holders and duty bearers as appropriate.

Stakeholder Involvement. A participatory and transparent process will be followed to engage with multiple stakeholders at all stages of the evaluation process. During the inception phase, a stakeholder analysis will be conducted to identify all relevant UNICEF partners, including those who may not have worked with UNICEF but play a key role in the outcomes to which UNICEF contributes. This stakeholder analysis will play a key part in informing the reconstructed TOC, serve to identify key informants for interviews during the primary data collection phase of the evaluation, and examine any potential partnerships that could further improve UNICEF's contribution to the country.

Management Arrangements and Quality Assurance

The evaluator/s will be recruited by and report to the ESARO Evaluation Section under the overall oversight of the ESARO Regional Director. For the day-to-day management of the CPE, the Evaluation Section will appoint an Evaluation Manager who will be accountable to the Regional Evaluation Adviser. UNICEF's Evaluation Office will provide quality assurance.

Eswatini Country Office will appoint an Evaluation Focal Point who will act as the primary liaison with the Evaluation Manager and will facilitate the data collection and evaluation process at the country level.

The Evaluation Manager will work with the Eswatini Country Office to constitute an Evaluation Reference Group (ERG) comprising critical stakeholders of the CPE, including Government counterparts; several senior Eswatini Country Office and ESARO staff members; select development, civil society organizations, and private sector partners. The ERG's responsibilities are described in the ERG terms of reference. The ERG has an advisory capacity whose primary role is to review evaluation milestones (terms of reference, inception report, draft evaluation report) and to provide comments. The ERG Secretariat will maintain a written record, as part of an audit trail, of all ERG comments, which the evaluator is expected to respond to in writing (agree – actions taken; disagree – justification).

Specific Tasks, Deliverables, and Timeline

The CPE is anticipated to begin in September 2024 with the inception phase and be completed in 60 days over seven months.

| Timeline | Activity | Deliverable | Other elements to be aware of or link to |
|----------|---|---|--|
| 5 days | <u>Preparatory phase</u> <ul style="list-style-type: none"> Secondary data collection and desk review Preliminary stakeholder analysis Preparation for the inception phase | 1. Plan for the inception phase Recipients: members of the evaluation reference group | An evaluation Reference Group is formed. UNICEF and other stakeholders are informed to secure cooperation for the effort. UNICEF assembles documentation and data for use by the evaluator. |
| 15 days | <u>Inception phase</u> <ul style="list-style-type: none"> May include an inception mission to Mbabane, Eswatini (Re)Construction of Theory of Change Stakeholder Analysis Preparation of draft inception report and data collection tools Engagement with stakeholders on the inception report Ethical approval process Finalization of inception report | 2. Draft inception report Recipients: members of the evaluation reference group 3. The draft inception report and instruments will be presented to the Evaluation Reference Group in person or via video link. 4. Final inception report (plus completed audit trail addressing all comments) Recipients: members of the evaluation reference group | |
| 20 days | <u>Data collection phase</u> <ul style="list-style-type: none"> Preparation for data collection, including piloting of instruments Mission in Eswatini to collect data and meet with stakeholders Preparation of interview reports Population of evaluation matrix Preparation and delivery of Country Mission Debrief | 5. Country Mission Debrief with key ECO staff at the end of the in-country mission | |
| 20 days | <u>Drafting, validation, and completion phase</u> <ul style="list-style-type: none"> Data analysis and drafting Preparation of a PowerPoint presentation on emerging findings, conclusions, and recommendations Engagement with stakeholders on the draft report Finalization of report and summary PowerPoint presentation | 6. Presentation of Preliminary Findings – in person or via video link – on emerging findings, conclusions, and recommendations with key evaluation stakeholders, including the Evaluation Reference Group. Recipients: members of the evaluation reference group 7. A complete first draft evaluation report Recipients: members of the evaluation reference group 8. Presentation of the findings, conclusions, and recommendations at the ECO Strategic Moment of Reflection; 9. A final evaluation report (plus a completed audit trail addressing all comments). The final report should be illustrated with data and infographics. Detailed recommendations on each theme should be presented in a separate concluding chapter. Equity, gender, and | Presentations of key findings and recommendations need to be ready for the UNICEF Eswatini Strategic Moment of Reflection (preparation of the next CP) and other identified events in Q1 of 2025. The report structure, format, and quality should adhere to the UNICEF Evaluation Report standards and the GEROS Quality Assessment System . Dissemination and use strategy commences as deliverables are received. |

| Timeline | Activity | Deliverable | Other elements to be aware of or link to |
|----------|----------|---|--|
| | | <p>disability should also be included as cross-cutting themes throughout the findings.</p> <p>Recipients: members of the evaluation reference group</p> <p>10. Final PowerPoint presentation that summarizes the evaluation findings.</p> <p>Recipients: members of the evaluation reference group</p> | |
| 60 days | TOTAL | | |

Desired competencies, technical background, and experience

The Country Program Evaluation (CPE) is envisioned to be completed by one experienced individual. However, if the consultant proposes a team, the number of team members shall be determined by the consultant based on the requirements for the successful completion of the assignment. Each team member's involvement level must be specified in the proposal. UNICEF will not be involved in the contractual and financial agreements between the team leader and team members.

Minimum Requirements

The consultant must meet the following minimum requirements:

- **Education:** Advanced university degree in disciplines relevant to evaluation (e.g., social policy, economics, demography, anthropology, public health).
- **Experience:** At least ten years of experience conducting strategic program evaluations or evaluative reviews, with a proven track record of evaluating large multisectoral and multi-stakeholder country programs supported by UN or UNICEF. Experience in conducting country program/portfolio evaluations is preferred.
- **Expertise:** Demonstrated expertise in evaluating institutional support systems, including operations and human resource functions.
- **Knowledge:** Familiarity with programming theories and strategies employed in each program outcome component.
- **Regional Experience:** Work record in a Middle-Income Country in Africa.
- **Language Skills:** Excellent command of English, with proven ability to prepare high-quality reports.
- **Analytical Skills:** Strong quantitative and qualitative analytical skills.
- **Capacity:** Demonstrated ability to carry out the CPE and complete deliverables.

Significant Advantages

- **Communication Skills:** Proven ability to develop attractive evidence products that present complex information through infographics and other means of communication.

- **Contextual Knowledge:** Knowledge of the social, economic, and political context of Eswatini.
- **Evaluation Reports:** Record of top-ranked evaluation reports by GEROS.

Language Of Consultancy

The consultancy will be conducted in English.

Administrative issues

Relevant administrative arrangements include the following:

- The consultancy will be conducted remotely, with a preference for candidates based in the Eastern and Southern Africa region.
- The consultant will be required to travel to Eswatini for data collection.
- The consultant must participate in weekly 30-minute progress meetings with UNICEF throughout the duration of the contract.

How to apply

Qualified candidates are requested to submit a cover letter, CV, or P11 form, samples of similar work, and their technical proposals to the online recruitment portal (Talent Management System).

Interested candidates are to indicate their ability, availability, and rate (daily/monthly) expressed in US\$ to undertake the terms of reference. The fees should include all other costs incurred, such as travel, VISA, and subsistence allowances.

Applications submitted without a fee/ rate will not be considered.

Annex 2. Evaluation Matrix

| Evaluation question (EQ) | Indicators | Data collection methods | Data analysis | Expected strength of evidence |
|---|--|--|--|-------------------------------|
| Relevance: <i>To what extent were the Country Programme's objectives and design appropriate for the country context at the outset, and do they remain so? Was UNICEF's approach to addressing them the most suitable considering its mandate, resource base, comparative advantages and operational structures?</i> | | | | |
| EQ1. To what extent is the Country Programme aligned with national and subnational priorities and need, particularly amongst vulnerable groups, and to what degree has the Country Office identified and responded to changing needs? | <ul style="list-style-type: none"> -Evidence of comprehensive needs assessment, with attention to gender, equity and disability considerations -Extent to which the CP design was tailored to the unique needs and circumstances of children in Eswatini, taking account of gender, disability, equity, rural needs -Systematic mechanism exists for collecting, acting on and responding back to feedback from programme participants/stakeholders - Evidence of cyclical assessment to capture changing needs - Evidence within programme documentation of adapting to changing needs | <ul style="list-style-type: none"> -Document review (CP documentation, government policies and strategies) -Individual and group interviews with key informants representing UNICEF CO, Government, service delivery, implementing partners - Web survey of implementing partners | <ul style="list-style-type: none"> Qualitative content analysis Descriptive statistics Gender sensitivity analysis Disability inclusive analysis | Med-High |
| EQ2. How appropriate are the Programme theories of change and Programme strategies for the country context? | <ul style="list-style-type: none"> - Appropriateness of the ToCs to describe how the CP activities will lead to outcomes - Appropriateness of the strategies and approaches employed in the CP for addressing the identified challenges - Degree of innovation and adaptability in the design to cater to the specific needs of the target population - Specific strategies in place to reach girls, children with disabilities, and mitigate disparities in access and participation | <ul style="list-style-type: none"> -Document review (CP documentation, government policies and strategies) -Individual and group interviews with key informants representing UNICEF CO, Government, service delivery, implementing partners - Web survey of implementing partners | <ul style="list-style-type: none"> ToC analysis Qualitative content analysis Descriptive statistics Gender sensitivity analysis Disability inclusion analysis | Med-high |
| Coherence: | | | | |

| <i>To what extent is the Country Programme aligned with key UNICEF strategies and international commitments, and how compatible is the Programme with the work of Government, the UN and other development actors particularly around gender equality, disability, equity and human rights?</i> | | | | |
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| EQ3. To what extent is the Country Programme consistent with UNICEF strategies and international commitments, including for gender equality, disability, equity and the human rights-based approach? | <ul style="list-style-type: none"> -Extent to which sectors of UNICEF CP are consistent with UNICEF global strategies and policies - Degree to which sectors of UNICEF CO are aligned with international commitments for child development including for gender equality, disability inclusion, equity and human rights (SDGs, CRC, CEDAW, UNDIS) | <ul style="list-style-type: none"> Desk review (UNICEF, policies and strategies, international policies and strategies) - Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, other development partners | <ul style="list-style-type: none"> - Qualitative content analysis - Mapping of international and UNICEF commitments against CP outcome areas | High |
| EQ4. To what degree is the UNICEF Country Programme playing a complementary role to Government and other development actors, including in addressing the challenges of gender equality, disability and equity? | <ul style="list-style-type: none"> -Extent to which sectors of UNICEF CP are consistent with the relevant priorities set in national policy frameworks -Degree of alignment between the goals and objectives of UNICEF's interventions and those outlined in government strategies and policies. -Documentation of how UNICEF's interventions have been tailored or adapted to fit within the legal, regulatory, and cultural contexts of the country -Perceptions by government, UNICEF and other development partners about degree of alignment -Engagement and collaboration with relevant stakeholders, such as gender, disability organizations, rural development agencies, and social welfare programmes -Training and support provided to CP practitioners to enhance their knowledge and skills in inclusive practices | <ul style="list-style-type: none"> -Desk review (government policies, strategies, UNICEF, policies and strategies and programme documentation) - Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, NGOs and other development partners | <ul style="list-style-type: none"> - Qualitative content analysis - Stakeholder and intervention mapping | Med -High |

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| <p>EQ5. To what extent is the Country Programme linked to and achieving synergies and coordination with other UN agencies, particularly in response to emergencies such as COVID-19?</p> | <ul style="list-style-type: none"> -Evidence of mapping of how CP fits against other UN agencies priorities and programmes, to avoid duplication of efforts - Evidence of collaboration with other UN agencies on related initiatives -Perceptions by government, and other development partners about degree of alignment between UNICEF and other UN agencies - Evidence of systematic co-ordination with other UN agencies in response to Covid-19 and other agencies | <ul style="list-style-type: none"> -Desk review (UN Sustainable Development Co-operation Framework) - Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, other development partners | <ul style="list-style-type: none"> - Qualitative content analysis - Stakeholder and intervention mapping | <p>Med-high</p> |
| <p>Effectiveness: To what degree has the Country Programme achieved or is expected to achieve its results, including for marginal groups? What has enabled and/ or constrained the achievement of results?</p> | | | | |
| <p>EQ6. To what extent has the Country Programme achieved or is likely to achieve its outputs and outcomes including any differential results across gender, disability status, income, rural / urban etc.?</p> | <ul style="list-style-type: none"> -Extent to which outputs of the programme have been achieved and extent to which outputs have contributed to achieve outcomes, according to the measurement of defined indicators - The likelihood of UNICEF contribution to observed changes -Extent to which Stakeholders are satisfied with results achieved - Levels of satisfaction expressed by government stakeholders - Levels of satisfaction by service providers -Evidence of entities take-up or replication of UNICEF pilot projects | <ul style="list-style-type: none"> -Desk review (results assessments modules, surveys, annual reports, other monitoring reports -Deep dives - KIIs (government, service providers, development partners) - FGDs (government, service providers, development partners, rights-holders) - Web survey (implementing partners) | <ul style="list-style-type: none"> Qualitative content analysis Descriptive statistics Policy influence analysis System strengthening analysis Contribution analysis ToC analysis | <p>Med-high</p> |
| <p>EQ7. What are the major factors influencing the achievement (or not) of Country Programme outcomes (including convergence strategies, capacities, partnerships, gender, disability and equity responsiveness)?</p> | <ul style="list-style-type: none"> -Level of influence of external factors (political, social economic etc) on achievement (or not) of CP outcomes - Level of influence of internal factors (quantity, quality, timeliness of delivery etc) on achievement (or not) of CP outcomes | <ul style="list-style-type: none"> -Desk review (RAM surveys, annual reports, monitoring reports, UNICEF and national data around emergency situations) | <ul style="list-style-type: none"> Qualitative content analysis Descriptive statistics Policy influence analysis System strengthening | <p>Med-high</p> |

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| | -Challenges and Limitations for effective implementation identified | <ul style="list-style-type: none"> - Deep dives -Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, other development partners including NGOs and private sector - FGDs representing rights-holders - Web survey of implementing partners | analysis Contribution analysis | |
| EQ8. To what extent has the Country programme responded to emergency situations, climatic shocks, governance issues? | <p>Comprehensive Risk Matrix exists covering all actions and includes robust mitigation actions</p> <p>-Existence of programme documentation setting out appropriate response in line with emergencies/ changing situation</p> | <ul style="list-style-type: none"> -Desk review (RAM surveys, annual reports, monitoring reports, UNICEF and national data around emergency situations) -Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, other development partners including NGOs and private sector | <p>Qualitative content analysis</p> <p>Descriptive statistics</p> | Med-high |
| EQ9. To what extent has UNICEF been able to position itself as a strategic partner in the country context, and to leverage on its comparative strengths to help achieve its results? | <ul style="list-style-type: none"> - Evidence that UNICEF has analysed its comparative strengths across different partners within CP programme areas - Perceptions by UNICEF and other stakeholders (government, UN agencies, development actors) that UNICEF is working to its strengths | <ul style="list-style-type: none"> -Desk review (policies, strategies, UNICEF, policies and strategies and programme documentation) - Individual and group interviews with key informants representing, UNICEF CO, Government, UN agencies, donors, NGOs and other development partners | <ul style="list-style-type: none"> - Qualitative content analysis - Contribution analysis - Stakeholder and intervention mapping | Med -High |

| Efficiency: | | | | |
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| To what degree does the Country Programme deliver, or is likely to deliver, results in an efficient and timely way? | | | | |
| EQ10. Were the funds allocated and/or mobilized by UNICEF in Eswatini, invested in the most appropriate priority areas, delivering results for children in a timely way with high quality standards? What were the key enabling/ constraining factors? | <ul style="list-style-type: none"> -Financial resources are sufficient to achieve the CP's intended results within its timeframe -Human resources are sufficient to achieve the CP's intended results within timeframe -Technical capacity of UNICEF is sufficient to achieve CP's intended results - CP activities are implemented within the timeframe. - Proportion of resources (financial, human, technical) allocated to the implementation of the CP -Percentage of resources (financial, human, and material) specifically allocated to support gender, disability, equity-focused interventions | <ul style="list-style-type: none"> - Documents Review (programme documentation including financial reports) - Individual and group interviews with key informants representing, UNICEF CO, Government, implementing partners - Web survey of implementing partners | <ul style="list-style-type: none"> -Qualitative content analysis - Descriptive statistics -Financial data analysis in Excel using sum, average and trend analysis to analyse financial flows and efficiency - Monitoring data analysis | Medium |
| Sustainability: | | | | |
| To what extent is there likely to be continuation of benefits from the Country Programme? What is the potential for scale-up and replication of interventions? | | | | |
| EQ11. To what extent are the positive changes and effects of the Country Programme likely to be sustainable at the relevant levels (e.g., community, provincial/state, national) especially equity, gender, and disability-related results? | <ul style="list-style-type: none"> -Types of measures taken to support the Government in sustaining the CP outcomes without UNICEF's support -Perceptions of stakeholders around the governments level of commitment to supporting the outcome areas following UNICEF's engagement - Evidence of analysis of risks to sustainability and mitigation measures in place | <ul style="list-style-type: none"> - Documents Review (programme documentation including financial reports) - Individual and group interviews with key informants representing, UNICEF CO, Government, implementing partners, service delivery -FGD with rights holders -Web survey of implementing partners | Qualitative content analysis Descriptive statistics | Medium |
| EQ12. To what extent have the Programme strategies, plans, and tools, particularly those with an equity, gender, and disability focus, been institutionalized in systems, | <ul style="list-style-type: none"> - Number of government institutions/ministries that have integrated CP priorities into their strategic plans or | <ul style="list-style-type: none"> - Documents Review (programme documentation including financial reports) - Individual and group interviews | Qualitative content analysis Descriptive statistics | Medium |

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| <p>policies, mechanisms, and strategies among government, NGO/civil society, and other partners and stakeholders?</p> | <p>development agendas after receiving UNICEF support</p> <ul style="list-style-type: none"> - Existence of policy statements or official endorsements by government institutions/ministries demonstrating their commitment to strategies, plans, tools influenced by UNICEF support -Number of supportive policies or legal frameworks developed or revised by government institutions/ministries with UNICEF's support to further support CP areas | <p>with key informants representing, UNICEF CO, Government, implementing partners</p> <ul style="list-style-type: none"> -Web survey of implementing partners | | |
| <p>EQ13. What interventions introduced by UNICEF are likely to be more widely replicated or adapted, and scaled up?</p> | <p>Financial resources allocated by government institutions/ministries to CP initiatives</p> <ul style="list-style-type: none"> - Evidence of uptake of UNICEF models by government -Evidence of UNICEF and government planning for scaling-up of models -Existence of regular communication channels and platforms between UNICEF and government institutions/ministries to exchange knowledge and coordinate actions related to CP outcomes | <p>Documents Review (programme documentation including financial reports)</p> <ul style="list-style-type: none"> - Individual and group interviews with key informants representing, UNICEF CO, Government, implementing partners -Web survey of implementing partners | <p>Qualitative content analysis Descriptive statistics</p> | <p>Medium</p> |

Annex 3. Revised list of EQs with explanation of any changes

| Suggested evaluation question (EQ) | Original EQ from the TOR | Explanations of changes from the original version |
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| <p>Relevance: <i>The CPE will seek to assess the extent to which the Country Programme's objectives and design were and remain appropriate within the country context, as well as whether UNICEF's approach to addressing them was the most suitable considering its mandate, resource base, comparative advantages, and operational structures.</i></p> <p>This has been reformulated as a question: <i>To what extent were the Country Programme's objectives and design appropriate for the country context at the outset, and do they remain so? Was UNICEF's approach to addressing them the most suitable considering its mandate, resource base, comparative advantages and operational structures?</i></p> | | |
| EQ1. To what extent is the Country Programme aligned with national and subnational priorities and need, particularly amongst vulnerable groups, and to what degree has the Country Office identified and responded to changing needs? | EQ1. To what extent is the Country Programme guided by national priorities, clear Programme theories, and relevant Programme strategies appropriate to the changing context and emerging issues, and responded and adjusted, as necessary? | The first EQ has been articulated into two questions: the first one to focus on the geographical need and the second one to focus on the programme theories and strategies. This has been thought also to facilitate the logical flow of analysis and reporting. The text 'particularly amongst vulnerable groups' has been added, as per AW suggestion. The focus on changing needs has been re-articulated to be more about identifying changing needs |
| EQ2 How appropriate are the Programme theories of change and Programme strategies for the country context? | | |
| | EQ2. To what extent has UNICEF been able to position itself as a strategic partner in the country context? What are UNICEF's comparative strengths in the country – particularly in comparison to other UN agencies and development partners - and how were these harnessed to help achieve the results? | The two questions that articulated the original version, have been collated into one single question. As these also relate to 'achieving results' it has been moved to Effectiveness. |
| <p>Coherence: <i>The CPE will assess policy consistency with key UNICEF strategies and international commitments, including gender equality and women's empowerment, disability inclusiveness, equity for children, and the human rights-based approach; and UNICEF's coordination and convening role within the UN, with government sectors and donors in Eswatini</i></p> <p>This has been reformulated as a question: <i>To what extent is the Country Programme aligned with key UNICEF strategies and international commitments, and how compatible is the Programme with the work of Government, the UN and other development actors particularly around gender equality, disability, equity and human rights?</i></p> | | |
| EQ3. To what extent is the Country Programme consistent with UNICEF strategies and international | EQ3. To what extent have ECP strategies to address gender equality, disability, and equity, particularly the alignment of | EQ3 has been reworded to make it more comprehensive of key UNICEF strategies and international commitments, |

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| commitments, including for gender equality, disability, and equity? | the ECP with the Core Commitments for Children in Humanitarian Action, UNICEF's Gender Action Plans (2014-2017 and 2018–2021) and United Nations Disability Inclusion Strategy (UNDIS), been consistently integrated into all aspects of programming and implementation, including policy and advocacy? | including gender equality and women's empowerment, disability inclusiveness, equity for children, and the human rights-based approach, but not only focusing on gender equality, disability, and equity. |
| EQ4. To what degree is the UNICEF Country Programme playing a complementary role to Government and other development actors, including in addressing the challenges of gender equality, disability and equity? | EQ4. Did the Country Office's strategic approach to addressing the challenges of equity, gender equality, and disability play a complementary role to that of the Government and other development actors? | EQ4 has been reworded to consider UNICEF complementary role to Government more broadly, while keeping a focus on gender, disability and equity. |
| EQ5. To what extent is the Country Programme linked to and achieving synergies and coordination with other UN agencies, particularly in response to emergencies such as COVID-19? | EQ5. To what extent is the Country Programme linked to and achieving synergies and coordination with other UN agencies, particularly in response to emergencies such as COVID-19? | EQ remained unchanged. No changes suggested. |
| <p>Effectiveness: <i>The CPE will assess the extent to which the Country Programme results were achieved and whether UNICEF's adopted strategies were gender responsive/transformational, disability-inclusive, and demonstrated a reasonable contribution at the outcome level, including any differential results across groups.</i> <i>This has been reformulated as a question:</i> To what degree has the Country Programme achieved or is expected to achieve its results, including for marginal groups? What has enabled and/or constrained the achievement of results?</p> | | |
| EQ6. To what extent has the Country Programme achieved or is likely to achieve its outputs and outcomes including any differential results across gender, disability status, income, rural / urban etc.? | EQ6. To what extent has the Country Programme achieved or is likely to achieve its outcomes, including any differential results across gender, disability status, income, ethnicities, etc.? What results have been achieved through convergence, and what are the other major factors influencing the achievement (or not) of Country Programme outcomes? | The original EQ6 has been divided into two separated EQ, one (EQ6) focusing on results achieved, both at output and outcome levels, and one (EQ8) focusing on influencing factors. The third question aims to be more exploratory with subheadings e.g. around convergence approach, disability inclusion capacity, gender responsive/ transformational capacity etc. Within EQ6, the subgroups have been altered to remove ethnicity, and rural/ urban added (as advised by the ECO). |
| EQ7. What are the major factors influencing the achievement (or not) of Country Programme outcomes (including convergence strategies, capacities, partnerships, gender, disability and equity responsiveness)? | EQ7. Did the country Programme contribute to reducing inequities and exclusion and progressing towards greater gender equality and disability | Contribution towards the reduction of inequality and exclusion and progressing towards gender equality and disability inclusion will be considered by being integrated into the |
| Suggested no evaluation question. | | |

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| | inclusion? To what extent are programmes, communications, and advocacy efforts gender-responsive/transformational and disability-inclusive, and, relatedly, are UNICEF ECO staff capacitated to integrate and implement gender-responsive/transformational and disability-inclusive programmes? | Evaluation Matrix as indicator of the previous EQ. |
| EQ8. To what extent has the Country programme responded to emergency situations, climatic shocks, governance issues? | No question here previously | No question, but the ToR states that 'the CPE will also cover any humanitarian or emergency response supported by UNICEF Eswatini during the period under evaluation' |
| EQ9. To what extent has UNICEF been able to position itself as a strategic partner in the country context, and to leverage on its comparative strengths to help achieve its results? | No question here previously. | This has been moved from relevance to here as it is in the context of achievement of results |
| <p>Efficiency: <i>The CPE will measure how resources/inputs (funds, expertise, time, etc.) were converted into and affected results. It is also understood as how UNICEF manages its partnerships, operationalizes its strategies, implements activities, and delivers outputs.</i> Reformulated as a question: <i>To what degree does the Country Programme deliver, or is likely to deliver, results in an efficient and timely way?</i></p> | | |
| EQ10. Were the funds allocated and/or mobilized by UNICEF in Eswatini, invested in the most appropriate priority areas, delivering results for children in a timely way with high quality standards? What were the key enabling/ constraining factors?? | <p>EQ8. Were resources (funds, human resources, time, expertise, etc.) allocated and utilized strategically to track and achieve results, including equity, gender, and disability-related objectives?</p> <p>EQ9. To what extent have the convergence strategy, the Programme structure, and the office structure supported the delivery of the Country Programme? Were the chosen strategies and approaches the most cost-effective and efficient? Were there alternatives that would have worked better, and what are those?</p> | <p>The Evaluation Team has a concern about the level of rigour needed to answer the efficiency questions (particularly to review the programme structure and office structure for cost efficiency) as they are originally proposed, given the time available.</p> <p>A comprehensive efficiency question is suggested, which will give scope for addressing the issues that may emerge from interviews. How this will be responded to will be clearly set out in the inception report.</p> |
| <p>Sustainability: <i>The CPE will assess the extent to which continuation of benefits from Country Programme interventions was ensured, including the likelihood of and risks to continued long-term benefits and its potential for scale-up and/or replication.</i> Reformulated as a question:</p> | | |

To what degree does the Country Programme deliver, or is likely to deliver, results in an efficient and timely way?

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| <p>EQ11. To what extent are the positive changes and effects of the Country Programme likely to be sustainable at the relevant levels (e.g., community, provincial/state, national)? To what extent are the Programme strategies adopted by UNICEF likely to contribute to the sustainability of results, especially equity, gender, and disability-related results?</p> | <p>EQ10. To what extent are the positive changes and effects of the Country Programme sustainable at the relevant levels (e.g., community, provincial/state, national)? To what extent have the Programme strategies adopted by UNICEF contributed to or were designed in a way that will contribute to the sustainability of results, especially equity, gender, and disability-related results?</p> | <p>EQ slightly reworded to highlight the likeliness of being sustainable, and the likeliness of contributing to sustainability.</p> |
| <p>EQ12. To what extent have the Programme strategies, plans, and tools, particularly those with an equity, gender, and disability focus, been institutionalized in systems, policies, mechanisms, and strategies among government, NGO/civil society, and other partners and stakeholders?</p> | <p>EQ11. To what extent have the Programme strategies, plans, and tools, particularly those with an equity, gender, and disability focus, been institutionalized in systems, policies, mechanisms, and strategies among government, NGO/civil society, and other partners and stakeholders? Will the strategies/plans/tools be more widely replicated or adapted? What's the scalability of models introduced by UNICEF?</p> | <p>Second and third questions simplified</p> |
| <p>EQ 13. What interventions introduced by UNICEF are likely to be more widely replicated or adapted, and scaled up?</p> | | <p>EQ11 divided into two questions, given feedback by the EMG.</p> |

Annex 4. Comprehensive Stakeholder Mapping

| Major stakeholders and partners | Role in the country programme implementation |
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| United Nations Children’s Fund (UNICEF) | |
| UNICEF Eswatini Country Office (CO) | Responsibility of Country Programme (CP) development and implementation |
| UNICEF ESARO | Support to CO in CP development and implementation |
| UNICEF Executive Board | Provide guidelines and overarching support to CO |
| Government of Eswatini | |
| Deputy Prime Minister’s Office | Support for gender and family; youth; social welfare; disability. Prevention and response to VAC (2023) |
| Ministry of Health | Maternal, newborn and child health (including Immunisation); Health Information Management System; HIV/AIDS prevention, care and treatment; Birth registration; Nutrition Council |
| Ministry of Natural Resources and Energy | Emergency response; Water Department |
| Ministry of Home Affairs | Birth registration |
| Ministry of Finance & Treasury | Civil Registration vital statistic; Ownership of the PF4C agenda and OBS |
| Ministry of Education and Training | Support for quality primary and secondary education; early childhood development; education information management system |
| Ministry of Economic Planning and Development | Budgets for children’s services; statistics; leadership on aid coordination |
| Ministry of Justice and Constitutional Affairs (MoJCA) | Legal framework for child rights |
| Central Statistics Office | Multiple Indicator Cluster Surveys |
| Ministry of Labour and Social Security | Social policy development |
| United Nations agencies | |
| Joint United Nations Programme on HIV/AIDS (UNAIDS) | <ul style="list-style-type: none"> • HIV/AIDS prevention and treatment; • Unified Budget Results and Accountability Framework (UBRAF); • PMTCT evaluation; • Sexual exploitation and abuse prevention |
| United Nations Population Fund (UNFPA) | <ul style="list-style-type: none"> • HIV/AIDS prevention and treatment • United Nations Partnership / joint programme on the Rights of Persons with Disabilities (UNPRPD) with WHO & UNESCO |
| World Health Organization (WHO) | <ul style="list-style-type: none"> • Immunization; • Emergency preparedness and building resilience; • HIV/AIDS prevention and treatment; • United Nations Partnership / joint programme on the Rights of Persons with Disabilities (UNPRPD) with UNFPA & UNESCO; • COVID-19 response |
| World Food Programme (WFP) | Conduct the Eswatini Vulnerability Assessment |

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| International Labour Organization (ILO) | Support to Lifelong learning, protection and development and social policy |
| Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict | Support to protection from VAC/VAG |
| Office of the United Nations High Commissioner for Refugees (UNHCR) | Support to Lifelong learning, protection and development and social policy |
| Global Fund to Fight AIDS, Tuberculosis and Malaria | Support the protection from HIV |
| United Nations Educational, Scientific and Cultural Organization (UNESCO) | United Nations Partnership / joint programme on the Rights of Persons with Disabilities (UNPRPD) with UNFPA & WHO |
| United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) | Support to Lifelong learning, protection and development and social policy |
| United Nations Sustainable Development Cooperation framework (UNSDCF) | <ul style="list-style-type: none"> • UNICEF lead of the UNSDCF Result Group on Accountable Governance, Justice and Human Rights; • Development of the Civil Unrest Contingency Plan and implementation of preparedness activities; • Participation in all results groups |
| United Nations Country Team (such as Resident Coordinator Office, Operations Management Team, M&E Task Force) | Support to programme effectiveness |
| Development partners | |
| World Bank | <ul style="list-style-type: none"> • COVID-19 response; • Nutrition and general health system strengthening and financing |
| United States Agency for International Development (USAID) | <ul style="list-style-type: none"> • Support to introducing innovations to health facilities (in partnership with Canada and ELMA); • COVID-19 response |
| United States President's Emergency Plan for Aids Relief (PEPFAR) | Support HIV and AIDS interventions |
| Health Electrification and Telecommunication Alliance (HETA) | Support energy efficiency in Health sector |
| European Union Delegation | <ul style="list-style-type: none"> • Supporting development of social protection policies; • Collaborations on programmes in the Education sector |
| Education Cannot Wait | Support to lifelong learning, protection and development component |
| Foreign, Commonwealth and Development Office (FCDO) / UKAid | <ul style="list-style-type: none"> • Provision of neonatal and child health services both at community and health facility levels; • HIV/AIDS prevention and treatment (in partnership with UBRAF, 2gether, 4SRHR) |
| Taiwan International Cooperation and Development Fund | Support to Maternal, child and adolescent health component |
| Civil Society Organisations /NGOs | |
| Young Heros | Reintegration of out-of-school children |
| Junior Achievement Eswatini (JAE) | Skills building programmes for in- and out-of-schools youth |
| Swaziland Action Group Against Abuse (SWAGGA) | Prevention and response to VAC and GBV |
| 2gether 4 SRHR | |

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| World Vision | Support to Lifelong learning, protection and development component |
| Coordinating Assembly of Non-Governmental Organizations (CANGO) | Primary health care |
| SAFAIDS | Knowledge for action |
| Family Life Association Eswatini (FLAS) | SRH service |
| Baylor College of Medicine Children's Foundation | Healthcare services |
| The Luke Commission | Facilitate access to healthcare |
| Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) | PMTCT evaluation |
| Swaziland National Association of Teachers (SNAT) | Advocating for school reopening |
| Red Cross | Awaiting information from Eswatini CO |
| Globecare Foundation | Awaiting information from Eswatini CO |
| PSI | Awaiting information from Eswatini CO |
| Private partners | |
| Eswatini National Television | Media collaboration |
| MTN Foundation | Use of MTN network for U-Report |
| Business Eswatini | Awaiting information from Eswatini CO |
| Right Holders | |
| Children, adolescents, youths (female and male, persons with disabilities) | Benefit from health services, lifelong education, protection, social policies |
| Parents | Access to PMTCT services |
| Teachers | |
| Health service providers | |

Annex 5. Data Collection Tools

Background:

The data collection tools have been prepared for different types of stakeholders. They are aligned with the evaluation matrix (with interview guides including all questions related to where they are considered to be informants).

It should be noted that the guides may be adjusted according to particular areas of interest/ experience of stakeholders and/ or the time available. In some cases, the time and/or dynamics of interviews will not allow or make advisable the inclusion of the full list of questions.

This annex presents an overall introduction and then specific questions for each stakeholder type.

The guidance is for:

- Interviews with national government stakeholders
- Interviews with UNICEF staff
- Interviews with other UN agencies
- Interviews with implementing partners
- Interviews with other development partners
- Interviews with service providers
- Focus Group Discussions with rights holders
- Web survey for UNICEF staff and implementing partners
- U-report survey

Introduction

At the start of each interview there will be an introduction by the evaluation team to provide an overview and background information to the evaluation:

Good morning Mr/ Ms [name],

Many thanks for your availability to meet me/us today.

My name is [name of the evaluator], I am an independent evaluator within Indeva Consulting, the evaluation team that is currently conducting the external evaluation of UNICEF's work in Eswatini in the last four years, from 2021 to 2024. The purpose of this evaluation is to build a comprehensive evidence base to inform the development of UNICEF's next five-year country programme for Eswatini, which is due in 2025.

The evaluation will cover UNICEF's interventions in Eswatini from March 2021 to December 2024. It will include the entirety of UNICEF's engagement in the country and, therefore, any interventions funded by all sources, and any humanitarian or emergency response supported by UNICEF Eswatini during the period under evaluation. The evaluation will pay particular attention to the cross-cutting themes of equity, gender equality, and disability inclusion in UNICEF's work.

More in detail, the evaluation will assess the relevance, effectiveness, efficiency, coherence, and sustainability of the Eswatini Country Programme from its inception to the present, and UNICEF's

strategic positioning in relation to its child rights mandate. It will identify key successes, challenges, and lessons in implementing the current Country Programme, which can inform and support advocacy efforts for scale-up and replication. It will provide a set of forward-looking and actionable recommendations to the design of the next Eswatini Country Programme, taking into consideration national development priorities and plans and the 2030 Agenda for Sustainable Development in the country.

As a UNICEF partner, we really value your opinions and perspective to inform this evaluation. This interview is confidential. While your name will be indicated in the list of key informants in the evaluation report, in no way in the report it will be possible to trace what you said. Your participation is voluntary. You can decide not to participate, or you can choose to stop at any time. If there is a question that you do not want to answer for any reason, you do not have to answer it. Please know that you can skip any question they are not comfortable answering, and you can decide to end their participation at any time.

During the interview, I will be taking notes to help me remember what will be said. The interview will last no longer than one hour.

Do you have any questions at this stage? If you have questions at a later stage, you can contact me or X [[name of the Evaluation focal point](#)].

Knowing this information, are you willing to participate in this discussion?

Initial question for all:

The interviewee will be asked about their role and how long they have been doing it, so as to ascertain their type and length of engagement with UNICEF.

Interviews with national government stakeholders

Initial questions:

- Can you please tell me about your Ministry's engagement with UNICEF?

Effectiveness follow-up:

- What do you consider to be UNICEF's main contributions to [technical area] that you are aware of?
- What have been the main enabling factors/ 'ingredients' of UNICEF's work that had led them to have success in the [areas mentioned above]
[Probe on convergence strategies, capacities, partnerships, gender, disability and equity responsiveness]?
- Please share any shortcomings of UNICEF's work (in technical area) that you are aware of?
- To what extent has UNICEF responded to emergency situations, climatic shocks, governance issues?

Coherence:

- Do you believe that UNICEF is playing a complementary and supportive role in relation to the work of your ministry?
- Do you believe that UNICEF is working in a sufficiently coordinated way with other UN agencies and development actors? Are there any examples of overlap?
How was the co-ordination during the Covid 19 pandemic?
- Do you feel that UNICEF is sufficiently leveraging its comparative strengths to help achieve its results?

Relevance:

- Overall, do you believe that UNICEF's work is appropriately identifying and responding to the priority needs in realising child rights?
- Do you believe that UNICEF is identifying and responding sufficiently to the needs of girls? Of disabled children? Of lower income groups?
- Has UNICEF responded to changes in need over the last five years?

Sustainability

- To what extent do you feel that the successes from UNICEF's work likely to continue in the future?
- Can you share any examples of where UNICEF's support has led to any changes in government mechanisms, systems, policies?
- Are there any interventions that the government is planning to replicate or scale up?

Interviews with UNICEF staff

Initial questions:

- Can you please tell us about your role in UNICEF and how long you have been in post?

Effectiveness:

- What in your view have been UNICEF's main achievements and contributions to [technical area] within the current country programme cycle?
- Why do you think that these have been successful?
[Probe on convergence strategies, capacities, partnerships, gender, disability and equity responsiveness as relevant]
[If not already covered.. what are the main successes in upstream work – system strengthening / policy advocacy? Can you tell us about why they have worked? This is a key area of interest for the evaluation. Likewise, what are the key challenges and what is UNICEF doing to progress?]
- Please can you tell us about UNICEF's response to the changing context - emergency situations, climatic shocks, governance issues – and whether it has been sufficient?
- What in your view have been and are the main challenges in achieving the objectives of the current programme cycle (in technical area) ?

- What has contributed to those challenges?

Coherence:

- Do you believe that UNICEF is playing a complementary and supportive role in relation to the government? Is there any misalignment?
- Do you believe that UNICEF is working in a sufficiently coordinated way with other UN agencies and development actors? Are there any examples of overlap?
- How was the co-ordination during the Covid 19 pandemic?
- Do you feel that UNICEF is sufficiently leveraging its comparative strengths to help achieve its results?

Relevance and programme design:

- Overall, do you believe that the design of the current programme has been 'fit-for purpose?' (thinking of the three outcome areas, theories of change, main strategies)
- Is there anything in hindsight that you feel should have been different?
- What's your view on whether UNICEF has been appropriately identifying priority needs in realising child rights?
Probe. Do you believe that UNICEF is identifying and responding sufficiently to the needs of girls? Of disabled children? Of lower income groups?
- Within programming in practice, is UNICEF adequately responding to their needs? Follow up. What could be done differently?

Efficiency?

- Do you find UNICEF systems to be supportive and enabling for efficient programme implementation? Are there any key challenges?
- Would you say that programme implementation has been efficient, generally?
- What is your view on whether there is sufficient human and technical capacity in-country to deliver?
- What is your view on the degree of financial allocation that UNICEF has (approx.. \$16 million over 5 years) in relation to the scale of need?
- Is the programme structure conducive to efficient and effective programme implementation?

Sustainability

- To what extent do you feel that the successes from UNICEF's work likely to continue in the future?
- Can you share any examples of where UNICEF's support has led to any changes in government mechanisms, systems, policies?
- Are there any interventions that the government is planning to replicate or scale up?
- What are the main challenges to achieving long-lasting impact from the CP?

Interviews with other UN agencies

Effectiveness:

- What do you consider to be UNICEF's main contributions in Eswatini over the last 4-5 years?
- Why do you believe that these have been successful? What have been the main enabling factors?
- Do you believe that UNICEF places sufficient emphasis (in practice) on gender, disability and equity, and reaching those marginalised groups?
- Do you believe that UNICEF is working in a sufficiently strategic way within Eswatini? Are they tapping into their strengths sufficiently? Are there any areas of duplication? Are there any areas that you feel that they could be working in, but aren't currently?
- To what extent has UNICEF responded to emergency situations, climatic shocks, governance issues?

Coherence:

- In your view, is UNICEF working in a sufficiently coordinated way with other UN agencies and development actors, including yourselves?
- Can you please tell me about UNICEF's co-ordination with yourselves during the Covid 19 pandemic?

Relevance:

- Overall, do you believe that UNICEF's work is appropriately identifying and responding to the priority needs in realising child rights in Eswatini?
[Probe. Do you believe that UNICEF is identifying and responding sufficiently to the needs of girls? Of disabled children? Of lower income groups?]

Efficiency:

- What is your view on the degree of financial allocation that UNICEF has (approx. \$16 million over 5 years) in relation to the scale of need?
- Do they appear to have sufficient human and technical capacity in-country to deliver?

Sustainability

- To what extent do you feel that the successes from UNICEF's work is likely to continue in the future? What are the main challenges in the Eswatini context?

Interview with implementing partners

Initial:

- Can you please tell me about your organisation's engagement with UNICEF?

Effectiveness:

- Within your work with UNICEF, what do you consider to be the main achievements?
- Why do you think that those initiatives [adapt to appropriate wording dependent on response above] have been particularly successful?
- Have there been any challenges (external or internal) to achieving planned for results? What has contributed to those challenges? Could anything have been done to avoid them?

- Could you please tell me about UNICEF’s responses to any emergency situations, climatic shocks, governance issues whilst you have been working with them?

Coherence:

- In your view, is UNICEF working in a sufficiently coordinated way with government? And other development actors?
- Can you please tell me about UNICEF’s co-ordination with yourselves during the Covid 19 pandemic?

Relevance:

- Can you share with us whether UNICEF is particularly supporting the most vulnerable children within programming? How do they identify them? And how do they address their needs? Is this sufficient in your view? *[Note that have brought relevance and effectiveness together here as more logical for interviewee]*
[Probe re needs of girls? Of disabled children? Of lower income groups?]

Efficiency:

- Has UNICEF supported yourselves efficiently? How do you tend to communicate with them?
- Do they respond in a timely way?
- Are payments made on time? Have there been any contractual issues?
- Do they appear to have sufficient human and technical capacity in-country to deliver?

Sustainability

- To what extent do you feel that the successes from UNICEF’s work is likely to continue in the future?
- Can you tell us about any interventions/ initiatives that are likely to be widely replicated or adapted, and scaled up?
- What are the main challenges in the Eswatini context n children’s rights that need to be responded to going forward?

Interviews with other development partners

Initial:

- Can you please tell me about your organisation’s engagement with UNICEF?

Effectiveness:

- What do you believe to be UNICEF’s main successes in Eswatini over the last 4-5 years?
- Why do you think that those initiatives [adapt to appropriate wording dependent on response above] have been particularly successful?
- Do you believe that UNICEF is working in a sufficiently strategic way within Eswatini? Are they tapping into their strengths sufficiently? Are there any areas of duplication?

- Are you aware of how UNICEF has responded to change - emergency situations, climatic shocks, governance issues?

Coherence:

- In your view, is UNICEF working in a sufficiently coordinated way with development actors, including yourselves?
- Can you please tell me about UNICEF's co-ordination with yourselves during the Covid 19 pandemic?

Relevance:

- Overall, do you believe that UNICEF's work is appropriately identifying and responding to the priority needs in realising child rights in Eswatini?
[Probe. Do you believe that UNICEF is identifying and responding sufficiently to the needs of girls? Of disabled children? Of lower income groups?]

Efficiency:

- What is your view on the degree of financial allocation that UNICEF has (approx. \$16 million over 5 years) in relation to the scale of need?
- Do they appear to have sufficient human and technical capacity in-country to deliver?

Sustainability

- To what extent do you feel that the successes from UNICEF's work is likely to continue in the future?
- What are the main challenges in the Eswatini context?
- Are there any areas that you feel that they could be working in, but aren't currently?

Interviews with Service Providers

These are for the deep dive areas : (i) health facilities that provide immunisation services; (ii) school regarding education management information services

Initial:

- Can you please tell me about your organisation's engagement with UNICEF/ implementing partner?

Effectiveness:

- Within your work with UNICEF/ implementing partners , what do you consider to be the main achievements?
- Why do you think that those initiatives [adapt to appropriate wording dependent on response above] have been particularly successful?
- Have there been any challenges (external or internal) to achieving planned for results? What has contributed to those challenges? Could anything have been done to avoid them?
- Could you please tell me about UNICEF's responses to any emergency situations, climatic shocks, governance issues whilst you have been working with them?

Coherence:

- In your view, is UNICEF/ the implementing partner working in a sufficiently coordinated way with local government? And other development actors?
- Can you please tell me about UNICEF/ implementing partner's co-ordination with yourselves during the Covid 19 pandemic?

Relevance:

- Can you share with us whether UNICEF/ implementing partner is particularly supporting the most vulnerable children within programming? How do they identify them? And how do they address their needs? Is this sufficient in your view? *[Note that have brought relevance and effectiveness together here as more logical for interviewee]*
[Probe re needs of girls? Of disabled children? Of lower income groups?]

Efficiency:

- Has UNICEF/ implementing partner supported yourselves efficiently? How do you tend to communicate with them?
- Do they respond in a timely way?
- Are payments made on time? Have there been any contractual issues?
- Do you engage with other partners from UNICEF's wider programme (e.g. other similar service providers, and/ or implementing partners) to share experiences ?

Sustainability

- To what extent do you feel that the successes are likely to continue in the future?
- Can you tell us about any interventions/ initiatives that are likely to be widely replicated or adapted, and scaled up?
- What are the main challenges in your area [immunisation/ health, early child education, social welfare) that need to be addressed going forward?

Group interview with the Youth Advisory Board

The group interview will be with 3-5 adolescents and youths, aged 15 and over. The aim is to understand their experience of engaging with UNICEF on the Youth Advisory Board (degree and scope of engagement, satisfaction levels, perspectives on uptake, and priorities for youth in Eswatini for the future).

The purpose of their engagement will be fully explained, along with their rights (informed consent, confidentiality, ability to stop the interview/ process at any stage, see section 6). They will not be requested to share personal information or personal stories thus reducing any potential ethical risk/ concern.

It will be important to ensure ethical and do-no-harm considerations are integrated. Parental consent

forms may be sought if advised and agreed by UNICEF, and referral pathways can be set out with guidance by UNICEF. The evaluation team will adhere to the principles set out in UNICEF's Ethical Research Involving Children¹⁰⁰. As an established group of adolescents that UNICEF regularly engages with, the evaluation team will defer to UNICEF protocols/ processes.

Questions

Initial:

- Can you please tell me about your experience of being on the Youth Advisory Board?

Effectiveness:

- What do you think works well about the work of the Youth Advisory Board?
- Do you feel that the work of the Youth Advisory Board is listened to within UNICEF? Can you give me examples please?
- Are there any areas that do not work as well?
- How could it be improved in the future?

Relevance:

- Do you feel that the Youth Advisory Board is representative of youth? Probe. Gender, disability, equity, HIV?
- What are the key issues for children, adolescents, and youth currently in Eswatini?
- From your perspective are UNICEF responding adequately to these issues?

Efficiency:

- Do you feel sufficiently supported by UNICEF?
- Are there systems in place to provide feedback?
- How efficient is UNICEF's administration around the Youth Advisory Board?

Sustainability:

- How do the Youth Advisory Board members ensure that the benefits of being on the Board are of wider benefit (through schools/ colleges/ youth groups/ wider community)?

Focus Group Discussions with rights holders

Introduction:

Hello and welcome!

My name is [name of the facilitator] and this is my colleague [name of the observer/note-taker]. We are currently doing an assessment of UNICEF's work in Eswatini in the last four years, from 2021 to 2024. UNICEF has supported the delivery of immunization services in your community / early child education centres / social welfare services [this to be adjusted based on the topic of the FGD]. Since you have first-hand experience of the immunization services / early child education centres / social

¹⁰⁰ UNICEF, 2013, Ethical Research Involving Children

welfare services, we really value your opinions and perspective about what worked well and what worked less well. They will contribute to learning and to inform future delivery of this service.

During this discussion, we will ask you some questions. Please, know that there are no right or wrong answers. You don't need to come to any agreement. We expect you to have different points of view and you are welcome to share your point of view even if it differs from what others have said. We are here to ask questions, listen, and make sure everyone has a chance to share.

We are interested in hearing from each of you. So, if you will talk a lot, we may ask you to give others a chance. And if you aren't saying much, we may call you on, although you are free not to respond. We just want to make sure we hear from all of you, and you all have a chance to share your opinion. Overall, the session should take no longer than one hour /hour and a half.

We will be taking notes to help us remember what will be said. The information you will share is confidential and will not be passed to others. No names will be included in any reports.

Please note that your participation is voluntary. If you decide not to participate, that is completely okay, we will understand. If you do decide to participate, you can choose to stop at any time. If there ever is a question that you do not want to answer for any reason, you do not have to answer it. Please know that you can skip any question they are not comfortable answering, and you can decide to end their participation at any time.

Do you have any questions at this stage? If you have questions at a later stage, you can contact X [[name of the Evaluation focal point](#)] for any clarifications

Knowing this information, are you willing to participate in this discussion?

Questions for each deep dive FGD:

Deep dive 1: Immunization as an entry point to promote integration of immunization and other essential services in Primary Health Care (PHC) health facilities: health system strengthening to bring about changes

[4-8 Parents/ caregivers of children who have received immunisations]

- Can you please tell us about your experiences of the services that you have received during the immunisation visits?
- Has it been beneficial for you, your child and household?
- Did you have any concerns about the experience?
- Is there anything that could be improved?

Deep dive 2. System strengthening within the education sector: supporting the establishment of an education management informant system[4-8 school management and teachers]

- Can you please tell us about your experiences of the education management information system?
- How has it been beneficial for the school? In what ways?
- How has the process of adopting it within the school been?
- Was there sufficient support and training?

- Have there been any challenges of using it? What do you do when you face any challenges? Is there sufficient support?
- How about children with disabilities? OVC? Others ? how decide on who to include?
- Is there anything that could be improved?
- Can you use it to also access data bout children's health?
- Has there been any cross learning with other schools?

Staff and Implementing Partners Survey

Sections in blue are to guide the Evaluation Team and the EMG/ERG. They will not be included and displayed in the final survey.

Sections in black are the actual survey questions, answers, and instructions

Introduction

The East and South Africa Regional Office (ESARO) Evaluation Office of UNICEF has commissioned an independent evaluation of UNICEF Eswatini Country Programme 2021-2025, focusing on UNICEF's work in Eswatini from 2021 to end of 2024. Amongst its objectives, the evaluation aims to assess the results from the ongoing Country Programme and to learn lessons with which to inform the development of the next UNICEF Country Programme Document in early 2025.

The evaluation is basing its data collection approach on both in-person and remote data collection tools, including a web-based survey. This survey targets UNICEF staff and UNICEF's implementing partners' staff who have been working with UNICEF in the last four years. As key stakeholders in this evaluation, we really value your feedback regarding UNICEF's contribution to the well-being of children in Eswatini.

Your responses will be submitted to the evaluation team and the information will not be directly shared with any UNICEF staff members. The survey includes some background questions to help the evaluation team disaggregate data. No question in the survey is mandatory; however, we kindly encourage you to share your honest opinion, in order to assess and improve UNICEF's work in the future. Please be assured that the survey is strictly anonymous and confidential.

The survey will likely take no longer than 15 minutes of your time, although you are welcome to spend more time on it if you wish. The survey will be active until **date January 2025**. We would greatly appreciate it if you could please complete the survey by that date.

Participation in this survey confers consent for the information from this survey to be used confidentially for the purposes of the evaluation. Your responses will remain confidential and will not be shared with any other persons.

Section A: Respondent profile

Firstly, we would like to know some details about you and your area of work for disaggregation purposes. Information provided is confidential.

Q1. What kind of organisation or institution do you work with? *Please, select one answer.*

- UNICEF
- Civil Society Organisations / Non-governmental Organisations
- Private business
- Other (*please specify*)

Q2. What is your main area of work? *You can select as many answers as appropriate.*

- Immunization
- Nutrition
- HIV prevention and care
- Lifelong education
- Child protection
- Social protection
- New-born registration
- Other (*please specify*)

Q3. For UNICEF personnel, how long have you been working with UNICEF Eswatini? For the personnel of other institutions and organizations, how long have you (as an individual) been working in partnership with UNICEF? *Please, select one answer.*

- Prior to 2021
- Since 2021
- Since 2022
- Since 2023
- Since 2024

Q4. With what of the following gender do you identify yourself? *Please, select one answer.*

- Female
- Male
- Non-binary
- Prefer not to say

Section B: Your opinion on UNICEF's work in Eswatini

Relevance

[Link to EQ1 and EQ2:](#) Q5. To what extent do you agree with the following statements on the alignment of UNICEF's strategies and approach in the last four years to Eswatini national and subnational priorities and need, particularly amongst vulnerable groups? *Please, select one answer for each statement.*

Answer options: Strongly disagree, Disagree, Agree, Strongly agree, Don't know

- UNICEF's strategies and approach have been tailored to address the unique needs and circumstances of children in Eswatini, taking account of different regional and urban-rural needs
- Specific strategies have been in place to reach girls, and mitigate gender-based disparities in access and participation
- Specific strategies have been in place to children with disabilities, and mitigate disparities in access and participation
- Systematic mechanisms have been put in place for collecting, acting on and responding back to feedback from programme participants and other stakeholders

- UNICEF's strategies and approach have been sufficiently assessed to capture changing needs, and adjusted when necessary to changing needs
- UNICEF's strategies and approach have been innovative and have adapted to cater to the specific needs of the target population

Effectiveness

[Linked to EQ6:](#) Q6. How satisfied are you with the results achieved in your area of work through UNICEF's initiatives and interventions in terms, for instance, of service coverage, accessibility, quality etc. Please refer to a rating scale from 1 to 7, with 1 being very dissatisfied and 7 being very satisfied? *Please, provide a rate to the statements that refer to your area(s) of work.*

- Immunization
- Nutrition
- HIV prevention and care
- Lifelong education
- Child protection
- Social protection policy
- New-born registration
- Other (*please specify*)

[Linked to EQ7:](#) Q7. Please explain what you feel has contributed to the effectiveness of the work (such as policy support, resource allocation, stakeholder engagement etc.). [Open answer]

[Linked to EQ7:](#) Q8. Please explain what you feel has hindered the effectiveness of the work (such as policy support, resource allocation, stakeholder engagement etc.). [Open answer]

[Linked to EQ8:](#) Q9. How satisfied are you with UNICEF's capacity to adequately respond to contextual changes, such as emergency situations, climatic shocks, governance changes, on a rating scale from 1 to 7, with 1 being very dissatisfied and 7 being very satisfied? *Please, select one answer.*

Answers: 1 - 2 - 3 - 4 - 5 - 6 - 7

[Linked to EQ6:](#) Q10. To what extent do you think that UNICEF's interventions and initiatives in Eswatini have been successful in promoting the following cross-cutting themes, on a rating scale from 1 to 7, with 1 being not at all successful and 7 being very successful? *Please, select one answer.*

Answers: 1 - 2 - 3 - 4 - 5 - 6 - 7

- Equity
- Gender equality
- Inclusion of people with disabilities

Q11. If you'd like, please provide any further feedback about UNICEF's effectiveness, and particularly in promoting equity, gender equality and disability inclusion. [Open answer]

Sustainability

[Linked to EQ11:](#) Q12. How likely is it that the positive changes and effects brought about through UNICEF's contribution will be sustainable at the relevant levels (e.g., community, regional, national) in the future, without UNICEF's support? *Please, select one answer.*

Answer options: Very unlikely, Unlikely, Likely, Very likely

[Linked to EQ12:](#) Q13. Can you provide an example (or examples) of intervention(s) that may be likely to continue and be scaled up without UNICEF's support? [Open answer]

Efficiency

[Linked to EQ10:](#) Q14. To what extent do you agree with the following statements on UNICEF's efficiency in delivering its mandate? *Please, select one answer for each statement.*

Answer options: Strongly disagree, Disagree, Agree, Strongly agree, Don't know

- Financial resources are adequate to achieve the UNICEF Eswatini's intended results within the timeframe
- Human resources are sufficient to achieve the UNICEF Eswatini intended results within the timeframe
- Technical capacity of UNICEF Eswatini is sufficient to achieve its intended results
- Activities are implemented in a timely way
- Activities effectively meet their intended goals
- Funds to implementing partners are disbursed on time

[Linked to EQ10:](#) Q15. What main internal challenges and limitations for effective implementation have you identified *Please, type your answer.* [Open answer]

Q16. Please add any further feedback about UNICEF's support in Eswatini, providing examples as relevant. *Please, type your answer.* [Open answer]

We greatly appreciate your time and responses. Thank you!

U-Report Survey Questions

Introduction:

U-Reporter, greetings!

UNICEF wants to know your views about some of their areas of work in Eswatini. Your answers will be anonymous and confidential, and in no way they will be attributable to your person. You can be absolutely honest about what you think, and you can skip any question that you don't want to answer.

Thank you!

Survey questions

1. Over the past four years, do you feel that the **health facilities and services**, like vaccinations for children, or sexual and reproductive health for teenagers and young people, in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

2. Over the past four years, do you feel that **the services for HIV prevention and care** for teenagers and young people in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

3. Over the past four years, do you feel that **school system** for children, teenagers and young people in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

4. Over the past four years, do you feel that the access to **out-of-school alternative pathways** for teenagers/young people in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

5. Over the past four years, do you feel that **services for protection from violence and abuse** against children, teenagers and young people in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

6. Over the past four years, do you feel that **gender equality and girls and young women empowerment** in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

7. Over the past four years, do you feel that **the inclusion of persons of disability** in Eswatini have become better, worse or not changed?

- Better
- Worse
- I see no change
- I don't know

8. What do you feel are the **priority areas** for children, teenagers and young people in the future in Eswatini?

- Immunization
- Nutrition
- HIV prevention and care
- Lifelong education
- Out-of-school alternative pathways
- Protection from violence and abuse
- Social protection policy
- Other (*please specify*)

9. If you have visited any UNICEF supported services in Eswatini, how was your experience?

- I have never visited any UNICEF supported services
- I have visited a UNICEF supported services, and my experience was positive 😊
- I have visited a UNICEF supported services, and my experience was negative ☹️

Annex 6. Documents consulted during the inception period

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- United Nation Children’s Fund, ‘Country Office Annual Report 2020’, UNICEF Eswatini, Mbabane, 2021
- United Nation Children’s Fund, ‘Country Office Annual Report 2021’, UNICEF Eswatini, Mbabane, 2022

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Annex 7. Theories of change from the three outcome areas – narratives and visuals

The following theory of change narratives are extracted from the Country Programme Strategy Notes (PSN). Visuals are copied from their stand-alone pdf files.

Outcome 1: Maternal, child and adolescent health

In changing the pathway to move from the current state of high newborn and infant mortality, high stunting rates and AIDS related mortality in children and adolescents, UNICEF Eswatini's country programme 2021 to 2025 will contribute towards reaching the desired situation where ***all children in Eswatini survive, thrive and reach their full potential***. The overall expected pathway to change is that:

IF/THEN pregnant women and newborns will access necessary services (timely quality antenatal care package, skilled birth attendance and post-natal and essential newborn care)

IF Health facilities and communities provide at scale a package of quality maternal and newborn health services

IF Caregivers (mothers, community health, family members) have adequate knowledge on danger signs and take appropriate action

IF the enabling environment improves through leadership, accountability and increased quality of data for evidence-based planning through efficient birth registration

IF/THEN children are not stunted physically and cognitively and are protected from preventable diseases

IF Mothers and Children, especially those aged under two years, access services for prevention of stunting and other forms of malnutrition

IF girls and boys (especially those aged under two years) have increased access to early stimulation and nurturing care)

IF caregivers have increased knowledge and skills to practice appropriate feeding practices

IF legislation, policy and plans are evidence-based, adequately resourced to support infant feeding practices (especially breastfeeding).

IF/THEN children and adolescents living with HIV will achieve viral suppression AND the number of AIDS related deaths will reduce.

IF children and adolescents are accessing quality child and adolescent friendly HIV Prevention and Treatment Services.

IF support systems for children and adolescents living with HIV are implemented at health and community level (including parents and caregivers).

Output 1: Improved Health systems capacity for delivery and utilization of quality maternal, newborn and infant health services at national, health facility and community levels

Health systems strengthening for maternal, newborn and infant care: UNICEF will target the 11 public health facilities that provide maternity services in all regions of the country and will specifically support;

1. Strengthening MNCAH leadership and accountability at all levels including planned reviews for; the Health Management Information System (HMIS), Client Management Information System (CMIS), Client Satisfaction Feedback Mechanism (CSFM), etc.
2. Capacity building for MNCAH mentorship (ToT for mentors and strengthening institutionalization of mentorship in 11 health facilities providing maternity services, regional level through RHMT).
3. Strengthening Quality of Care for MNCAH in 11 facilities (Standards implementation, QOC projects, perinatal/neonatal death audits, care of the small/premature and sick baby) Quality of care broad.
4. Interoperability of birth registration systems (MoH & MoHA) to facilitate BR roll out.
5. Strengthening planning and use of domestic resources through development and dissemination of budget briefs, investment case for health and nutrition to stimulate broad domestic and international resource mobilization and engagement with key donors and development partners. Advocacy for infrastructure development utilizing domestic resources.

Newborn Health: the vision of Eswatini is to reduce by 50 per cent the number of neonatal deaths due to prematurity, sepsis and infections by 2025.

| IF | THEN | ASSUMPTIONS AND RISKS |
|---|---|--|
| <p>If pregnant women start ANC in the first trimester, AND receive quality ANC including adolescent friendly services for adolescents, AND benefit from high impact maternal nutrition interventions, AND delivery is attended by a skilled attendant, AND high risk pregnancies are identified early, AND birth plans outlining actions to be taken in emergency are followed; if the quality and coverage of services for maternal, and small and sick newborn care improves, AND caregivers (mothers, community health personnel, family members, primary health care professionals) have adequate knowledge on danger signs and take appropriate action, AND health facilities have capacity (knowledge and skills) to provide specialized care for sick and small newborns and implement standards for maternal and newborn care, including death audits; if strong leadership and accountability health system for newborn</p> | <p>...then mothers and newborns will receive timely quality health services, then the risk of pregnancy, delivery and neonatal related complications will be reduced, thus reducing neonatal morbidity and disability.</p> | <p>Assumptions:</p> <ul style="list-style-type: none"> • Government will provide adequate human resources and domestic financing for specialized and quality newborn care and other services for children and adolescents. • Strong health management information systems to provide data for monitoring output and outcome results • Government including the public health system will be adaptive & receptive to the social |

| | | |
|---|--|---|
| <p>health are clearly defined across the continuum of care, AND there is sufficient equitably distributed quantity of qualified and supervised health personal deployed to all health facilities, AND health information is accurate, timely and used for decision making; AND health commodities and equipment are sufficient.</p> | | <p>accountability mechanisms.</p> <p>Risks:</p> <ul style="list-style-type: none"> • Low prioritisation of newborn care by Government. • Shrinking fiscal space which will influence domestic resource allocations to other areas rather than services for children. |
|---|--|---|

Output 2: Improved health facilities, caregivers, and communities’ capacities to provide quality services for prevention and treatment of malnutrition including during emergencies

Specifically, UNICEF will target interventions towards reaching children during the first 1,000 days of life and will provide technical and funding support towards:

1. Strengthening nutrition leadership, coordination and capacity for implementation at health facility (maternity protection policies/guidelines targeting private sector).
2. Strengthening systems for capture and analysis of nutrition data / information (as part of HMIS) including surveillance.
3. Communication for Development (C4D)/ Social change emphasizing improved MIYCN at health facility and community levels with focus on improvement on feeding practices (including food diversification & cooking demonstrations).
4. National and community systems strengthening for implementation, monitoring and reporting for ODF. (family and community capacities to adopt Positive Sanitation and Hygiene Practices including community Led Total Sanitation).
5. Strengthen WASH and nutrition preparedness and response interventions during emergency based on CCC.

The long-term vision of Eswatini is a country with improved nutritional status of its population, particularly women and children, so that the potential for healthy development and inclusive success of the nation is fully realised.

| IF | THEN | ASSUMPTIONS AND RISKS |
|--|--|---|
| <p><i>If</i> Mothers and children especially those aged under two years receive services for prevention of stunting and other forms of malnutrition, <i>If</i> Infants and children are protected from preventable diseases, <i>If</i> Girls and boys especially those aged under two years have increased access to early</p> | <p>... <i>then</i> children will access and utilise acceptable minimum diets, <i>then</i> children will have improved nutrition status, <i>then</i> children will be protected from repeated infections,</p> | <p>Assumptions:</p> <ul style="list-style-type: none"> • Government will allocate adequate domestic resources for sustained vaccine procurement and |

stimulation and nurturing care, **if** multi-sectoral political commitment and approaches are in place to support prioritized and integrated package of both nutrition-sensitive and nutrition-specific interventions with an equity focus, **if** Supporting and implementing partners at national and sub-national level, have increased capacity and accountability in evidence-based planning, budgeting and regulating the scaling up of high-impact nutrition sensitive and nutrition-specific interventions and monitoring the results with equity, **if** national systems for harmonized procurement, logistics and supply chain management are strengthened for delivery of equitable and quality essential nutrition services, **if** government workers in nutrition related sectors (health, agriculture, and others) have increased capacity to deliver nutrition services according to standards at all times, **if** caregivers, family members, communities and institutions have increased knowledge and skills to practice appropriate feeding practices during critical periods of growth and development, are food secure and demand quality nutrition services, **if** legislation and policy that protects early and exclusive breastfeeding is enforced; government health sector plans are evidence-based, adequately resourced, effectively implemented, enforced and monitored, **if** health workers educate mothers and caregivers on stimulation of the babies during the first 1,000 days (from pregnancy to 2 years), AND mothers and care givers stimulate their babies, AND health workers routinely screen children for developmental milestones AND health workers and caregivers identify children with developmental challenges and treat them appropriately

then children will have adequate psychosocial stimulation; **then** children will thrive and reach their full potential physically and emotionally, **thus** stunting among children will be reduced.

child health interventions.

- Government and partners will provide sustained food diversification inputs for communities
- Policies for food fortification and maternity protection will be adopted and implemented by the Private Sector.
- Communities are willing and ready to take ownership of community health nutrition and WASH programmes for sustainability.

Risks:

- Weak systems to identify and support children with disability
- Delayed funding for vaccine procurement.
- Limited funding to facilitate elimination of open defecation in line with SDG targets.
- Emergencies including drought and floods/storms that may affect food production and access to safe water.

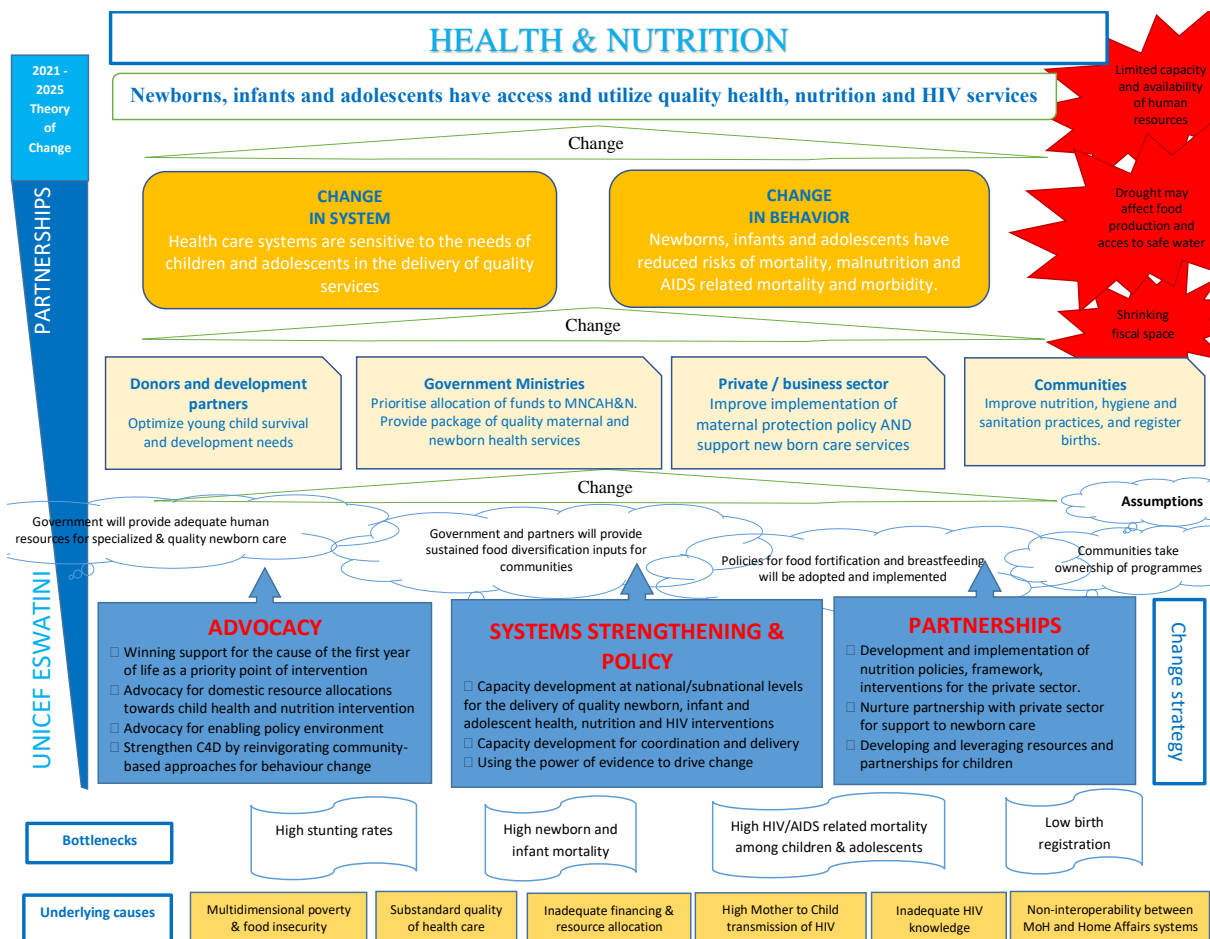
Output 3: Improved capacity to provide gender responsive services for children and adolescents living with HIV, pregnant and breastfeeding women Health facilities and communities'

Awareness creation and community empowerment: UNICEF will target constituencies (Tinkhundla) specifically in regions with highest deprivations and these are in Lubombo, Shiselweni and Manzini. The support will include:

1. Strengthening community level systems capacity to deliver information and promote positive newborn care practices including identification of danger signs in newborns and infant and appropriate management including early initiation of breastfeeding, and birth registration;
2. Strengthening systems linkages between health facilities and communities for enhanced post-natal follow up especially for HIV positive women and HIV exposed children and generate evidence to inform PMTCT programming;
3. Strengthening accountability systems for results for children at community level involving multisectoral actors and enhanced community ownership of newborn care.

The desired outcome is that children and adolescents receive ART and achieve viral suppression which will contribute to reduction of AIDS related mortality.

| IF | THEN | ASSUMPTIONS AND RISKS |
|---|---|--|
| <p>IF all health facilities and service providers are aware and responsive to adolescent needs including pregnant adolescents, If children and adolescents at risk are tested for HIV through various platforms; If all children and adolescents diagnosed with HIV are initiated on ART, AND children and adolescents living with HIV adhere to ART, If support systems for children & adolescents living with HIV are implemented at health facility and community levels, If care givers and adolescents have adequate knowledge on importance of ART adherence, AND ART for children and adolescents are available at decentralized levels</p> | <p>...then, children and adolescents living with HIV will achieve viral suppression...then children and adolescents living with HIV will live long, thus the number of AIDS related deaths among children and adolescents will reduce.</p> | <p>Assumptions:</p> <ul style="list-style-type: none"> • Government will sustain the availability of ART especially paediatric formulations • Health services will be adolescents friendly. • Adolescents will utilize youth friendly health services. <p>Risks:</p> <ul style="list-style-type: none"> • Stockout of ART including paediatric ART formulations. |



Outcome 2: Lifelong learning, protection and development

In changing the pathway to move from the current state of high violence, high rate of HIV and low learning outcomes, UNICEF Eswatini's country programme 2021 to 2025 will contribute towards reaching the desired situation where ***all children and adolescent in Eswatini are protected from violence and HIV, are learning and skilled to transition to active citizen***

The overall expected pathway to change is that:

if the education system is efficient and providing all children and adolescent with the necessary skills to learn and become active citizen, including out of school adolescent,

if the child protection system is strengthened to provide quality services for the prevention and response to violence, exploitation and abuse against children and adolescents

if HIV prevention for adolescents and young people is mainstreamed and integrated in all systems

then *all children and adolescent in Eswatini will be protected from violence and HIV, will be learning and skilled to transition to active citizen.*

The various programme components of learning, protection, HIV and adolescent participation have a detailed Theory of Change, which can be found below:

Output 1: Strengthened education system for improved learning outcomes and skills development

To strengthen the education system with the vision to equip children and adolescent with the necessary skills to become active citizen, UNICEF Eswatini will to contribute to:

- 1) Improving school readiness through roll out of early learning,
- 2) Improving the quality of education (teaching and learning)
- 3) Strengthening the Skills and Technical and Vocational Education Training curriculum, including financial and entrepreneurship skills
- 4) Supporting alternative pathways for out-of-school adolescent
- 5) Strengthening the data information system
- 6) Promote adolescent participation in school governance platforms.

The focus on gender and inclusion will be sharpened through better gender mainstreaming, a focus on parity, and targeted interventions for adolescent girls and children and adolescent living with disability.

UNICEF Eswatini will also continue advocating for more resources to be allocated to the Education budget and the expansion of school numbers.

| IF | THEN | ASSUMPTIONS AND RISKS |
|---|---|---|
| <p>If all children have access to early learning programmes (rollout of grade 0 to all schools, minimum standards, fully budgeted and financed);</p> <p>If the quality of education has improved throughout schooling (good quality teaching and learning materials and tools, qualified teachers, competencies-based assessment, in service training);</p> <p>If skills and TVET programmes are better coordinated and structured and adapted to the labour market (skills and TVET framework developed and implemented, curriculum content and teaching methodology, qualified teachers);</p> <p>If alternative pathways for out of school adolescent are accessible and provide young people with the appropriate skills;</p> <p>If schools are safer space for children and adolescent (reduce violence and bullying, reporting system in place, access to services for survivors of violence);</p> <p>If skills for personal empowerment and active citizenship are developed</p> <p>If adolescent participation is embedded in decision making process</p> | <p>THEN the education system will be more efficient, leading to more equitable education provision, and thus leading to more children and adolescent achieving high learning outcomes and better prepared for the world of work</p> | <ul style="list-style-type: none"> • The Government of Eswatini remains committed to the Children’s Agenda, and education remains a priority. • The Government will invest in expanding formal pre-primary education and expand the number of secondary schools • Alternative skilling pathways that will be developed will match local labor market demands • Continuity of education during emergencies (particularly droughts) is ensured with improved government capacity so that there is no break in education of children living in risk prone areas. • Government of Eswatini will develop opportunities to increase domestic revenue and reduce reliance on volatile SACU flows. |

Output 2: Strengthened child protection system and develop positive social norms for prevention and response to violence against children and adolescent

In the context of Eswatini’s well-developed policy and legislative framework for child protection, UNICEF Eswatini focus to reduce violence against children and adolescent will support:

1. Strengthening national, regional and sub regional capacity for coordination and response to violence, with a particular focus on sexual violence against children
2. Enhancing positive social norms for the prevention of violence against children
3. Empowering children and adolescent to exercise their rights and agency to live free of violence, seek help and build gender-equitable-non-violent relationships

Programming will address **critical groups of children with special protection needs who are often left behind**, including **children in with disabilities, children conflict with law, children living in prisons**, children without parental care and children living in alternative care. **These particularly vulnerable groups of children and adolescent are often denied access to basic education, health, social protection and justice services.**

| IF | THEN | ASSUMPTIONS AND RISKS |
|---|--|--|
| <p>If people believe violence is negative and adopt protective behavior;</p> <p>If households, schools, communities, institution and social media are safe and protective environment that support nonviolence and nondiscrimination;</p> <p>If children know their rights and know where to report violence and child right abuse;</p> <p>If adolescent engagement and participation is developed and embedded in all decision-making processes;</p> <p>If the quality of response services to violence is improved;</p> <p>If quality and regular data are available;</p> <p>If a strong coordination system is in place</p> | <p>THEN the social and cultural norms will be more protective, gender transformative and inclusive, and then the national, regional and subregional violence prevention and response system is more likely to be efficient thus leading to a reduction in violence against children and in sexual violence against adolescent girls .</p> | <ul style="list-style-type: none"> • The Government of Eswatini remains committed to the Children’s Agenda and protecting children against violence is a priority. • Increased commitment to protection against violence during emergencies (particularly droughts) is ensured with improved government capacity to prepare for emergency so that prevention and response mechanism are in place • Government of Eswatini will develop opportunities to increase domestic revenue and reduce reliance on volatile SACU flows. |

Output 3: Effective, integrated, gender and adolescent responsive system for HIV prevention for adolescent and young people

While there has been a steady decline in new HIV infections among adolescents over the past decade, the slow rate of that decline coupled with the rapidly increasing population of adolescents will continue to fuel the HIV epidemic. The risk is especially high among adolescent girls and young women, adolescent key populations, including those who are sexually exploited, victims of gender-based violence, and men who have sex with men.

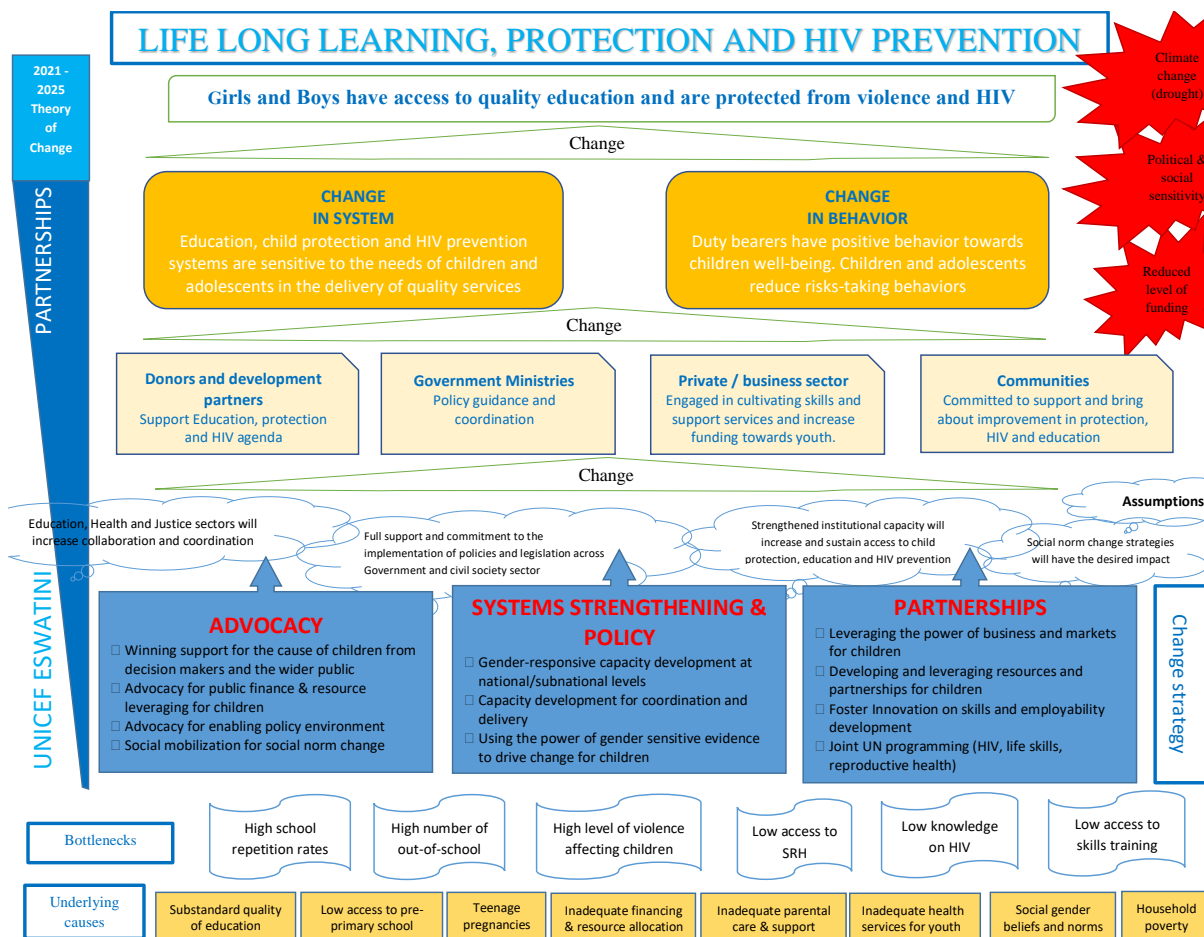
UNICEF’S role in the effort to ensure Eswatini has effective integrated systems for HIV prevention for adolescents and young people is premised upon UNICEF’s strategic position as a knowledge leader and champion for children, adolescents and young people. Scaled-up and targeted combination prevention packages for adolescents at risk of HIV, including biomedical, behavioural and structural interventions, are urgently needed.

To strengthen the national system with the vision to reduce adolescent and young people’s vulnerability to HIV, UNICEF Eswatini will contribute to :

- High level strategic, evidence informed advocacy for removal of barriers mitigating against HIV prevention programming,
- Resource mobilisation and leveraging through partnerships and alliance building.
- Ensure that the voices of adolescents and young people is on the table by supporting advocacy for development of national child and adolescent participation framework
- Ensure schools are used as a platform for an integrated HIV prevention response for adolescents and young people.
- Integrating HIV into adolescent sexual and reproductive health education and services, including prevention of unplanned pregnancy.

Reducing adolescent and young people vulnerability to HIV infection: increasing utilization of gender and adolescent responsive prevention services, scaling up use of new technology and adolescent-friendly communication channels to reach adolescents with key messages on health, education, protection, and HIV.

| IF | THEN | ASSUMPTIONS AND RISKS |
|---|---|--|
| <p>If HIV prevention programmes for adolescents and young people are sustained and scaled up</p> <p>If quality adolescent responsive health services are available</p> <p>If comprehensive sexuality education is available in schools and in the community</p> <p>If households, schools, communities are safer and gender-based violence is reduced</p> <p>If caregivers and parents have knowledge, skills and positives attitudes for HIV prevention and sexual education for adolescent and young people</p> <p>If demand for quality services is increased</p> <p>If adolescents are meaningfully engaged in HIV prevention programming</p> | <p>THEN, there will be effective integrated systems for HIV prevention for children and adolescents</p> <p>THEN fewer number of new HIV infections in adolescents will occur in Eswatini.</p> | <ul style="list-style-type: none"> • The Government of Eswatini remains committed to the Children’s Agenda, and HIV prevention remains a priority. • Donors funding and domestic resources remains at the level they need to be to achieve the global goals on HIV, • Continuity of HIV services during emergencies (particularly health emergency) is ensured with improved government capacity so that there is no break in access to health services during emergency. • Government of Eswatini will develop opportunities to increase domestic revenue and reduce reliance on volatile SACU flows. • High donor dependency on HIV with changes in the global donor context. |



Outcome 3: Social policy

The overarching vision of the Social Policy programme is that by 2025 equity sensitive budget allocations based on high-quality evidence improves effectiveness of national programmes affecting children **which will reduce vulnerabilities faced by children and strengthen the human capital base of the country**. The overall theory of change diagram (see Annex) presents the vision and multi-year change pathway to how each output will be achieved.

Strengthened national capacity to generate robust evidence regarding child poverty can promote policies that address in socio-economic disparities and hence promote social inclusion. To alleviate the burden of multi-dimensional poverty on children and other vulnerable populations, the development of a child sensitive national social protection system by building national capacity, engaging with key stakeholders and ensuring that national frameworks and programmes adequately encompass children’s rights is key.

Strengthened public financial management systems are central to credible budget execution, which will strengthen evidence-based policies as well as balanced and equitable resource allocations to enhance the delivery of basic service delivery to better address the needs of poor and vulnerable children.

To this end, the Social Policy programme will strengthen national systems in the area of statistics, a child-sensitive social protection system and a public finance framework that promote the fulfilment of child rights in Eswatini.

The theory of changes states that:

IF we build strong capacity in national institutions to build the evidence base for policy advocacy and use it to advocate for positive policy change for children;

IF we support the development of a child-sensitive and inclusive national social protection system,

IF government policies are adequately funded to address existing vulnerabilities, including through efforts to expand fiscal space and prioritize the resource envelope;

IF budgetary resources are more effectively, efficiently and equitably used to implement policies for the most vulnerable and marginalized children and women;

IF governance structures and systems are strengthened so that social services for children are delivered as planned and budgeted

THEN social services will reduce vulnerabilities faced by children and strengthen the human capital base of the country by 2025.

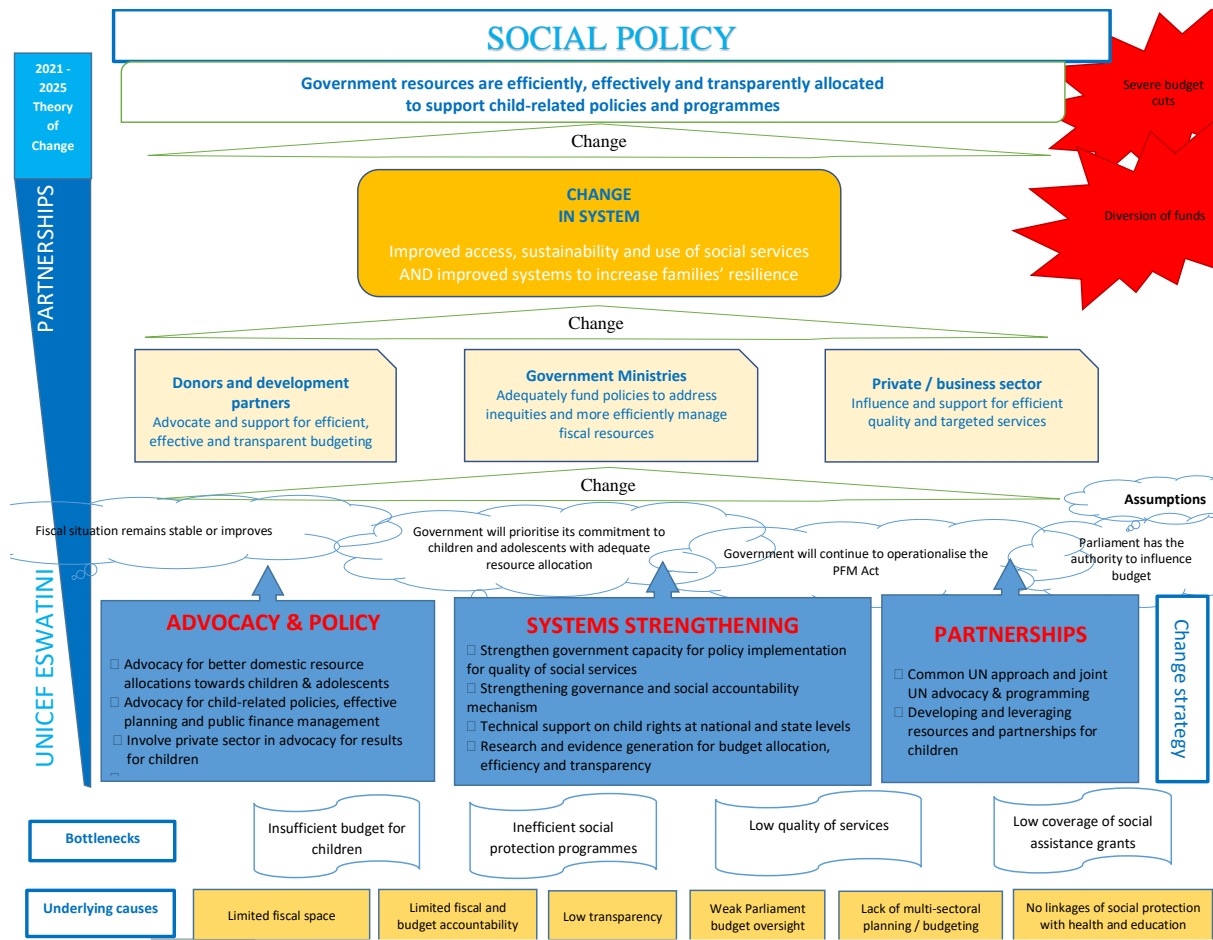
Risks and Mitigation

- Low prioritization of funding for child related sectors. UNICEF will conduct evidence-based advocacy for higher allocations and increased efficiency within the budget allocations for child-related sectors.
- Limited appreciation for the importance of a child-sensitive social protection vis-à-vis national development objectives and targets, UNICEF Eswatini will to engage in advocacy and seek to position social protection as part of the broader social policy agenda of the Government.

Assumptions

- National and state governments are committed to providing a greater emphasis on equity focused monitoring and data management, within the context of evidence-based planning for and achieving the national development goal and targets.

Political will exists to bring about improvements in the child centred planning, budgeting and implementation of social service programmes to reduce inequities.



Annex 8. Information about the evaluation team

Team Leader – Susanne Turrall

The evaluation will be led by Susanne Turrall, an experienced senior evaluator who has expertise in gender and social inclusion and analysing poverty and vulnerability linkages. She has a MA (Hons) in Social Anthropology and Development, and an MSc in Agricultural Economics. She has over 20 years' experience in international development, with over 10 years leading and undertaking complex evaluations. Examples include Country Programme Evaluation of Irish Aid's work in Sierra Leone, evaluation of WFP's Gender Policy, UNFPA/UNICEF Joint Evaluation of the Joint Programme to Accelerate the Abandonment of FGM for both Phase II and Phase III (both top-rated by QA). Most recently, she has evaluated UNICEF Kosovo's local governance engagement (the 'Municipality Approach') across all areas of its country programme (health, education, social welfare, youth and adolescence) with a strong focus on system strengthening.

Within her work she has a history of working on theory-based approaches (e.g. UNFPA Global Programme on Gender Biased Sex Selection, Phase I and Phase II evaluation). She has also utilised policy influence analysis (UN Women Corporate Evaluation on Women's Economic Empowerment, and UNFPA Nepal's Gender Based Violence Programme). Her previous roles included evaluation quality assessments for UNICEF, UN Women, and WFP, various international NGOs, and providing long term support to UNDP on poverty, gender analysis, and social change in the Pacific region. She is based near London, UK.

Evaluation Specialist – Giulia De Bernardi

Giulia De Bernardi has been working in the international development sector for over 14 years. She builds her expertise on a MSc in Environment and Development from the London School of Economics (2015) and a MA in International Relations from the Catholic University of Milan (2007, Hons). She also draws on hands-on experience gained while working with various international NGOs, both in the field and at HQ, mainly in the areas of livelihoods, gender equality, women empowerment, and children education. Her first-hand experience includes middle-income African countries, namely DR Congo, Kenya, Malawi, Rwanda, and Uganda.

Since 2020, she has been specialising in the evaluation of complex multi-country interventions for UN agencies, including UNFPA, UNICEF and UN Women. In the context of these evaluations, she has contributed with strong quantitative analytical skills by leading on the development, administration and data analysis of surveys targeted to different kinds of stakeholders, and the production of infographics to illustrate results in an intuitive and user-friendly manner. Some of her more recent work includes the evaluation of the UN's Women Peace and Humanitarian Fund, of UNFPA support to population dynamics and data, and of the UNFPA/UNICEF Joint Programme to Accelerate the Abandonment of FGM Phase III.

Both evaluators have undertaken all UNICEF safeguarding courses as required. They are aware of identified ethical issues and mitigation strategies. They have training and experience in research skills and ethics, facilitation and participatory techniques.

Annex 9. Proposed Fieldwork schedule

This is a very tentative data collection schedule, which will require further input and planning from the UNICEF Eswatini office, and national consultant team member.

| Day no. | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
|-----------------------|---|-----------------------------------|--|--|--|
| Tentative date | Monday 27/1/25 | Tuesday 28/1/25 | Wednesday 29/1/25 | Thursday 30/1/25 | Friday 30/1/25 |
| Morning | Meetings with UNICEF management/ M&E Implementing partner meetings | Government stakeholder interviews | Field visit – early child education centres deep dive stakeholders | Field visit – immunisation deep dive stakeholders | Development partner interviews |
| Afternoon | Implementing partner meetings | Government stakeholders | Government stakeholder meeting | Youth Advisory Board group Government stakeholder interviews | UN agencies stakeholder interviews Debriefing with the CO |

Annex 10. Proposed Informed Consent Form for Caregivers/Parents of Children Under the Age of Consent

UNICEF Eswatini Country Office is currently conducting the evaluation of its work done between 2021 and 2024. The evaluation aims to understand what has worked well and what has worked less well in UNICEF's work, in order to draw lessons with which to inform UNICEF's work in the next five years.

As part of this evaluation, the team in charge of the evaluation would like to hear the opinion of some youths with regard to UNICEF's contribution to the general wellbeing of young people in Eswatini. We are also very interested in hearing directly from youths what their priorities are for the general improvement of the wellbeing of young people in Eswatini in the next five years. The youths' participation in this activity will help UNICEF to strengthen its interventions and initiatives to promote the well-being of young people in Eswatini.

For these reasons, we would like to invite your child to participate in an X [type of participatory activity, such as group interview of the youth advisory board members, or involvement in the Evaluation Reference Group]. This activity will be conducted by [insert consultant's name who will facilitate the group interview, or the ERG Leader], who will ask you questions related to [briefly explain what will be discussed]. The activity will take approximately [-----] minutes.

Please note that your child's participation is voluntary. If they decide not to participate, that is completely okay. We will understand. If they do decide to participate, they can choose to stop at any time. If there ever is a question that they do not want to answer for any reason, they do not have to answer it. Please know that they can skip any question they are not comfortable answering, and they can decide to end their participation at any time. Any personal information as well as identifying information will not be passed to others; children's views will be treated in confidence.

Please, do not hesitate to ask for clarifications if you would like. If you have questions at a later stage, please contact X [name of the evaluation focal point] at X [contact information].

You understand that you are free to withdraw my child and that your child can withdraw from the activity at any time.

You understand that by checking the following box and writing today's date below, you are indicating your consent for my child to participate.

[] I AGREE FOR MY CHILD TO PARTICIPATE IN THE ABOVE ACTIVITY

Date:

Annex 11. The Involvement of Adolescents/Youth in the Evaluation Reference Group

UNICEF Eswatini will be establishing and developing an evaluation reference group that will comprise critical stakeholders of the CPE, including Government counterparts; several senior Eswatini Country Office and ESARO staff members; select development, civil society organizations, private sector partners and youth/ adolescents. The inclusion of youth/ adolescent is important for ensuring a 'voice' for youth in the evaluation.

As the youth / adolescents are recruited by UNICEF, UNICEF will take responsibility for any ethical safeguards and do-no-harm considerations. In the scenario that the evaluation team have direct engagement with them, the purpose of meetings will be fully explained, along with their rights (informed consent, confidentiality, ability to stop the interview/ process at any stage, see section 6). They will not be requested to share personal information or personal stories thus reducing any potential ethical risk/ concern. It will be important to ensure ethical and do-no -harm considerations are integrated. Parental consent forms may be sought if advised and agreed by UNICEF, and referral pathways can be set out. The evaluation team will adhere to the principles set out in UNICEF's Ethical Research Involving Children¹⁰¹.

¹⁰¹ UNICEF, 2013, Ethical Research Involving Children

Annex 12. Proposed Informed Consent Form

UNICEF Eswatini Country Office is currently conducting the evaluation of its work done between 2021 and 2024. The evaluation aims to understand what has worked well and what has worked less well in UNICEF's work, in order to draw lessons with which to inform UNICEF's work in the next five years.

We are also very interested in hearing directly from stakeholders regarding their perspectives on UNICEF's work in Eswatini - what is working well, what is working less well and what their priorities are for the future.

For these reasons, we would like to invite you to participate in an X [type of participatory activity, such as interview or Focus Group Discussion]. This activity will be conducted by [insert consultant's name who will facilitate the group interview, or the ERG Leader], who will ask you questions related to [briefly explain what will be discussed]. The activity will take approximately [-----] minutes.

Please note that your participation is voluntary. If you decide not to participate, that is completely okay. We will understand. If you do decide to participate, you can choose to stop at any time. If there ever is a question that you do not want to answer for any reason, you do not have to answer it. Please know that you can skip any question that you are not comfortable answering, and you can decide to end participation at any time. Any personal information as well as identifying information will not be passed to others; your views will be treated in confidence. [In the case of FGDs.. your views will not be shared with others beyond the focus group].

Please, do not hesitate to ask for clarifications if you would like. If you have questions at a later stage, please contact X [name of the evaluation focal point] at X [contact information].

You understand that you are free to withdraw from the activity at any time.

You understand that by checking the following box and writing today's date below, you are indicating your consent to participate.

I AGREE TO PARTICIPATE IN THE ABOVE ACTIVITY

Date:

Annex 13. Deep Dives for the Evaluation

Background: The scope of the country programme evaluation is the overall Eswatini Country Programme 2021 to 2024 across all of its components, including downstream and upstream work. However, the Terms of Reference for the evaluation highlighted interest in deepening understanding and reflection on the upstream work, in terms of what is being achieved, what is working well and less well, and where UNICEF is harnessing its comparative strengths.

The 'deep dives' are intended to provide examination of UNICEF's upstream work. They will involve exploration of UNICEF's advocacy efforts, system-strengthening initiatives, and strategic engagement with government and other stakeholders in driving policy and institutional changes that enhance children's well-being. They are a small but important part of the evaluation (each will be approximately 0.75 pages of the report), deepening understanding of the findings. There will be three deep dives, one from each of the three outcome areas.

The three proposed deep dives are:

Outcome 1: Immunisation as an entry point for comprehensive healthcare: system strengthening to bring about change

Outcome 2: System strengthening within the education sector: supporting the establishment of an education management informant system

Outcome 3: Supporting policy development in the social assistance sector

Deep Dive Outcome 1:

Theme: Immunization as an entry point to promote integration of immunization and other essential services in Primary Health Care (PHC) health facilities: health system strengthening to bring about changes

Why selected: The UNICEF Chief of Health was consulted regarding her thoughts on potential deep dives around Outcome 1 for the evaluation. The example of immunisation (and nutrition system strengthening) were shared, and this was felt to be of interest as a learning opportunity regarding a comprehensive response focused on promotion of services' integration with limited funds.

Basic 'story' so far: UNICEF has worked significantly since Covid on immunisation at all levels (capacity development, cold chain, logistics, supply management, vaccine management). Given the financial allocation was high to Covid and not to other areas, UNICEF treated immunisation as an entry point and integrated other areas (in agreement with donors) such as nutrition, HIV, WASH, new vaccines (HPV), renewable energy, digital health) at all levels of the health system and supported the strengthening of the broader system to implement. An integrated strategy for primary vaccination has now been developed by the Ministry of Health with the support of UNICEF and reactivation of PHU outreaches have been reconsidered by MOH.

'Fit' within the CP Integrated Results and Resources Framework

Outcome Area 1: By 2025, parents and children, with a focus on the most vulnerable, have access to equitable, integrated, quality essential health, nutrition and HIV services including during emergencies.

Indicator: Percentage of children aged 12 to 23 months fully immunized. B: (2014) 75% , T: 90%

Output : Health systems have improved capacity for delivery and utilization of quality newborn and infant health services at facility and community levels.

Outputs indicators (related to immunization/integration/covid) changed year by year.

In 2023:

Indicator 1.1.1: Number of advocacy events to promote investment in Primary Health Care (PHC), including integrated outreaches to reach zero-dose communities

Indicator 1.1.2: Months of DPT vaccine stockouts at national level

Indicator 1.1.4: Percentage of primary Health Care Facilities integrating gender-sensitive and disability-inclusive COVID-19 vaccination.

In 2024:

Indicator 1.1.2: Months of DPT vaccine stockouts at national level

Monitoring Against the Results Framework

UNICEF Annual report data

RAM data – not yet reviewed

Data Collection: Interviews (Group or Individual)

Stakeholders to engage: Ministry of Health, Ministry of Finance, Implementing Partners, Service Delivery, NGO on health, technical consultants, service providers, rights holders

Methods:

Key informant interviews with stakeholders (conducted individually, or as group interviews where sufficient commonality). Note – in the majority of cases interviews will include questions pertaining to the wider scope of the evaluation, as well as focusing specifically on the deep dives.

Focus Group Discussion:

1 with a group of parents/ caregivers whose children have received immunisations

Documentation:

UNICEF Eswatini CO reports 2020, 2021, 2022, 2023, 2024 (forthcoming)

[Study on investment case on outreach](#)

[Study of geographical info system](#)

GoEswatini Integrated Strategy on Immunisation

Others to be advised

Data analysis methods:

SWOT - strengths , weakness, opportunities and threats analysis

Deep Dive Outcome 2: System strengthening within the education sector: supporting the establishment of an education management informant system

Basic ‘story’ so far:

In February 2018, the Regional Office (ICT & BEGE) conducted a joint mission to provide technical support to the Country Office in identifying priority areas to assist the Ministry of Education and Training (MoET), in reviewing the current EMIS and develop an ideal platform, following MoET’s desire to improve the efficiency of the EMIS system. The mission’s objectives included supporting the MoET to:

- a. Develop a high-level roadmap for EMIS to meet MoET vision and strategy
- b. Improve existing, short-term EMIS ICT platform efficiencies, and identifying / mitigating any ICT risks;
- c. Increase the turnaround of information produced by EMIS;
- d. Strengthen the quality and reliability of the data gathered; and
- e. Enhance usage of data, including at National, Regional and School levels.

Following the mission, the MoET with support from UNICEF Eswatini initiated the development of an electronic education management information system (EMIS) to improve the reporting, management, and analysis of education data based on the recommendations, in June 2020. The new digitised web based EMIS was customized on the DHIS2 platform with technical support from the University of Oslo, HISP Uganda, and HISP Mozambique. Capacity building trainings were conducted for; 1) the MoET central level EMIS team to ably maintain and support the use of the system; 2) the regional level EMIS staff on how to capture, validate, analyze, and use EMIS data; and 3) the school administrators on the new data collection tools, data capture, validation, and analysis.

Subsequent to the capacity strengthening trainings, new data collection tools and system were tested in selected schools and feedback informed the update of the system and data collection tools. In November 2021, a pilot of the new EMIS was initiated in 100 schools in Manzini. Aggregate and individual-level data for both learners and teachers were collected and captured into the DHIS2-EMIS by data capturers at a regional level. An assessment of the pilot implementation conducted in May 2022 revealed buy-in and ownership of the DHIS2-EMIS by stakeholders at the MoET, education partners, civil society regional and school levels. The MoET lobbied additional funds from UNICEF and the Government to support the national scale of DHIS2-EMIS in Eswatini.

Currently, Eswatini utilizes the DHIS2 Tracker and Aggregate modules for data capture related to both students and teachers within their educational institutions. To date reporting rates for the Annual Education Census 2024 data is at 97.3% for primary level and 97.2% for secondary and the system has produced the first National Education General Education Report (2024).

The advantage of it is a PIN driven Education Management Information System that tracks individual student data that is more efficient for data inputting, enables ‘real time tracking’ and also can be used for analysis (for example tracking cohorts of students and know which schools were best at retaining and promoting students). It thus can be used for evidence-based programming and policy.

Why selected: The Chief of Lifelong Learning, Protection, and SRHR at the UNICEF Country Office was consulted regarding his thoughts on potential deep dives around Outcome 2 for the evaluation. This particular example was decided upon because of its upstream focus, and contribution to system strengthening.

‘Fit’ within the CP Integrated Results and Resources Framework

Outcome 2: By 2025, all children and adolescents in the Kingdom of Eswatini are protected from violence and HIV, learning and equipped with the skills to become active citizens.

Output 2.2 Strengthened Education System For Improved Learning Outcomes And Skills Development

Output Statement: Strengthen education sector legislative and policy frameworks, planning, coordination and budgeting, including for early learning

Data Collection

The stakeholders to interview are shared below:

UNICEF Eswatini Country Office (CO), UNICEF ESARO (System Strengthening), Ministry of Education and Training, United Nations Educational, Scientific and Cultural Organization (UNESCO), University of Oslo Technical team (implementing partner)

At the subnational level, there will be a meeting with the regional education officer. There will also be a Focus Group Discussion with school senior management and teachers (group of 6-8)

Documentation:

UNICEF Eswatini CO reports 2020, 2021, 2022, 2023, 2024 (forthcoming)
[Education Sector Strategic Plan \(2022-34\)](#),

Data analysis methods:

The analysis will use a simple ‘SWOT’ analysis exploring strengths , weakness , opportunities and threats. There will also be some light touch review of examples from other countries through desk research.

Deep Dive Outcome 3 : Supporting Policy Development in the Social Assistance Sector

Selection of the deep dive: The UNICEF Social Policy Chief was consulted regarding her thoughts on potential deep dives. A number of examples were suggested, and this was felt to be the most policy engagement and ‘system strengthening’ orientated in line with the ToR.

Basic ‘story’ so far: UNICEF is supporting the Social Welfare Department (DPMO) in the finalization of a National Social Assistance Policy draft, in collaboration with the ILO, WFP and UNFPA, and now at the stage of supporting the Government to conduct multiple stakeholder consultations. It is the first national social assistance policy. (In 2022, a social security policy was approved by Ministry, in collaboration with ILO, but limited progress has been made for the implementation). A life cycle approach is being taken, with UN agencies inputting respectively on their own remits. It is also intended to be child sensitive, gender responsive, disability inclusive and shock responsive. It is anticipated that enhancements to the national social assistance system will contribute to reducing child poverty, both monetarily and in multiple dimensions. This will be achieved by targeting the most vulnerable population groups and providing them with cash and in-kind support.

‘Fit’ within the Results Framework

Outcome 3: By 2025, vulnerable children benefit from shock-responsive social protection and equity sensitive efficient budget allocations

Across various outputs : Output 1. National capacity is strengthened to generate and use robust evidence focusing on reducing socioeconomic disparities and promoting social inclusion

Output 2. National capacity is strengthened for efficient and relevant social sector budgeting and public financial management

Output 3. National capacity is strengthened for the delivery of shock-responsive child sensitive social protection.

Indicators: Number of children (in pilot project) covered by social protection systems .

Percentage change in per capital allocations to key child-focused sectors (Education, Health, Social Protection and Water, Sanitation and Hygiene) B: n/a T: n/a [not defined?]

Monitoring Against the Results Framework

Annual report data – see Annex

RAM data – not yet reviewed

Data Collection Methods:

Stakeholders to engage: Social Welfare Department (DPMO) , Gender Department (DPMO)) Ministry of Planning , UNICEF, WFP, ILO, UNFPA, relevant NGOs , representative CSOs for different rights groups (disability, gender, lower income)rights holders

Key informant interviews with stakeholders (conducted individually, or as group interviews where sufficient commonality). Note – in the majority of cases interviews will be general to the evaluation, as well as focusing specifically on the deep dives.

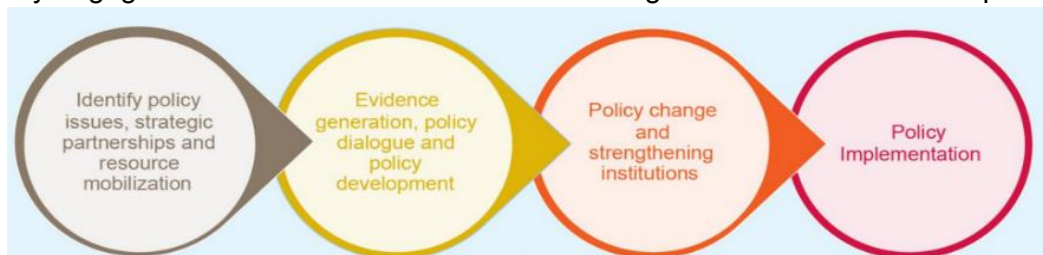
Documentation:

UNICEF Eswatini CO reports 2020, 2021, 2022, 2023, 2024 (forthcoming)
UNICEF, DRAFT, Social Protection Mapping in Eswatini

Data analysis methods:

Policy influencing analysis: Policy influence analysis¹⁰² will be applied to explore the contribution of UNICEF’s support to policy change and implementation through its advocacy, research and evidence generation, technical assistance and capacity development efforts. The analytical framework utilised will trace in retrospect any policy shifts, and the nature and stages of policy engagement and UNICEF’s role in contributing to the shift. It will draw upon

interview and web-based survey data, and in-depth examples



of policy shifts and UNICEF’s contributory role will be shared in visual form.

¹⁰² Cathexis Consulting, No Date, A Guide to Policy-Influence Evaluation: Selected Resources and Case Studies; and Jones, H., 2011, A Guide to Monitoring and Evaluating Policy Change

Annex 14. Ethical review approval letter



Research Ethics Approval

9 January 2025

Bikul Tulachan UNICEF ESARO

RE: Ethics Review Board findings for: *Evaluation of the Government of Eswatini and UNICEF Country Program of Cooperation 2021-2025* (HML IRB Review 1019ESWA24)

Dear Bikul Tulachan,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 20 December 2024 – 09 January 2025. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;

conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;

promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;

notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH

Chair & Human Subjects Protections Director, HML IRB

cc: Vanessa Sihlongonyane; Susanne Turrall; giulia.debe@gmail.com; Ashley Wax; Nelisiwe Dlamini; HML IRB Administrator; Penelope Lantz, JD

Health Media Lab, Inc.

1101 Connecticut Avenue, NW Suite 450 Washington, DC 20036 USA

+1.202.246.8504

unicef@hmlirb.com www.hmlirb.com