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Sida Decentralised Evaluation

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Evaluation of the Guttmacher Institute programme on the use of SRHR evidence to inform action (2015–2018)

Final Report

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March 2019**

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The views and interpretations expressed in this report are the authors' and do not necessarily reflect those of the Swedish International Development Cooperation Agency, Sida.

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Abbreviations and Acronyms

AIUA	Adding It Up for Adolescents
APHRC	African Population and Health Research Center
ASRH	Adolescent Sexual and Reproductive Health
ASRHR	Adolescent Sexual and Reproductive Health and Rights
CISSS	Centro de Investigacion Interdisciplinaria en Sexualidad, Sida y Sociedad
CPD	Commission on Population and Development
CSA	Centre for Study of Adolescents
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
CSW	Commission on the Status of Women
FHOK	Family Health Options Kenya
GES	Ghana Education Service
GI	Guttmacher Institute
GLC	The Guttmacher-Lancet Commission on SRHR
HRBA	Human Rights-Based Approach
ICPD	International Conference on Population and Development
KICD	Kenya Institute of Curriculum Development
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MCP	Mexico City Policy, also known as the Gag rule
MoU	Memorandum of Understanding
MSI	Marie Stopes International
PI	Principal Investigator
PPAG	Planned Parenthood Association of Ghana
SDG	Sustainable Development Goals
SE	Sexuality Education
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TOC	Theory of Change
TOR	Terms of Reference
UCC	University of Cape Coast
WAG	Women's Action Group
YAM	Young Action Movement , PPAG

Preface

This assignment, an evaluation of the programme “Evidence to Inform Action: Generating and Disseminating Research on Abortion and Adolescent Sexual Health in the Global South”, by the Guttmacher Institute, was commissioned by Sida through the framework agreement on evaluation services.

The evaluation has been conducted by a team from NIRAS consisting of Annica Holmberg, Philip Wambua and Abena Acheampong. Kristoffer Engstrand managed the evaluation process from the head office, and quality assurance was conducted by Mats Alentun.

The evaluation was undertaken from November 2018 to March 2019. It included field visits to Kenya and Ghana and was complemented by further interviews and document reviews.

We would like to thank Sida, the Guttmacher Institute and other stakeholders for allocating the time to speak to the evaluation team and for the openness to provide information and participate in frank discussions.

Executive Summary

This evaluation report, commissioned by the Unit for Global Social Development at Sida, assesses the results of the programme “Evidence to Inform Action: Generating and Disseminating Research on Abortion and Adolescent Sexual Health in the Global South”, 2015-2018, implemented by the Guttmacher Institute (GI). The purpose of the evaluation is to provide Sida and the GI with relevant input to upcoming discussions concerning the preparation of a new phase of support from Sida, with a focus on the use of research and evidence for advocacy and policy change in the Global South generated by the programme.

The intended users of the evaluation report are the Guttmacher Institute and Sida. Partner organisations and other interested parties, like other donors and SRHR advocates are secondary users of the evaluation.

The evaluation covers the full programme period and addresses the relevance, effectiveness and sustainability of the programme, as well as questions on partnership and lessons learned in relation to GI’s three areas of work, namely: *Undertake quality evidence-based research; Communicate and advocate for policy, and, Capacity development of in-country partners*. Four research studies have been in focus, namely the global studies Adding It Up for Adolescents and Guttmacher-Lancet Commission, and two in-country studies on the sexuality education in Kenya and Ghana. The evaluation also includes the national assessment of the incidence of abortion and unintended pregnancy in Zimbabwe.

The relevance of GI as a research institution was confirmed by all respondents that had directly used the GI material, including donors and key global SRHR actors. They stated that the materials are of high-quality standard and useful in their advocacy work and stressed Guttmacher’s communication skills.

The programme is assessed as highly relevant both at global level and in the focus countries where individual studies were conducted. The programme has been aligned to global priorities set by leading actors promoting SRHR, and to target country policies and strategies and needs. Respondents highlighted that all research on abortion issues are relevant, and that GI holds a unique position as a research institution when it comes to evidence on abortion and post-abortion care. Findings and recommendations in GI studies in general, and the GLC report, were confirmed to inform SRHR bilateral and global aid policies and programmes. GI has possibly become even more instrumental as a research institute and SRHR-expert since the Trump administration came into power and the reactivation of the Mexico City Policy. Several donor agencies and Ministries for Foreign Affairs, including donors not currently providing financial support to GI, approach GI for technical support.

GI has applied an elaborate process to ensure involvement of local partners and government in ensuring identified research is relevant to the country. The research processes have been participatory, with a strong local ownership by the in-country partners. The research design and consultations with key informants were guided by informed consent and ethical guidelines. However, the evaluators did not find that the process included any formal feedback to the informants on how their information had been used or that the findings had been shared with the informants as a standard procedure. GI researchers confirmed that the rights-holder analysis, findings and recommendations did not focus on discrimination against different groups but had a general approach (students, teachers, patients, clinical staff, etc.) observing sex, age and possibly socio-economic status. The evaluation finds that the design of the CSE studies lacked a disability perspective. The gender perspective was explicit in the assessed studies, with focus on adolescent girls, young and adult women, and on gender relations. The evaluators did however not find evidence on a deliberate intersectional approach to gender perspective.

The programme has carried out its three main strategies linked to the programme objective. The studies have been implemented as planned with no major changes. The evaluators found weaknesses in the results framework and that expected outcomes only in part reflect the programme objective. For example the step from dissemination of research and debate to implementation is not explicitly visualised in the intervention logic. However, the evaluators found that the *intended* programme objectives have to a large extent been achieved. The evaluation has been able to verify important outcomes, or outcomes in progress, at country and global level within the programme period. In the case of Ghana, changes even at impact level are under the way, where policy changes are now being implemented.

According to consulted stakeholders, the effectiveness of the CSE studies could have been further enhanced through stronger involvement of SRHR CSOs working at grass-root level and the Ministries of Health and Education. Their participation in the research process, particularly in the post-research period, could strengthen the outreach of the findings to different levels of society. Also, the evaluation found that the funding of the assessed studies did not allow for adequate time and resources for the post research phase.

Sustainability in this programme is strongly linked to the acceptance of the findings and if the recommendations are found relevant for the specific context by rights-holders (to advocate for change) and duty-builders (to make policy changes). The studies in focus were not directly demand-driven from a country or national actors' perspective. GI assesses where relevant in-country studies can be conducted, based on dialogue with partners and networking actors in countries/regions during previous studies, on their analysis on gaps, the space for research and dialogue on the issues in focus, and in accordance with the priorities set by the Institute. Once the research plan has been confirmed as relevant and timely by national SRHR actors, including the identified partners, the research plan and issues at focus, are contextualised and

adapted together with the research partner. Competent and well-connected local research institutes and advocates were selected as partners. Communication on findings use language apt for the local context and the enabling space. This approach contributed to create conditions for the sustainability of the research. The evidenced uptake of the research findings and recommendations by different players at national and global level are good indicators.

Two of the main challenges to sustainability identified by the evaluation is the low funding of the post research period. The dissemination periods were assessed to be short and would have benefitted both from a broader outreach over time and resources to monitor the use of the evidence-based findings for action at country and regional level. The research design did not take (sufficiently) into consideration the possible resistance that could undermine the efforts from the disseminations.

GI is perceived as a listening, respectful and responsive partner. In-country partners could influence the research design and its process and were able to contextualise key messages. Actors within the global SRHR community stated that GI is quick to respond to requests and sharing information even when data has still not been officially published. Presence of GI at regional and global events and meetings organised by other SRHR actors is seen as something that leverages the advocacy towards donors and other development actors.

Although some capacity building initiatives were implemented; the focus on capacity development was not assessed as systematically implemented and strategic. Partners are selected based on their strong capacity as research institutions within the SRHR sector and they did not see that capacity development was a major component in the research process. They confirmed that the communication workshops and other supports on how to better reach out had been very useful and valuable. The consulted researchers stressed that the relation with GI was based on a mutual partnership where both sides learnt through the joint project.

Among the lessons learned highlighted by the consulted stakeholders is that an evidence based scientific approach is a useful entry point for promoting policy discussions on sensitive issues such as SRHR, including safe abortion.

Working with local, recognized and well-known SRHR research actors helps to ensure buy in and ownership. The selection of a well-known local partner helped in ensuring the uptake of recommendations and increase policy change. The use of a country advisory committee for in-country studies is a good approach for creating ownership but also engagement in the global studies. Members of the GLC advisory committee have for example been good advocates for the report. Working with donors not just as funders but as part of audience for the SRHR research findings is a critical ingredient for success in promoting SRHR policy changes.

Some of the recommendations to Guttmacher Institute are:

- to consider developing a specific framework for the international work to allow focus on planning for global and regional advocacy work and alliances, and respond to the increased demand on the Institute to monitor global and in-country results. A separate framework for the international work could open for the possibilities of more flexible funding.
- to be explicit in its donor dialogues on the need for resources to monitor results at outcome level and use of findings for policy change. Also, there is a need to develop the results framework to better capture results at outcome level and to better visualize the linkages between programme objectives and expected outcomes.
- to have a more planned and structured approach to capacity building of partners to better impact the potential of capacity strengthening of the local partners.
- to make standard procedure of the good practice of involving local actor/grass-root organisations working on SRHR programmes in the research process and dissemination of results.
- to consider targeting and engaging young people more directly in the dissemination of studies that focus on ASRH and CSE.
- to conduct power analysis at the early stage of the research design, including mapping, planning and implementing how to address resistance/opposition to the SRHR issues in focus, and to strengthen the HRBA in the programme and individual research designs. This includes ensuring the inclusion of People Living with Disabilities and socially excluded groups of young people.
- when possible, for the case of sustainability, Guttmacher Institute is recommended to increase the involvement of relevant ministries and governmental bodies in the research process.

The evaluation recommends

- to continue its flexible support to Guttmacher Institute. The research is highly relevant both for Swedish SRHR policies and the work of many of Sida's partners working on SRHR, and.
- to explore the possibilities to fund a more comprehensive monitoring of policy outcomes of Sida supported studies as well as of other part of Guttmacher's body of research.

1 Introduction

This summative and formative evaluation report of the programme “Evidence to Inform Action: Generating and Disseminating Research on Abortion and Adolescent Sexual Health in the Global South”, 2015-2018, implemented by the Guttmacher Institute (GI),¹ assesses the use of research and evidence generated by the programme. The evaluation was commissioned by the Unit for Global Social Development at Sida.

The programme support is funded by the results strategy for global action on socially sustainable development 2014–2017² and was initially granted 24 MSEK, with additional 3 MSEK for the Guttmacher Lancet Commission (GLC), giving a total programme support of 27 MSEK.³ The main users of the evaluation are GI and Sida. Partner organisations and interested parties, such as other donors and SRHR advocates are secondary users of the evaluation.

1.1 SCOPE OF THE EVALUATION

The evaluation covers the Guttmacher Institute’s three areas of work in the programme during the period 2015-2018, namely: *Undertake quality evidence-based research; Communicate and advocate for policy, and, Capacity development of in-country partners*. The evaluation addresses relevance, effectiveness and sustainability of the programme, as well as questions on partnership and lessons learned. Sida also requested the evaluators to explore to what extent the conducted research has been demand-driven from a country and national actors’ perspective, as well as the forms and the response to capacity development of in-country research partners.

1.1.1 Purpose of the evaluation and evaluation questions

The purpose of the evaluation is to provide Sida and the Guttmacher Institute with relevant input to upcoming discussions concerning the preparation of a new phase of support from Sida, with a focus on the use of research and evidence for advocacy and policy change in the global south generated by the programme.

The evaluation questions are listed in Table 1. Please also see the Evaluation Matrix in Annex 4 for further information.

¹ Also referred to as the Institute in the report.

² Extended until end of 2018.

³ Guttmacher SRHR, Decision on Contribution, Sida, Int Org and Policy Support/Global Social, 13.05.2015; Guttmacher SRHR 2015-2018, Decision on contribution: Supplementary decision, Sida, Int Org and Policy Support/Global Social, 31.03.2017

Table 1. Evaluation questions

Relevance
• Were the programme objectives and designs relevant given the political and policy context on SRHR? • Were the intervention logic objectives and the applied approach able to respond and adapt to national and/or regional/global resistance and mobilisation against ASRHR and CSE, safe and legal abortion and other relevant SRHR issues? • What is the added value of GI's "products" compared to studies from other more local institutes?
Effectiveness
• Have the programme's objectives and outcomes in relation to the use of evidence in the global south as stated in the logical framework, been achieved? • What were the main challenges in regard to disseminating/communicating ASRHR/CSE and what actions were taken by Guttmacher and partners to meet these challenges? • What were the main challenges in regard to safe abortion and what actions were taken by Guttmacher and partners to meet these challenges? • What internal factors have influenced the ability of Guttmacher, to meet the projected objectives? • Did the programme reach the expected categories of stakeholders? Are the stakeholders satisfied with the quality of the re-search findings and with the recommendations and messages? If not, in what way did the information not meet the expectations of stakeholders and why? • What have been the contribution of the programme in national change processes—on policies, programmes, healthcare provision, media coverage and creating a space for public conversations? In what areas did the programme not meet the expectations and how could this be addressed in the future? • Has the programme produced evidence on how research has been used to improve SRHR policies and programmes and strengthen advocacy? • How could the effectiveness of the programme have been improved?
Sustainability
• Are the programme's effects likely to remain over time? Is it likely that the programme's outputs and products continue to be used once the programme ends? Did the Guttmacher's activities help to increase the probability of sustainability? • What is the perception of the partners' and the stakeholders' on GI's mandate and when it ends at country level?
Partnership
• How effectively has the programme built new partnerships, or used existing ones, to achieve the objectives and goal? • To what extent has Guttmacher drawn upon partners? To what extent has the project contributed to building the capacity of in-country partners?
Lessons Learned
• How did the programme develop over time? Sub-questions: • How have lessons learned from different contexts informed strategies and approaches in other contexts? • How were relations with stakeholders/partners/allies developed, and were the findings from the research based on and adopted to different realities of groups facing forms of discrimination/marginalisation? • Did the programme manage to develop research in a participatory and inclusive manner with feedback to rights-holders and other actors contributing to the evidence for the research?

1.2 GUTTMACHER INSTITUTE

The Guttmacher Institute is a leading research and policy organisation based in the US committed to advancing sexual and reproductive health and rights (SRHR) in the United States and globally. Since 1968 when the Institute was founded it has played a vital role within the SRHR community as a source for high-quality and policy-relevant research. While seeking to advance SRHR for all people, GI focus on addressing the health and rights of those who are marginalized and vulnerable, including adolescents, those living in poverty and in fragile/humanitarian settings, and ethnic, racial and sexual minorities.

The GI strategy includes work at national and international levels, where the latter has increased over the past two decades and now represents half of the Institute's portfolio. The international research and evidence-based advocacy address unintended pregnancy and safe abortion, contraception, HIV and Sexually Transmitted Infections (STIs), and adolescents' SRHR, including Comprehensive Sexuality Education (CSE). The international research is implemented in Asia, Latin America and the Caribbean, and in Sub-Saharan Africa. Most of the recent in-country studies have had focus on the African continent.

All research studies, collateral material, and academic articles produced by Guttmacher and partnering researchers, are published at Guttmacher's web page and disseminated through different in-country, regional and global events, as well as other strategic communication and advocacy efforts. GI produces resources on topics pertaining to SRH and publishes two peer-reviewed journals, *Perspectives on Sexual and Reproductive Health* and *International Perspectives on Sexual and Reproductive Health*, and the public policy journal *Guttmacher Policy Review*.

GI receives funds for its research from a broad range of donors, such as DFID, Norad, the Dutch Ministry of Foreign Affairs, GIZ, Children's Investment Fund Foundation, the Bill and Melinda Gates Foundation, the David and Lucile Packard Foundation and the William and Flora Hewlett Foundation.⁴

1.3 METHOD

The evaluation has both a summative and formative approach. The evaluators have explored the operationalisation of the Theory of Change (ToC), by assessing how the

⁴ Studies supported by Sida during the programme period co-funded by other donors (CFF, Gates, UK Aid) The CSE 4 country study (*The Dutch Ministry of Foreign Affairs*); Abortion study, DRC (*the Dutch Ministry of Foreign Affairs, Norad, UK Aid*); Incidence of Abortion Among Adolescents in Ethiopia and Uganda, and the Abortion study in Zimbabwe (*the Dutch Ministry of Foreign Affairs and UK Aid*); the Guttmacher Lancet Commission and the report was supported by *the Dutch Ministry of Foreign Affairs, UK Aid, Norad, the William and Flora Hewlett Foundation, the German Federal Ministry for Economic Cooperation and Development, and the David and Lucile Packard Foundation*.

research studies were developed, communicated and used for evidence-based advocacy for policy change at national and global levels. Findings have also been assessed against the country specific contexts regarding CSE and access to safe abortion and the overall global SRHR context. Responses from in-country partners, and stakeholders in the selected countries, at regional and global level, on their use of GI research and studies have been instrumental in understanding the level of success and effectiveness of the programme. Against this data, and the validation of reported results, the evaluators have assessed the programme results so far.

The summative analysis is based on desk review of programme reports, online publication and the evidenced responses to the same, as well as stakeholder consultations. Based on the findings on relevance, effectiveness and sustainability, and the discussion on partnership and lessons learned, the evaluation team shares formative conclusions and recommendations. The evaluators have also explored to what extent the principles of Human Rights-Based Approach (HRBA)⁵ and gender perspective have been regarded. This relates to the relevance and the effectiveness of the programme.

1.3.1 Data collection methods⁶

The evaluators assessed the three programme areas. Questions on relevance, effectiveness and sustainability were assessed against the problem analysis⁷ developed in the inception report of the current trends to ASRHR and safe abortion during the programme implementation at relevant national and regional levels, as well as at an overall global level.⁸ Over 90 respondents have been consulted consisting of in-country partners and stakeholders, regional and global SRHR actors, Sida and other donors, and Gutmacher. A list of consulted stakeholders is presented in Annex 2.

The following data collection methods were used by the evaluators:

- Desk review of relevant reports and other programme documentation;
- Open interviews with the GI programme management team to confirm reported results, and identify outcomes or outcomes in progress not reported;
- Initial outcome harvesting exercise with key staff at GI related to the four studies;
- Semi-structured individual interviews with GI researcher and programme team;
- Semi-structured interviews with partners in Kenya, Ghana (field visits), Peru, Guatemala and Zimbabwe (over skype) on the research process and contribution to capacity development;
- Semi-structured interviews with key SRHR stakeholders in Ghana, Kenya, and regional/global partners and donors, including Sida (through skype);

⁵ Accountability, Transparency/Access to information, (meaningful and active) Participation, and Non-discrimination.

⁶ For further details on the data collection methods and questionnaires, please consult the Final Inception Report in Annex 6

⁷ Please see chapter 2 for a summary of the problem analysis.

⁸ The problem analysis presented in the Inception Report was based on the discussions between the evaluators, Sida and Gi, and agreed upon as the report was approved by the key stakeholders.

- Focus group discussions with teachers and students and young actors in Kenya and Ghana.

The evaluators have followed-up on the role GI in the current global SRHR context; of the GLC report and the proposed new SRHR definition. Furthermore, it has been possible to track, as far as possible, outcomes and impact of the CSE studies in Ghana and Kenya, exploring Guttmacher's contribution and other factors and actors influencing the observed changes. While media coverage and invitations to strategic meetings, seminars and conferences are relevant outputs of the communication and short-term effects of the research and their recommendations, the evaluators have tried to capture more process-oriented changes that reflect the ToC, within the spheres of control and influence of the programme, and where the contribution of GI can be placed within a causality-chain.

1.3.2 Organisation and validation of the evaluation

The evaluation team has consisted of three evaluators, Annica Holmberg, international evaluator as the team leader, Philip Wambua, national expert, Kenya and Abena Acheampong, national expert, Ghana. Mr. Wambua carried out the data collection in Kenya while Ms. Holmberg and Ms Acheampong conducted the field visit in Ghana. All team members have consulted external stakeholders at regional and global level and have participated in all phases of the evaluation.

The evaluation team has interacted with a steering committee formed by Sida and Guttmacher Institute throughout the full evaluation process. The two field studies were validated with the key stakeholders through sharing of a short summary of preliminary findings and discussion with the responsible researcher, Sarah Keogh at Guttmacher Institute (online discussion). Findings on the global studies and the abortion study, as well as discussion on outstanding issues with the key stakeholders. The draft report will be commented upon by both Sida and Guttmacher. Comments on the draft report will be addressed in the report and explained in a Management of responses matrix. The matrix will be submitted together with the final draft.

1.3.3 Limitations

At an overall level, the time span between the publication of the studies and the evaluation has been rather short. For the most recent studies, published in 2018, but also for the ones that were completed 1.5 years ago, the period is short for assessing effects of communication and advocacy for policy change. Additionally, the evaluators only discuss contribution (except in the case of the GLC) due to the many other players involved in safe abortion and ASRH work in the region and the focus countries. The study of processes that lead to changes in legislation or formal policies, has not been within the reach of the evaluation and are beyond the sphere of influence of the evaluated programme.

The selection of external stakeholders (regional and global SRHR actors and donors, including Sida respondents) was coordinated with GI and Sida, taking into consideration representation of type of actor and geographical area. The evaluation could only

cover a sample of the comprehensive list of stakeholders. A couple of additional actors were selected by the evaluators alone. Despite attempts by APHRC to book an appointment with Kenya Institute of curriculum development (KICD), this was unsuccessful. Also, the access to and the availability of key stakeholders at regional and global level, has in some cases been a challenge. Time resources for the different steps in the evaluation were limited, particularly for the consultations with regional and global stakeholders, as well as partners in countries not visited.

Regarding the published research reports, the scope of the evaluation only allows to assess the design, process and the outcome of the different studies.

2 The Programme

The purpose of the programme has been to advance SRHR throughout the Global South by generating actionable scientific evidence focusing on adolescent sexual and reproductive health and rights (ASRHR) and safe abortion, communicating findings strategically to promote evidence-based advocacy for policy and programme development. The programme has also strived to build the capacity of in-country research partners. The Sida support has funded, or co-funded, the studies and processes mentioned below, including strategic communication activities aimed at disseminating the studies' findings and policy recommendations and providing an evidence-based perspective on issues related to unsafe abortion and adolescent SRHR. The evaluation has focused on four of the programme studies:

- the four-country study on the provision sexuality education and areas for improvement in equipping young people with the knowledge and skills they need to ensure their sexual health in Ghana, Kenya, Peru and Guatemala, with focus on the first two countries Kenya and Ghana (2015-2017);
- the National assessment of the incidence of abortion and unintended pregnancy in Zimbabwe (2016-2018);
- the Adding It Up for Adolescents (AIUA) which is an analysis of the costs and benefits of investing in adolescent SRH services - (2015-2018), and
- the Guttmacher-Lancet Commission on SRHR (2015-2018).

The first two studies include all programme areas (*Undertake quality evidence-based research; Communicate and advocate for policy, and, Capacity development of in-country partners*) while the latter studies the first two areas. The research partners for the in-country studies were University of Zimbabwe College of Health Sciences Clinical Trials Research Centre, African Population and Health Research Centre (APHRC), Kenya; University of Cape Coast, UCC, Ghana; Universidad Peruana Cayetano Heredia, Peru; and, Facultad Latinoamericana de Ciencias Sociales, Guatemala. The other components of the programme were:

- The development of a set of recommended SRHR indicators for the SDGs in consultation with technical and policy experts (2015-2017);
- A study on the incidence, causes and consequences of unsafe abortion in Kinshasa, Democratic Republic of the Congo (DRC) (2016-2018);
- An analysis of abortion among adolescents in Ethiopia and Uganda (2015-2018).

2.1 GLOBAL SRHR CONTEXT

Since the development of the programme proposal (2014), SRHR have been seriously challenged at regional and global levels. While some countries have pushed parts of the SRHR agenda forward, like in the case of Ghana, there have been many setbacks. During the programme period the Trump administration has reactivated and expanded the Mexico City Policy, the so-called Gag Rule, pushing forward the anti-abortion

agenda to levels not previously seen. Both SRHR progressive governments and civil society dependent on US aid have been affected by US changed policies. The anti-rights movements have co-opted parts of the agreed SRHR language, and strengthen its mobilisation against abortion, LGBTI rights, young peoples' access to CSE and gender theories. The SRHR community is challenged by these actors in how they re-define core concepts and agreed language⁹, for instance gender and reproductive health. The US administration is openly against the CPD outcomes and this has emboldened conservative actors. The open resistance to the advancement of SRHR is noted in most regions; in EU the positions of Poland and Hungary are problematic for the EU SRHR friendly agenda, states that have not signed and/or ratified the African Union's Women's rights instrument, the Maputo Protocol, are becoming more hesitant, and there is some worrying anti-LGBTI development as in the case of Tanzania; in Latin America the anti-rights movement have developed an aggressive agenda against what they label as the gender ideology. On the other hand, SRHR-friendly donors have stepped up their commitments. There is an increased grassroots activism and coordination between civil society actors, among them organisations that earlier did not focus on SRHR, e.g. gender and women's organisations, movements focusing on LGBTI and climate change actors.

2.2 PROGRAMME RESULTS FRAMEWORK¹⁰

Goal: To ensure that all young people enjoy the highest standard of sexual and reproductive health and rights, and that all women have the means to control their fertility safely and with dignity, including through high-quality, legal abortion care.

Indicator: Significant reduction in maternal mortality, including a reduction in abortion-related mortality; significant reduction in adolescent pregnancy and unintended pregnancy; declines in rates of sexually transmitted infections among young people

Purpose: To increase adolescents' and women's access to the full range of sexual and reproductive health services and information by 1) producing actionable and objective scientific research, 2) disseminating findings strategically to influence media coverage and public discourse, and 3) working with policymakers and other key stakeholders to effect change in policies, programmes and medical practice

Indicators:

1. Creation of a body of high-quality, policy-relevant research findings on abortion and adolescent sexual and reproductive health, published in formats that maximize both scientific credibility and accessibility to decision-makers and other non-technical audiences.
2. Informed and accurate media coverage of the project's research findings and successful placement of key messages in news articles and opinion pieces.
3. Changes in policies, programmes or practice proposed, debated or implemented. Informed and supportive positions and statements by key stakeholders.

The results framework presents an overarching goal on a high and visionary level. The programme specific objective, defined as purpose in the framework, relates to the

⁹ In UN conventions and resolutions, e.g. International Conference on Population and Development, ICPD and Commission of the Status of Women, CSW

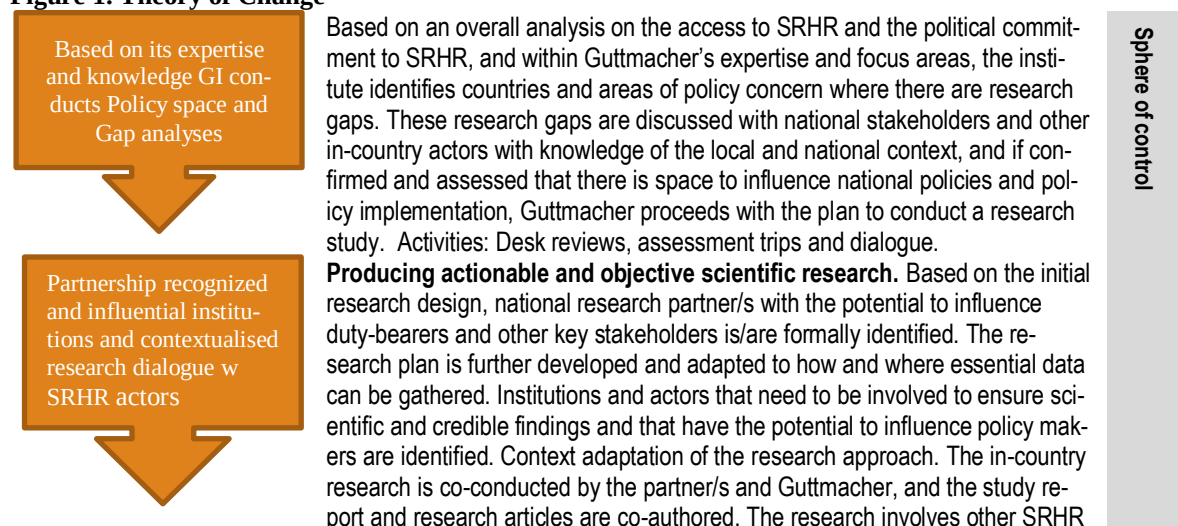
¹⁰ Programme proposal 2014-2018, Guttmacher Institute, submitted to Sida May 2014. Also Guttmacher Logical Framework 2016, provided by Sida.

spheres of control and influence of GI. However, it is at the same time at a visionary level, where the increased access to SRHR services will be very difficult to measure on one hand since it is not geographically specific, and difficult to evidence the contribution of GI to these desired changes. It is rather the three strategies mentioned in the objective that are in focus of the results framework. The indicators under the purpose are clearly linked to what the programme strives to achieve. There is a missing level in the intervention logic between the overall long-term goal and the programme objective. Indicator 3 expects either that policies, programs or practice proposed, are “debated or implemented”. The step from dissemination of research and debate of the same to implementation is not explicitly visualized in the intervention logic. The ToC below, developed by the evaluators and confirmed by GI, suggests that the “missing middle” in the intervention logic between the visionary goal and the expected outcomes is linked to the actions of other actors and that the programme will contribute to improved SRHR policy environment, that in the long run will contribute to improved implementation, access to and delivery of SRHR.

2.3 THEORY OF CHANGE

“Central to the Institute’s work is the use of objective scientific research to advance public discourse and facilitate evidence-based reform. The Institute’s ToC holds that scientific evidence—when properly collected and analysed, compellingly presented, and systematically disseminated—can make a difference in policies, programmes and medical practice.”¹¹ The change process and assumptions in the ToC in the in-country studies aiming to advance public discourse and facilitate evidence-based reform could further be described below:¹²

Figure 1. Theory of Change



¹¹ Proposal to Sida: Evidence to Inform Action: Generating and Disseminating Research on Abortion and Adolescent Sexual Health in the Global South 22 May 2014.

¹² The ToC in the Incpetion Report has been further developed in the Evaluation report.



stakeholders. *Activities:* Draft research questions, developed together with research institutes/universities, specialised organisations and/or ministries. Research, analysis and conclusions on findings. Reports and articles peer reviewed and commented upon. Production of studies, articles, fact sheets, user friendly data, presentations at conferences, high level meetings.

The research, initiatives to build capacities, and the coordination for strategic communication aiming to influence and gain rights-based SRHR policies and services, result in strengthened and/or increased skills, and improved quality of the research. GI partner with advocacy/communication partners in most in-country studies. *Activities:* Partners are provided with technical support and capacity development for analysis, communication, dissemination, and advocacy efforts, to strengthen their outreach and dialogue on the research, e.g. analysis workshops, co-authoring articles, fellowship opportunities, etc.

Disseminating findings strategically to influence media coverage and public discourse, the country specific research targets national duty-bearers, including legislators and key institutions. The research is also used to attract support and attention to the specific SRHR issue in focus. Ongoing dialogue with gate keepers/change makers at governmental institutions contribute to improve communication and advocacy skills and planning and adapt key messages to current context and decision-making processes. In the current mobilisation of anti-rights advocates and the gag rule, there is also a need to shape key messages and recommendations to not only contest the arguments of the opposition, but also to strategize in how SRHR language is used. *Activities:* Guttmacher and partners launch the findings at national and international events to leverage the potential for impact on national policies, donor programmes in those countries and to influence policy positions of regional bodies. Reports and collateral material are published at Guttmacher's web page and disseminated through different in-country, regional and global events, as well as strategic communication and advocacy efforts.

Working with policymakers and other key stakeholders to effect change in policies, programmes and medical practice All studies are part of the overall research body of Guttmacher and findings and recommendations from country-specific and global research are used as example and background in dialogue with other researcher, practitioners, SRHR Civil Society Organisations (CSOs), donors and development programmes. Guttmacher uses its good reputation and the spaces open to the Institute to reach out to sector players with their data and messages to key actors. On demand, Guttmacher provides technical assistance to policy and decision-makers (governments, ministries, donors, expert committees, CSO, etc.). The global communication and advocacy aim to create a critical mass of evidence and voices using this evidence and to consolidate common positions within the broader SRHR community on SRHR based on research evidence.

Finally, the ToC builds on the assumption that Guttmacher through its alliances and networks is supported to get a broader outreach by other actors promoting SRHR. Other SRHR actors use the research in their own policy and strategy development, design of programmes and funds, practice and service delivery, and dialogue, awareness raising advocacy work at national, regional and global level.

The desired programme impact of the processes and expected outcomes above is improved SRHR policy environment that in the long run will contribute to increase adolescents' and women's access to the full range of sexual and reproductive health services and information leading eventually to the programme goal to ensure that all young people enjoy the highest standard of sexual and reproductive health and rights, and that all women have the means to control their fertility safely and with dignity, including through high-quality, legal abortion care.

Sphere of control

Sphere of con-

The global programmes follow the same chain of processes, though without formal in-country partnerships. The level of communication and advocacy efforts vary between the different studies, but at an overall level all global studies are used as input for formulation of strategies and positions beforehand and during key global events related to SRHR, development programmes, aid policies and for regional and global human rights instruments.

3 Findings

This chapter presents the findings from the desk review, the outcome harvesting and additional interviews with the GI team, field visits in Ghana and Kenya, and online consultations with external stakeholders. Findings on relevance, sustainability, partnership and lessons learned focus on the two global studies AIUA and GLC, the four-country study on CSE and the abortion incidence in Zimbabwe. Under *effectiveness* the evaluators also include other studies funded by the Sida grant during the evaluated period. The evaluation questions are presented under each evaluation criteria. The Evaluation Matrix in Annex 4 presents the indicators and sources used.

3.1 RELEVANCE

Were the programme objectives and designs relevant given the political and policy context on SRHR? Were the intervention logic objectives and the applied approach able to respond and adapt to national and/or regional/global resistance and mobilisation against ASRHR and CSE, safe and legal abortion and other relevant SRHR issues?

GI selects in-country research studies through a gap analysis and possibility to influence policy processes. Initial assessment visits are used to confirm the relevance of the country and research area. The use of in-country recognized institutions, trusted by national authorities, for the research, presentation and dissemination of the results, increase the relevance for national decision-makers and SRHR actors. An elaborate consultation process was followed in the assessed studies to ensure relevant stakeholders were involved in the research design. In target countries GI establishes an advisory committee that further helps to ensure relevance. The partners in the CSE study confirmed that the research design and instruments were adapted to the national and local context, and linked to ongoing advocacy processes, ensuring that the studies would be as relevant to the SRHR advocates and CSE processes as possible.

Adding It Up for Adolescents on access to contraceptives and the Guttmacher Lancet Commission, were developed within a frame of global shrinking space for progressive SRHR policies due to the Trump administration relaunching and broadening the MCP (the *Gag rule*). The external stakeholders confirmed the high relevance of both reports and that particularly the GLC will be useful in the preparation of the 25th anniversary of the International Conference on Population and Development (ICPD), to be held in May 2019.

In-country partners in Kenya, Ghana, Peru, Guatemala and Zimbabwe, and other stakeholders¹³ agreed that the CSE research and the abortion study in Zimbabwe were timely, relevant and added value to already ongoing process under the lead of civil society actors and/or public institutions. In Ghana, the research linked to activities with the adolescent sexual reproductive health (ASRH) space sector, such as the review of the National Population policy, the review of the ASRH policy and the development of a source book by a group of CSO's to define what goes into ASRH education for schools. The Ghana Health Service together with some CSO partners and UNFPA were also implementing the Ghana Adolescent Reproductive Health Project in selected districts where sexual education was a major component. The study was conducted a time when there was an opening in policy space and shift in attitudes among key governmental actors as the Ministry of Education and the Ghana Education Service. The study provided national and international SRHR actors with much needed evidence to further push the CSE agenda, and respondents said that the study is a reference and that it was representative in its scope, provided valid data on the knowledge gaps that exist within teachers and students and showed the lack of comprehensiveness and presented useful recommendations.

To be even more relevant as a research process, the dissemination could have targeted and engaged young people more directly. Several stakeholders also raised that the study does not reflect the reality of students with disabilities and that it would be important to also find out this data to fully respond to CSE for the in-school students. Also, out-of-school adolescent are targeted through special accelerated programmes (literacy and basic knowledge) to push them back to formal school, and these spaces were raised as something that should be considered in the CSE curriculum review, and teacher trainings.

In Kenya, where the environment for promoting CSE is more challenging than in Ghana, the study was noted as providing evidence on the need for CSE including information on the knowledge gaps that exist within teachers and students. Partners interviewed identified that the study provides a justification for what they do and provides information useful for engaging with anti-CSE players. The Kenya CSE study aligns to national policies including the ASRH policy of 2015. The study seemed to confirm the many challenges facing adolescents including teenage pregnancy and HIV and AIDS. There is still a vocal opposition for CSE in Kenya, from health workers and actors like CITIZENSGO, within the Christian community mainly the Catholic Church, and the Muslim community. Most schools are managed by religious institutions making it difficult to penetrate for provision of CSE.

External respondents confirmed the relevance of the study on the *Incidence of Induced Abortion, Unintended Pregnancy and Post-Abortion Care* in Zimbabwe (the

¹³ Mainly in Kenya and Ghana, but consultations were made online with a few external stakeholders in Zimbabwe as well.

first of its kind), and that it came at a time where there was an opening at policy level and in a setting of changing and opening attitudes. The release of the study was held until after the national elections in 2018 to avoid that the issue of abortion would become politicized by so called anti-rights actors. Since the launch of the report in October 2018, Zimbabwe has gone through an economic and political crisis and it is too early to see any official response to the study. As will be further commented below, the SRHR community has started to strategize how to best use the study, which is an indicator of its relevance. The Ministry of Health Directorate of Mother and Child Welfare was actively involved in the study implementation and is using the findings to quantify maternal deaths related to abortions. The country has never had abortion estimates, these were said to be useful for policy making.

Consulted regional and global SRHR actors confirmed the importance of GI resources and studies for their work. GI materials are of high-quality standard, and global and comparative trends presented by GI are useful in their advocacy work. Respondents indicated that GI research target relevant topics for the SRHR sector and provides easily assessable and readable material. Respondent highlighted that all research on abortion issues are relevant, and that GI holds a unique position as research institution when it comes to evidence on abortion and post-abortion care. The global figures support both the programmatic and advocacy work. At European level, the GLC was launched at several events in 2018 with a very good response. Adding It Up for Adolescent is found to be useful for the global work of different European SRHR actors, but less relevant on the donor assistance flows data for the European region since the Countdown network has its own donor tracking mechanism. According to one respondent, the GI work on CSE provided evidence to the development of country position to global meetings and advocacy platforms such as the CPD and CSW.

The consulted donors, including Sida, identified the studies as being relevant, and use them to engage in bilateral discussions with focus countries through their embassies. Findings and recommendations in GI studies in general, and the GLC report, were confirmed to inform SRHR aid policies and programmes. Sida uses the definition launched by the GLC and other development actors are following (see table 2 below). Sida respondents see GI as highly relevant actor and the Institute provides Sida with technical support on demand. The communication skills were also stressed in the interviews and several respondents among the donors emphasised that it is rare for a research institution to be so good in package their research. Finally, GI's Senior Global Policy Manager informed that several donor agencies and Ministries for Foreign Affairs, including donors not currently providing any financial support to GI, approach her and GI for technical support on SRHR.

A comprehensive assessment of relevance also includes HRBA and gender aspects. HRBA was not formally or explicitly part of the research designs and processes. The evaluators found however that the research processes had been very participatory, with a strong local ownership by the in-country partners and engagement of actors as advisors. GI shared their research plans with a broad range of relevant actors in a transparent manner and reached out with findings and recommendations through

planned events at national and regional levels in the case of the in-country studies. The information is easily accessible on the GI web page.

The research design and consultations with key informants were guided by informed consent and ethical guidelines. However, the evaluators did not find that the process included any formal feedback to the informants on how their information had been used or that the findings had been shared with the informants as a standard procedure. For example, teachers that had participated had not seen the report or summary of conclusions and recommendations.

The in-country studies were based on data collection from different regions, reflecting different realities. As with all research there must be limitation in the scope and the studies cannot cover all segments of the population or consider all kinds of power relations. Having said that, the evaluators noted, as well as several of the consulted stakeholders, that the design of the CSE studies lacked a disability perspective, and that the situations of out of school young people/hard to reach/marginalised adolescents, or LGBTI persons¹⁴ were not addressed. Given that there are special schools for students with disabilities and targeted programmes for out of school young, possibilities to include these groups in the research would have been possible and thus strengthen the relevance of the studies even more. Consultations with GI researchers confirmed that the rights-holder analysis for the research, findings and recommendations did not focus on discrimination against different groups but had a general approach (students, teachers, patients, clinical staff, etc.) observing sex, age and possibly socio-economic status (location of schools and clinics).

Finally, the only raised critique on the GLC was that it still was very much service and health focused and that it lacks a more articulated human rights focus. Though more difficult to produce, the SRHR advocates also need data on the non-health components of SRHR.

The CSE studies did not only include gender perspective but contributed to raise awareness among duty-bearers, including teachers, that there is an inherent focus on gender power relation in CSE. The gender perspective has been explicit in the assessed research studies, with a strong focus on adolescent girls, young and adult women on one hand, and on gender relations. The CSE studies stressed that the unilateral focus on girls is contra productive and that it is equally the important to secure

¹⁴ It should be noted that the school surveys include as many questions on LGBTI issues as the local partners agreed to (some questions were deleted for concerns that the surveys would not be approved).

that boys (children and adolescent) also have access to CSE and ASRHR. The evaluators did not find evidence on a deliberate intersectional approach to gender perspective.

The capacity development is also linked to relevance since it is one of the factors behind Sida's decision to support the programme.¹⁵ It was likewise particularly raised by Sida during the inception. The support to the researchers in developing their communication skills in reaching out to non-academic audiences was much appreciated and here GI managed to bring a special added value to the partnership according to the respondents. Apart from some technical workshops on software programme for management of collected data, the in-country partners did not mention any other area of capacity development. This is discussed more in details in section 3.4.

What is the added value of GI's "products" compared to studies from other more local institutes?

The relevance of GI as a research institution was confirmed by all respondents that had directly used GI material. They stressed the quality of the products and that they are, compared to other similar material, accessible and layman friendly. The topics on GI studies are relevant to the health sector globally and their findings are easy to relate to and understand. It should be noted however that young respondents in Ghana asked also for more "dynamic and youth friendly material".

3.2 EFFECTIVENESS

Have the programme's objectives and outcomes in relation to the use of evidence in the global south as stated in the logical framework, been achieved?

The initiatives and the studies supported by the Sida grant were carried out, and reports and collateral material were published, within the programme period. All studies in focus of this evaluation managed to publish additional academic articles and received a good media coverage at national and/or international level.¹⁶ Apart from planned presentations of different studies at key SRHR global and regional events, GI has been invited to regional and national events to present the GLC, and other studies. Additional material is also being developed to be published during 2019.¹⁷ Furthermore, the findings evidence contribution to policy changes, like in the case of Ghana where the revised CSE and ASRH policies and guidelines have been informed by the Guttmacher research.

¹⁵ In the Appraisal PM, Sida stressed that key to the decision to support GI was the planned capacity development of local partners in their advocacy work, and that Sida understood that capacity development was a central part of the overall GI strategy. Appraisal of Intervention, final, Guttmacher Institute, 20150623

¹⁶ Based on list provided of articles published in academic journals, national and international media, links randomly checked by the evaluators.

¹⁷ Based on detailed information provided by GI.

The annual reports to Sida have had much focus on output level, mainly focusing on reporting products (the research reports, collateral material, academic articles) and activities (dissemination events, participation in events of other actors, etc.). As earlier stated the focus for this evaluation is on *the use of research and evidence for advocacy and policy change in the global south generated by the programme*, why reported results should be at outcomes levels and reflect e.g. media coverage, use of findings and recommendation in advocacy and policy dialogue of other actors, capacity development of partners, etc. Possible impacts should refer to policy changes. In other words, the steps described under spheres of influence and interest in the ToC presented in chapter 2.

3.2.1 Programme outcomes

What have been the contribution of the programme in national change processes—on policies, programmes, healthcare provision, media coverage and creating a space for public conversations? In what areas did the programme not meet the expectations and how could this be addressed in the future? Has the programme produced evidence on how research has been used to improve SRHR policies and programmes and strengthen advocacy?

Stakeholders interviewed in Ghana, Kenya, Zimbabwe and at global and regional level indicated that the evidence from the studies have been very useful in their advocacy for improved policy environment for ASRH, CSE, overall SRHR agenda and in strategizing for advocacy on abortion rights (in Zimbabwe).¹⁸

Given the enabling environment and positive response from duty-bearers in Ghana, such as the Ministry of Education/Ghana Education Service, the National Population Council, and Ghana Health Service, the CSE study contributed to several changes within the policy environment as far as providing CSE and ASRH.

1. The development of the National CSE Guidelines for in school and out of school youth
2. Review of the National Adolescent Reproductive Health Policy 2016. This process had begun before the study but evidence from the study was used in the review
3. At a time when stakeholders were struggling to get the Ghana Education Service (GES) to accept CSE in school, the evidence from the study helped in getting the full approval of the GES.
4. Basic School Curriculum is currently under review to include topics in CSE. Same for Senior Secondary and Pre-Teacher Training curriculum
5. A group of CSO's lead the development of a source material (Know it, Own it, Live It) to help CSO's in teaching CSE in schools.
6. GES and partners developing teaching and learning materials for CSE in basic schools to be use by teachers and to provide healthcare at all schools across the country. Nurses currently being trained in batches to provide services and information (including SRH) to

¹⁸ The assessment of the abortion study in Zimbabwe is based on a limited number of interviews. Since the report was launched CSO and other relevant actors have not been able to engage in any direct advocacy due to the economic crisis and political unrest in the country.

students. To this end an MoU has been signed between GES and GHS for GHS to provide health care system in schools and technical support to school health activities.

7. Evidence used to inform a new UNESCO CSE initiative, the O3 (Our Rights, Our Lives, Our Future).¹⁹

There were also some non-expected synergies between different Swedish aid modalities in Ghana. The focus of Gutmacher on CSE in Ghana, coincided with a global fund to UNESCO and their work to promote CSE. The evaluators were told that the five-year regional UNESCO CSE programme in Sub Saharan Africa, with funds from Sweden and Ireland, had included Ghana as one of the fast track countries. As already commented, the Ghana specific intervention builds on the evidence from the GI/UCC study. Through the civil society appropriation, Sida also supports the Swedish IPPF member associate RFSU and its partners in Ghana and their work on CSE. Those interventions have also been informed by the study and use the evidence in their programmes and advocacy.

In Kenya, SRHR partners have used the study findings

1. In development of concept notes/funding proposals, e.g. Family Health Options Kenya (FHOK) and Marie Stopes International (MSI), and in starting ASRH programmes. MSI has used the programme to start a CSE programme in Mombasa County(In their hands), one of the CSE study focus regions.
2. The study findings have has been used by UNFPA and Centre for Study of Adolescents (CSA) to engage Kenya Institute of Curriculum development (KICD) on curriculum review to include CSE. CSA has used the study in conducting national and county dialogue meetings.
3. Since the dissemination of the study there has been increased public conversations on CSE as evidence by wide and regular media coverage during and after the period of releasing the study findings. The findings provided evidence on the existing gaps among teachers, parents and students. FHOK reported that they used this information to improve SRH packaging for different audiences. Study findings have led to establishment of CSE caucus. Among other roles, the caucus will be used for advocacy and to strengthen engagement with CSE opposers.
4. Key informant interviews with teachers and school health coordinator in Mombasa identified that since start of CSE programme in their school there has been no case of teenage pregnancy and boy girl relationships in the school have improved.
5. Although reviewed curriculum was not yet identified, all players report that curriculum review discussions and engagement meetings with KICD have started.
6. Finally, Uganda Ministry of Education has used the findings from Kenya to implement CSE in selected schools; APHRC has presented the findings in international conferences.

Table 2. Further use of research findings and response to advocacy

Verified use of the GI evidence in advocacy, policy formulation, etc.	
More on CSE	German NGO Deutsche Stiftung Weltbevölkerung (DSW) produce German translation of fact sheets related to studies in the four countries.

¹⁹ A five years CSE project funded by the Irish government and Sida and implemented in six countries in sub Saharan Africa, the implementation in Ghana will be of three years, a so-called accelerated project.

Zimbabwe	Capacity building resulted into increased visibility of Zimbabwe co-investigator and lead communications partner leading to fellowship award. The findings are being used to support training of students in Zimbabwe school of medicine and have been disseminated to Ministry of Health, and the association of gynaecologists in the country. The director of Family Health, in the Ministry of Health, has recognised the contribution of unsafe abortions to maternal deaths. He said previously it was difficult to even brooch the subject, but now with evidence from the study, deliberations would be carried out in earnest. “It is an emotive subject and it was near impossible to discuss in the absence of evidence to back up the issues, like the fact that abortion contributes 20% of the maternal deaths,”²⁰ An Indaba event from last fall laid the groundwork for the release of the findings in 2018 led to the forming of a national coalition on abortion. The national and international SRHR community in Zimbabwe is discussing how to further use the collected data, and they are confident that it will be possible to advocate for policy change. Meanwhile it is important to strengthen the health ministry so that private and public doctors have the rights skills when a policy change materialize. The PRB is carrying out a lobby and advocacy project targeting the parliament, using evidence from the GI research. They expect to be ready in May 2019. The communication and advocacy partner Women Action Group (WAG) continues to disseminate the study at grass-root level according to the lead researcher at Gutmacher.
Global studies	At global level, findings from the studies are being used to influence decisions on SRHR. For example, DFID is constantly using the AIUA Findings to make policy decisions on Family Planning funding, and actors like RFSU use the AIUA in the partner programmes. The She Decides website uses AIUA data to make the case for efforts to fill the gap in funding for reproductive health services resulting from the Global Gag Rule. Latest additions to AIUA used the International Conference for Family Planning. The value to invest in adolescent SRH services has received attention from a broad range of governments, regional bodies and donors. Several actors are using the research data and the GI language <i>on unmet needs for adolescent</i>, e.g. Family planning 2020 Initiative, the World Bank in their guiding assistance for global facilitating consultations country investments cases. in a commentary in Reproductive Health penned by representatives from WHO, CIFF, the Bill & Melinda Foundation and other key international agencies that calls for stronger investment in adolescent contraception during what they call a “never-before” moment of opportunity to address this issue in the global advocacy agenda, in Canada’s Feminist International Assistance Policy launched 2017. Interviews with The Netherlands Ministry of Foreign Affairs identified the study findings were being used with local SRHR players in Netherlands to influence their SRHR programming and that the MFA was using the findings to engage in bilateral discussions with her focus countries. It was reported that Ireland had used some evidence from abortion studies in changing their policy to legalise abortion. Worldwide abortion incidence estimates Declaration of commitment to filling evidence gaps on abortion in Africa with 20 organizational signatories GI co-organized with Ipas and the APHRC) the Africa Regional Abortion Con-

²⁰ <https://www.newsday.co.zw/2018/10/nearly-70k-abortion-occurring-annually-study/>

	ference, Addis Ababa, November/ December 2016. Collaborated with co-organizers and co-sponsors to draft and release a declaration based on the outcomes of the conference, which has 20 organizational signatories. GLC definition As already mentioned, Sida uses the GLC definition of SRHR; the European Commission highlights the definition in the Gender Action Plan report, and states that the GLC report “is expected to positively influence the discussion over the tracking of funding and measuring of progress in SRHR.”; The report from UNFPA/UNECE on the implementation of the ICPD programme of action in the UNECE region, cites the GLC repeatedly, specifically calling out its definition of SRHR. The city of Gothenburg, Sweden used the GLC to develop its recently approved SRHR action plan. Various elements of the SRHR agenda incorporated in several CSO’s work, whether by adopting the definition (e.g., IPPF) or infusing the recommendations into their strategies for the coming year and beyond (e.g., PMNCH); DFID used two of the main recommendations – an integrated definition of SRHR and a comprehensive package of essential SRH interventions—in its call for proposals on SRH; Briefing note and presentation to UN Secretariat and UNFPA to inform the Secretary-General reports for the 2019 CPD; The GLC was used as the starting-off point for discussions at the annual International Dialogue on Population and Sustainable Development, Berlin, (co-organized by GIZ, DSW and IPPF); The IPPF Director General announced that they will use the definition for their work moving forward. IPPF put forward a set of recommendations to the GFF at the November 2018 replenishment meeting in Oslo. Included was GFFs adoption of the GLC SRHR definition.
Other processes	SDGs: The final SDGs included four indicators coincide with GI’s recommendations. GI continues to receive updates from UNFPA as further refinement of indicator 5.6.2 is trailed throughout the world. GI is invited by UNFPA to participate and keep abreast of advancements in the indicator finalization. MCP: Since 2017, GI’s policy team has provided briefings and technical advice and analysis for foreign ministries from Belgium, France, Denmark, the Netherlands, Norway, United Kingdom, delegations from the EU parliament and CSOs based in Europe. GI has liaised with diplomats at embassies in Washington, DC and to the UN in New York, answering questions on the expanded MCP and the Trump administration’s approach to foreign aid.

What internal factors have influenced the ability of Guttmacher, to meet the projected objectives?

Among the factors contributing to the ability of Guttmacher and the research partners to meet the objectives for the in-country and global studies, the evaluators have been able to verify the role of:

- Previous established good relations with competent research institutes and SRHR networks. GI is very well connected and respected within the SRHR community, including with UN agencies UNFPA, WHO, UN Population Division and donors supporting SRHR.
- The fact that Professor Awusabo Asare was the Principal Investigator (PI) was strategic and relevant. His good connections and the reputation of the UCC, contributed to the fact that the recommendations were well received by the Ministry of Education and other key actors. The trust in the PI made it easy for stakeholders, including government, to accept the results of the study.

- The competence, experience and credibility of partners in Kenya and Peru in both research and advocacy and communication.
- The well-developed communication and outreach skills of Gutmacher as a research institute and its ability to engage high-level and committed experts, as in the case of the advisory group to the GLC.

Did the programme reach the expected categories of stakeholders? Are the stakeholders satisfied with the quality of the research findings and with the recommendations and messages? If not, in what way did the information not meet the expectations of stakeholders and why? What were the main challenges in regard to disseminating/communicating ASRHR/CSE and what actions were taken by Gutmacher and partners to meet these challenges? What were the main challenges in regard to safe abortion and what actions were taken by Gutmacher and partners to meet these challenges?

There were no main challenges in the dissemination of the studies in Ghana or in Zimbabwe. In the latter, the launch was postponed avoiding the risk that anti-abortion actors would use the study in the election debates. In the case of Kenya, Guatemala and Peru the environments were much more CSE hostile. Language adaptation and seeking alliances were some of the strategies used in Latin America, while the actors in Kenya did not mobilise to address a possible resistance.

It is worth noting that policy makers in Kenya, especially at Kenya Institute of Curriculum Development seemed not to want to discuss the progress on the review of curriculums to ensure inclusion of CSE. This is attributed to a lot of pressure (at the time of this evaluation) on the Ministry of Education by CSE opposers to withdraw all materials related to CSE from the schools.

The dissemination of the in-country reports reached its targeted audiences. Some stakeholders noted that there may have been value in reaching out to more of the organisations involved in grassroots implementation of SRHR interventions, such as Community Based and Faith Based Organisations. A more structured outreach regarding young people, parents and community leaders, was also stressed as something that could further strengthen the attitude and behaviour changes among teachers and school management for the implementation of CSE.

In Kenya a special dissemination event was implemented together with young people, which was highlighted as a particularly good practice by the involved researchers and young participants. The evaluators noted that in Ghana the researchers had not given any feedback or direct information to the respondents in the school survey (teachers and students) on the progress of the research or its results. In Kenya representatives from schools from participating counties were invited to dissemination meetings. Further on dissemination meetings were organised in the three target counties making it even easier for the school representatives to attend. In none of the CSE studies, funding for further dissemination events to more grass-root levels was available and the funds for monitoring outcomes from dissemination events were also lacking.

How could the effectiveness of the programme have been improved?

In the discussion on how the effectiveness of the CSE studies could have been further enhanced, consulted stakeholders mentioned stronger involvement of SRHR CSOs working at grassroot level and the Ministries of Health and Education. The full research approach could also have considered addressing resistance to CSE, even in the case of Ghana, given that the mobilisation of anti-rights advocates has quickly gained terrain in many parts of the world that use to have a fairly strong support for CSE and ASRHR, as e.g. campaigns like *No te metas con mi hijo!* (Don't mess with my child) in Latin America. Another aspect raised by several stakeholders was the extension and further funding for the post study phase to enable use of findings from research to generate action and to monitor good practices that could be used in other studies.

Although the evaluation does not assess cost-effectiveness it is relevant to mention that Sida in its appraisal of the programme stated that “[It] is reasonably cost-effective compared to other alternatives to deliver the same outcome. [...] These [high-quality studies] are difficult to perform, thus requiring highly technical and competent staff and analysis from several countries covering 4 areas as well as the related communications and advocacy work aimed at bringing about policy change and strengthening the capacities of in-country partners to address the issue of SRHR and increase access to safe abortion. There is, hence, a reasonable correlation between the costs and expected results (and quality thereof).”²¹

In summary, the programme and the different studies have been carried out as planned with no major changes. The evaluators have been able to verify reported outputs in relation to the four studies in focus. GI has been able to identify competent research and advocate partners and members for advisory committees which has supported process of change at outcome level. The evaluation findings demonstrate several important outcomes, or outcomes in progress, within the programme period at country and global level. In the case of Ghana, changes at impact level are under the way, where policy changes are now being implemented.

3.3 SUSTAINABILITY

Are the programme's effects likely to remain over time? Is it likely that the programme's outputs and products continue to be used once the programme ends? Did the Guttmacher's activities help to increase the probability of sustainability? What is the perception of the partners' and the stakeholders' on GI's mandate and when it ends at country level?

To assess sustainability of research outcomes is challenging and the scope of the study did not allow the evaluators to do any impact assessments or follow-up on the

²¹ Appraisal of Intervention, final, Guttmacher Institute, Sida 20150623

sustainability of results from previous GI studies. The programme ended in 2018 and most of the studies were launched during this last year of implementation. It is thus very soon to assess sustainability of the outcomes. It is GI that assesses where relevant in-country studies can be conducted, based on previous dialogue with partners and networking actors in countries/regions where GI has conducted other studies,²² on their analysis on gaps, the space for research and dialogue on the issues in focus, and in accordance with the priorities set by the Institute. The evaluators can confirm the reported process where Guttmacher initiate all in-country research processes with an assessment visit, where a broad range of actors are consulted. Once the decision to carry on with the research has been made, and the partners are identified, the preliminary research design is revised together with the partners to ensure that it is adapted to the context and focus on the most relevant issues. The consulted research partners and national SRHR actors confirmed the relevance of the study and that it was timely. This is obviously essential for the sustainability of the research. Furthermore, the research partners expressed a great sense of ownership of the studies and highlighted their role in the adapted and revised research design, the selection of regions, etc. Tables 3 and 4 present identified factors that may support or hinder the sustainability of the programme results.

Table 3. Factors contributing to sustainability

Evidenced practice and outcomes with the potential to improved/strengthen sustainability	
Partnering with local and respected SRHR research organisation/institute.	Working/coordinating with strong local SRHR actors with the ability to advocate for change in the research area.
Involvement of the Government- Ministries of Education and Health in the design of the study.	Establishment of an all-inclusive study advisory board during the study implementation period, including government, SRHR CSOs and UN agencies.
Capacity strengthening of research partners in communication to non-academic audiences and research methodologies.	Broad dissemination outreach to key SRHR actors.
In Kenya: APHRC in turn strengthened capacity of local community-based organisations- CBOs from where Comprehensive sexuality education champions were identified and trained. Also, cross country learning capacity strengthening approach was a good practice.	The GES is now leading the implementation of CSE in Ghana. With the commitment of the current minister of education and the inclusion of CSE in school curriculum the threat to sustainability is funding to provide training to teachers. CSE in Ghana is still very much dependent on donor funds.
The direct county engagement in the Kenyan CSE study is seen as a good practice.	Stakeholders interviewed in Ghana have used and continue to use the evidence from the study and other GI studies for their advocacy work.

²² GI cited several cases where the topics for the in-country studies included in the Sida supported programme were discussed in previous period with partners and other relevant stakeholders as for example in the case of Zimbabwe, DRC, Ethiopia and Uganda, and the choice of Latin American countries to be included in the CSE study,

Many donors and SRHR actors are constantly using the study findings for advocacy, resource mobilisation and in program improvement, given this scenario, the findings will continue to be utilised.	The Ministry of Education in Ghana is recruiting a coordinator for Health programmes to lead the development of appropriate policies for the implementation of health programmes including SRH education in schools.
Clear mandate with the national researchers and organisations. At Global level, GI is respected and seen as a major player in influencing SRHR public policy through research and advocacy.	As part of the UNESCO O3, a CSE desk will be set up and a staff appointed to coordinate CSE activities within the project and among stakeholders.
Establishment and use of all-inclusive country study advisory committee is a good practice for ensuring ownership of the research finding	

Table 4. Factors disabling sustainability

Challenges to sustainability	
Funding is still a challenge within the implementation and has the potential to threaten the sustainability of the CSE programmes. Most of the current activities are funded by donors.	Not enough outreach/involvement to the community based SRHR organisations and traditional and religious leaders.
No plan for CSO engagement even after end of the project.	Lack of elaborate process of managing resistance on CSE.
Backlash and resistance from Anti-CSE players in Kenya. While the study led to national conversations on CSE, there was lots of resistance from religious groups who manage a sizeable percentage of public schools in the country. Late last year and early this year, there has been intense lobbying by Anti-CSE players to have all materials for CSE in schools be recalled. The strict requirements to accessing schools including getting authorization letters from Ministry of Education make it difficult to penetrate schools and provide CSE.	Religious and cultural values of teachers could hinder the effective implementation of the CSE program in Ghana if not checked. Many stakeholders agreed that teachers with deep values tend to either avoid certain topics or do not teach the topics well.
	The lack of a local African partner in the GLC report makes the uptake of recommendations from the study by African states more difficult. This has however, been partly addressed through Sida support to APHRC activities that aim at increasing uptake of the recommendations in Sub-Saharan Africa. Also, Guttmacher has also been coordinating with the IPPF-AU Liaison office to bring the GLC recommendations to AU spaces.

In summary, the evaluators have been able to identify factors that can strengthen or hinder the sustainability of the research results, but it is too early and beyond the scope to assess if the identified positive effects of the studies will remain.

3.4 PARTNERSHIP APPROACH AND CAPACITY DEVELOPMENT

How effectively has the programme built new partnerships, or used existing ones, to achieve the objectives and goal? To what extent has Guttmacher drawn upon partners? To what extent has the project contributed to building the capacity of in-country partners?

This section looks at the capacity building support to formal partners for the in-country studies, that is, research institutions and universities.

As illustrated in the ToC, GI applies a similar approach to the in-country studies.²³

This model was implemented in most of the country specific research supported by Sida during the evaluated period.²⁴

1. GI conducts country specific policy space and gap analyses in areas of concern.
2. These analyses are discussed during an initial assessment visit where the GI team meets with SRHR actors and other relevant stakeholders. Partners for the research and the dissemination process are identified. In some cases, GI continues with research partners from previous studies, like in Kenya and Ghana, in other cases GI identifies the partners through recommendation, like in Peru (via UNFPA) and Guatemala (through the communication partner Tierra Viva, with whom GI had collaborated on another study). In the case of Ghana, the PI and three of the other researchers were also present at a previous study conducted together with GI why there was already some familiarity with each other. When the research partners have the capacity to lead the communication work, like with APHRC (Kenya), and Centro de Investigacion Interdisciplinaria en Sexualidad, Sida y Sociedad (CISSS) in Peru, GI does not look for a separate advocacy actor.
3. Research partners are selected based on their expertise, competence and capacities as research institute, connections to relevant duty-bearers (policy space) and the SRHR community (leverage of findings and advocacy), and interest and commitment to the area of research. GI does not select partners based on their capacity development needs, but rather looks for the most qualified and relevant research institution.
4. The selection of communication partner is based on experience in disseminating SRHR messages, connection to relevant SRHR networks and possibilities to advocate for policy change.
5. Partner agreements cover the planned research project, including dissemination of the results and the report, and a short-term follow-up period of the implemented activities.
6. In some exceptional cases, like in Zimbabwe, GI partners with ministries or other governmental institutions. In the case of Zimbabwe this was recommended by the research partner to enable the research process. Normally GI choose not to have a formal partnership with national governments to ensure full independence in the research.
7. The research design, initially developed by GI, is further developed in close cooperation with the research partner. Data collecting instruments are revised and adapted to local context and suitable language. The partner with their expertise of the context lead the selection of the sample.
8. There are both planned capacity building activities, and more ad hoc initiatives to support the research team. The communication workshop is a standard component, with focus on developing skills in how to present and packaging the research in a way that is accessible and easy to understand for different audiences. Some research teams have been supported with writing academic articles for international journals through co-writing processes.

²³ We focus on the in-country partnership in this section.

²⁴ Findings are based on consultations with the GI researchers and communication manager and validation with research partner organisation and other stakeholders to the 4-country CSE studies.

Fellowship opportunities at GI is another mode to build capacities. For the data analysis, the software used for the study was new to UCC and GI provided training so they could use it for the analysis. GI has a very strong publication policy and this has helped strengthen that of UCC who did not have much in terms of guidelines for publications. In the Zimbabwean study on abortion, the researchers had their capacity strengthened in methodological approaches in estimating incidences of abortion. Out of this partnership, the lead local researcher and lead communications partner in Zimbabwe were awarded fellowships. Another key area of GI capacity strengthening to partners is in helping them to network with relevant global SRHR actors.

The design is based on GI's priorities and the reading GI does of the contexts. Former and new partners are not directly involved in identifying the gaps, but the analysis is many times based on previous discussions with partners in other initiatives and other national stakeholders. Partners are invited to develop and contextualised the research project. Once an area and country have been identified the approach is good but there could be room for more direct pre-consultations with rights-holders, particularly with youth organisations when the studies are about CSE and ASRH/R.

The mere opportunity to participate in the kind of studies GI conducts help the institutions to build their competences, but several of the researcher stressed that it was a mutual partnership where both sides learnt through the joint project. In the four-country CSE study partners met at GI head office to develop tools and plan for project. This meeting enabled discussions on the various processes happening in the partner countries. This was a good practice for ensuring knowledge sharing among partners.

GI was said to be a listening and responsive partner to the changes recommended by the research partners.²⁵ Partners stated that they had a lot to say on the final design and the adaptation to the local context, as well as contextualising key messages in the research to certain extent, how messages are packaged, what language to be used in recommendations.

3.5 SIDA AND GI AS PARTNERS

Both Sida and GI stated that they have a good relationship with a frank, transparent and constructive dialogue. The staff turnover at Sida (five different officers during the evaluated period) has been a challenge for the continuity in the dialogue and has also meant that Sida, over time, has shifted its request on how GI should report. Sida has asked for a more outcome-oriented reporting and offered technical support on developing the results framework and results-based management which Guttmacher has accepted and agreed to.²⁶

²⁵ Interviews with researchers in Ghana, Peru and Guatemala.

²⁶ The technical support has however been delayed and will be provided within the frame of next agreement.

The GI research has a value and is well aligned with Swedish policies on SRHR. The evidence that is produced by GI informs Sida's policies as well as other likeminded donor. However, Sida is also keen that similar capacities are built at regional or country level in the Global South why the capacity development strategies are key within the agreement. In its formal communication (appraisal, decision and minutes) Sida has highlighted the importance and expectations on capacity building support to in-country partners.

As previous discussed, the evaluators found that planned and strategic capacity development on research methodologies did not play a major role in the assessed partnerships. GI selected partners that are already strong and recognized research institutes. The main achievement has been to strengthen the communication abilities of these partners in how to target non-academic audiences and package research results in an accessible and more popular manner. This is a valid and important outcome.

To build local capacities for SRHR research methodologies has not been in focus. The evaluators did not find any evidence that the in-country partners were expected to share applied methodologies with other research institutions in their country or region to build their capacities in turn. There is thus a certain level of discrepancy between Sida's expectations, as far as the evaluators understand them, and GI's priority to work with the most competent researchers.

The evaluator discussed the different roles of GI as an independent research institute and as a recognized advocate for SRHR within the global SRHR community. Though some Sida respondents saw potential risks in combining these two roles, they agreed with GI approach and saw it as clear added value. This was also confirmed by consulted SRHR organisations that stated that GI managed to balance these two roles well.

The evaluation also found that the partnership has had added valued beyond the actual programme. Sida participated in the GLC advisory group and has been a very visible donor. This is important in GI's other donor relations. Furthermore, GI has provided Sida with technical support.

Finally, the evaluators were informed on the ongoing dialogue on future support. The evaluation showed that the international work has increased over the last years as have the requests on GI's technical assistance and advice. The evaluators find that it might be a good idea to explore the possibility to develop a separate international strategy, or two separate frameworks linked to the overall strategy.

4 Conclusions

4.1 RELEVANCE

The programme is assessed as highly relevant both at global level and in the countries where individual studies were conducted. The programme has aligned to global priorities set by leading SRHR actors, and has target-relevant country policies, strategies and needs. GI has possibly become even more instrumental as a research institute and SRHR-expert since the Trump administration came into power and reactivated the MCP. GI has experienced that a larger number of actors are turning to them for advice, technical assistance and specific data on abortion and other SRHR issues.

GI has applied an elaborate process to ensure involvement of local partners and government in ensuring that identified research is relevant to the countries in focus. The evaluation found that in the case of Ghana, the CSE study was indeed instrumental to SRHR actors as well as governmental institutions. CSE was being discussed and was gaining momentum among stakeholders before the study. The study came at an opportune time to provide the evidence and highlight gaps within the policy environment, content of the sexuality education in schools, limitations of teachers (capacities and willingness to teach the various topics) and the lack of coherence in the educational curriculum. The research contributed to attitudes and behaviour change of key institutions leading to the review of CSE curriculum and ASRH policies. In Kenya the study provided evidence on the need for CSE including information on the knowledge gaps that exist within teachers and students. The Kenya CSE study was aligned to national policies and confirmed the many challenges facing adolescents including teenage pregnancy and HIV and AIDS.

The GLC's definition of SRHR has had an impressive uptake and is being adopted by donors and SRHR CSOs, integrated in donor programmes and used by SRHR advocates as the new reference of how SRHR should be understood and approached.

GI is assessed as a highly relevant research institute and advocate, and the usefulness of the policy-oriented research material was verified. The evaluators find the fact that donor agencies and governmental officials (including some that do not fund the research) turn to GI for technical expertise and advise when developing their positions and policies as a strong indicator of relevance.

The evaluators can also conclude that GI is a relevant partner to SRHR actors and research institute in the Global South. With presence only in the US the Institute depends on highly competent and strong allies for in-country projects. The capacity development of partners that was evidenced was assessed as relevant but not as a major feature of research studies.

Research design could become even more relevant with a more articulated HRBA focus, particularly in how to integrate power analysis and issues on discrimination within and between groups in focus for the studies.²⁷ Feed-back to the rights-holders involved in the studies was assessed as insufficient. Targeted communication by the end of the research process with groups of informants in the studies and other key actors at grassroots levels relate to access to information and the accountability of GI and its in-country partners. The gender perspective is strong in the focus of the research and its design but could also benefit from a more intersectional approach, which is linked to non-discrimination and inclusion.

4.2 EFFECTIVENESS

To increase adolescents' and women's access to the full range of sexual and reproductive health services and information by 1) producing actionable and objective scientific research, 2) disseminating findings strategically to influence media coverage and public discourse, and 3) working with policymakers and other key stakeholders to effect change in policies, programmes and medical practice

The programme has implemented the three strategies linked to the programme objective and the planned studies with no major changes. GI and partners have widely disseminated the results. Reported outputs in relation to the four studies are verified. The indicators²⁸ related to the programme objective focus on the three strategies and do not measure if *adolescents' and women's access to the full range of sexual and reproductive health services and information*, has increased. As discussed in chapter 2, this change, as phrased in the results framework, is not possible to measure because it is not context or time specific (or related to a baseline). It is beyond the sphere of influence of GI. Having said that, the evaluators conclude that the *intended* programme objectives have to a large extent been achieved. The findings demonstrate several important outcomes, or outcomes in progress, both at country and global level within the programme period. In the case of Ghana, changes at impact level are under way, where policy changes are now being implemented.

The dissemination of the CSE studies, the abortion study in Zimbabwe and the launch events of the AIUA and GLC were all well organised and well attended by key stakeholders, including relevant duty-bearers at country level. The reports brought about increased media engagement around the findings. Journalists used the data presented

²⁷ Such a power analysis should ask how intersecting forms of discrimination affect different rights-holders in their access to SRH services and information, and the fulfilment of their SRHR. By identifying power relations that define access to and enjoyment of SRHR of different rights-holders, the research design can include discussions on what specific measures would be needed to counteract discrimination within and between groups of rights-holders.

²⁸ 1) Creation of a body of high-quality, policy-relevant research findings on abortion and adolescent sexual and reproductive health, published in formats that maximize both scientific credibility and accessibility to decision-makers and other non-technical audiences. 2) Informed and accurate media coverage of the project's research findings and successful placement of key messages in news articles and opinion pieces. 3) Changes in policies, programmes or practice proposed, debated or implemented. Informed and supportive positions and statements by key stakeholders.

to develop newspaper and online articles on ASRH, CSE, abortion and the GLC. The evaluators have been able to verify that data provided in the reports has been used and is still being used by the SRHR community as evidence for their advocacy work, policy briefs and other programme documents. The GI website is an accessible resource for international and national CSO's and other development actors. The comprehensive SRHR definition launched in the GLC has so far had an impressive uptake.

4.3 SUSTAINABILITY

There are several challenges to assess sustainability of research since it should be an independent process where key stakeholders, who are able to drive policy change and implementation, are seldom involved. Sustainability in this case is thus strongly linked to the acceptance of the findings and if the recommendations are found relevant for the specific context by rights-holders (to advocate for the change) and duty-builders (to make policy changes).

The studies in focus were not directly demand-driven from a country or national actors' perspective. GI bases the gap analysis on discussions with partners and other key stakeholders in other previous studies, but does not initiate research initiatives from a partner dialogue. However, the initial top-down approach is compensated with an active confirmation by national SRHR actors on the relevance and timeliness of the research. The practice to contextualise and adapt the research design together with the in-country partners is good. The strategy to select well-connected research institute and advocates as partners is equally valid and a necessary condition for creating dialogue opportunities on the recommendations. Communication on findings use language apt for the local context and the enabling space. This approach contributes to ensure a certain level of sustainability of the research.

The evaluators see the evidenced uptake of the research findings and recommendation by different players at national and global as a factor ensuring certain level of sustainability. One such evidence is Ghana where duty-bearers have embraced the recommendations, and based on the research, taken action. The GES is leading in the implementation of the CSE programme and ensuring that structures are in place to sustain the implementation. Another example is that both donors (as in the case of Sida) and key SRHR organisations (e.g. IPPF) champion the acceptance and universal use of the GLC comprehensive definition of SRHR. These examples illustrate the end of the line in the ToC where GI expects to be supported by its allies *to get a broader outreach by other actors promoting SRHR. Other SRHR actors use the research in their own policy and strategy development, design of programmes and funds, practice and service delivery, and dialogue, awareness raising advocacy work at national, regional and global level.*

Two of the main challenges to sustainability identified by the evaluation team are the low funding of the post research period and that the dissemination periods were assessed to be short. The dissemination would have benefitted both from a broader outreach over time and resources to monitor the use of the evidence-based findings for action at country and regional level. The research design did not take (sufficiently)

into consideration the resistance to CSE (the four-country study) or how abortion is perceived in the local context (Zimbabwe). Many SRHR actors are under attack by anti-rights groups around the world and they experience support not only from the Trump administration but from a growing number of governments in Africa, Latin America and Europe. By developing more articulated strategies how to address resistance to the rights in focus and by engaging in a closer dialogue with the opponents, the evaluated studies could have enhanced the sustainability of the research recommendations.

4.4 PARTNERSHIP APPROACH AND CAPACITY DEVELOPMENT

GI is perceived as a listening, respectful and responsive partner. Partners' influence over the research design has been verified. The SRHR community stated that GI is quick to respond to requests and sharing information even when data has still not been officially published. Presence of GI at events and meetings organised by other SRHR actors is seen as something that leverages the advocacy towards donors and other development actors.

Although some capacity building initiatives were implemented; the programme lacked a systematic and strategic approach to capacity building of partners. In general capacities have been developed based on team work and more 'organic' processes. The partners in Kenya and Ghana were selected based on their capacity as research institutions within the SRHR sector; they were well known, respected and trusted as experts in issues of SRHR. The partnership was characterised by mutual learning according to the interviewed partners and they did not see that capacity development was a major component in the research process. They confirmed that the communication workshops and other support on how to better reach out had been very useful and valuable.

The evaluators conclude that the approach to look for the most competent and well-connected partners is a valid and good strategy, but that to strengthen the in-country research capacity on SRHR issues, these partnerships could also be used to develop skills among other country and regional research institutes and SRHR organisations. Capacity development initiatives could include regional and country seminars on applied research methodologies and design, as well as sharing the skills on communicating research for policy change.

4.5 LESSONS LEARNED

Among the lessons learned highlighted by the consulted stakeholders is that evidence based a scientific approach is a useful entry point for promoting policy discussions on sensitive issues such as SRHR, including safe abortion. This resounds with how GI refers to its ToC, in the application to Sida for the programme, namely "The Institute's Theory of Change holds that scientific evidence—when properly collected and analysed, compellingly presented, and systematically disseminated—can make a difference in policies, programmes and medical practice. This assertion is based on 50

years of experience demonstrating the power of objective scientific evidence to influence and shape decision-making at the highest levels.”²⁹ Other lessons learned are:

Ownership and the right messenger

- Working with local, recognized and well-known SRHR research actors - like APHRC in the Kenyan context- helps to ensure buy in and ownership. This was also reaffirmed in Ghana. The selection of a well-known local partner helped in ensuring the uptake of recommendations and increase policy change. In Ghana, the trust in the local researchers and UCC played a decisive role in achieving strong outcomes in such a short time.
- The use of global and country advisory committees for the studies create ownership and engagement. Members of the GLC advisory committee have been good advocates for the report.
- Although not all stakeholders were involved in the design stage of the study, those who were involved attest to the fact that the consultation process was very detailed. The involvement of key national stakeholders as well as UN bodies such as UNFPA helped the design of the study. This shaped the focus of the research and its findings and improved the acceptability of the report.

Considering resistance

- To avoid backlash, it is critical to develop an elaborate process (as well as updating the strategies) for dealing with resistance/opposition on SRHR issues such as CSE and provision of safe abortion services. The case studies in Ghana did not assess future risks given the current enabling environment, and the Kenya study was only in part prepared for the strong resistance to CSE that was mobilised after the launch of the report. Stakeholders in Kenya suggested for example that a closer dialogue with some of the conservative groups might have been instrumental. There are also lessons learned to be shared from for instance the Latin American context.

Other good practices

- Kenya: Implementation of youth specific dissemination meeting and use of parents as champions in some counties.
- Peru: Partnering with institution with dynamic and innovative forms for communication, through multimedia and other means.
- Guatemala and Zimbabwe: Partnering with advocacy organisations with already good grassroot connections to reach a broader audience and place the rights-holder more in focus for the dissemination of findings and recommendations.

²⁹ Proposal to Sida: Evidence to Inform Action: Generating and Disseminating Research on Abortion and Adolescent Sexual Health in the Global South 22 May 2014.

5 Recommendations

5.1 TO GUTTMACHER

Strategic planning

- Guttmacher Institute is recommended to consider developing a specific framework for the international work to allow focus on planning for global and regional advocacy work and alliances, and respond to the increased demand on the Institute to monitor global and in-country results. A separate framework for the international work could open for the possibilities of more flexible funding.

Programme design:

- Guttmacher Institute is recommended to be explicit in its donor dialogues on the need for resources to monitor results at outcome level and use of findings for policy change. Also, there is a need to develop the results framework to better capture results at outcome level and to better visualize the linkages between programme objectives and expected outcomes.
- Guttmacher Institute is recommended to have a more planned and structured approach to capacity building of partners to better impact the potential of capacity strengthening of the local partners.

Research design and process:

- Guttmacher Institute is recommended to make standard procedure of the good practice, that has been implemented in some cases, of involving local actor/grass-root organisations working on SRHR programmes in the research process and dissemination of results. By engaging grassroots organisations (that raise awareness on SRHR in their work) as formal partners as facilitators during data collection at community level and in the dissemination, would benefit the outreach of the results to local duty-bearers and rights-holders in the post-research period.
- To achieve even more relevant research process, Guttmacher Institute is recommended to consider targeting and engaging young people more directly in the dissemination of studies that focus on ASRH and CSE.
- Guttmacher Institute is recommended to conduct power analysis at the early stage of the research design, including mapping, planning and implementing how to address resistance/opposition to the SRHR issues in focus.
- Guttmacher Institute is recommended to strengthen the HRBA in the programme and individual research designs and as minimum standard ensure the inclusion of People Living with Disabilities and socially excluded groups of young people. Also, ensure the provision of feedback report to stakeholders at the community level where implementation is done.

- When possible, for the case of sustainability, Guttmacher Institute is recommended to increase the involvement of relevant ministries and governmental bodies in the research process.
- In the case of global studies, Guttmacher Institute is recommended to consider regional partnership for the sake of uptake of recommendations. Using the GLC recommendations as an example a regional African partner could facilitate the uptake strengthen the ownership by duty-bearers. On the same note, Guttmacher Institute, is recommended to continue and strengthen their coordination with African regional SRHR actors that target regional and sub-regional bodies (AU, ECOWAS, SADC, etc.) to ensure the bodies accepts and adopts the recommendations within existing protocols.

From Evidence to action

- To increase use of findings to inform action and to also monitor the after research phase, it is recommended that GI in discussion with her donors provides for adequate time and resources for the post research phase.

5.2 FURTHER RECOMMENDATIONS

1. It is recommended to continue its flexible support to Guttmacher Institute. The research is highly relevant both for Swedish SRHR policies and the work of many of Sida's partners working on SRHR.
2. It is recommended to explore the possibilities to fund a more comprehensive monitoring of policy outcomes of Sida supported studies as well as of other part of Guttmacher's body of research.

ANNEXES

ANNEX 1: TERMS OF REFERENCE

Evaluation of the Guttmacher Institute program on the use of SRHR evidence to inform action (2015-2018)

1. Evaluation object and scope

Founded in 1968, the Guttmacher Institute is a leading research and policy organization committed to advancing sexual and reproductive health and rights (SRHR) in the United States and globally. Throughout its history, the Institute has played a vital role within the SRHR community as a source for research that is both high-quality and policy-relevant and as a centre of excellence in translating scientific evidence into policy change. While seeking to advance SRHR for all people, the Institute maintains a particular focus on addressing the health and rights of those who are marginalized and vulnerable, including adolescents, those living in poverty and in fragile/humanitarian settings, and ethnic, racial and sexual minorities. At the heart of the Institute's international work is a commitment to equitable and responsible North-South partnership—responding to the research needs and perspectives of in-country stakeholders, collaborating with local research and advocacy partners, and working to ensure country-level ownership of data and research findings.

The evaluation object is the Sida supported program “Evidence to Inform Action: Generating and Disseminating Research on Abortion and Adolescent Sexual Health in the Global South”, 2015-2018, and the implementing partner of the program is the Guttmacher Institute. The purpose with the evaluation is to assess the use of research and evidence generated by the program.

Funding to this program is channeled from the results strategy for global action on socially sustainable development 2014–2017 (extended until end of 2018). In 2015, the Guttmacher Institute received a four-year, SEK 24,000,000 grant from Sida to support our research, communication, and policy work on abortion and adolescent sexual and reproductive health in the Global South. In 2017, Sida granted the Institute an additional SEK 3,000,000 to support Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights (SRHR), an initiative which aims to lay out a visionary framework for SRHR globally over the next 15 years.

The program provides policy-relevant research and evidence-based advocacy focusing on two critically important topics: adolescent sexual and reproductive health and rights (ASRHR) and safe abortion. The aim of this program is to advance sexual and reproductive health and rights (SRHR) throughout the Global South by generating actionable scientific evidence, communicating findings strategically to promote evidence-based policy and program development, and building the capacity of in-country partners.

Progress in the areas of ASRHR and safe abortion has been far too slow in recent decades, despite notable and encouraging gains in some countries. The stigma and misinformation that have long plagued these issues often prevents rational public discourse and sound policymaking. As the Guttmacher Institute and others have shown, however, scientific research—when conducted in accordance to scientific standards and communicated effectively by respected

in-country experts and champions—can be a powerful impetus for change, even on issues as controversial as abortion and ASRHR.

Building on its previous work in these domains, Guttmacher launched several new projects beginning in 2015 aimed at filling gaps in the evidence base and providing the data and tools that policymakers, advocates, donors and other stakeholders need to bring about better policies and programs. These projects include country-level activities, conceived with the input of local stakeholders and implemented in collaboration with in-country research and communications partners to answer questions of particular policy relevance, as well as regional and global analyses on topics of broad interest to the SRHR community. In keeping with the Institute's commitment to applying research to policy discourse, the program includes a robust communications and advocacy component that aims to get research findings and policy recommendations into the hands of key stakeholders.

Specifically, support from Sida enabled Guttmacher to undertake the following activities/projects:

- *A study investigating the provision of sex education and areas for improvement in equipping young people with the knowledge and skills they need to ensure their sexual health in Ghana, Kenya, Peru and Guatemala*
- *The first national assessment of the incidence of abortion and unintended pregnancy in Zimbabwe*
- *A study on the incidence, causes and consequences of unsafe abortion in Kinshasa, Democratic Republic of the Congo (DRC)*
- *An analysis of abortion among adolescents in Ethiopia and Uganda* □
- *An analysis of the costs and benefits of investing in adolescent SRH services*
- *The Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights*
- *The development of a set of recommended SRHR indicators for the SDGs in consultation with technical and policy experts*
- *Strategic communications activities aimed at disseminating the findings and policy recommendations of these studies and providing an evidence-based perspective on issues related to unsafe abortion and adolescent SRHR*

Several other donors provided co-funding for some or all of the activities above, including DFID, Norad, the Dutch Ministry of Foreign Affairs, GIZ, Children's Investment Fund Foundation, the Bill and Melinda Gates Foundation, the David and Lucile Packard Foundation and the William and Flora Hewlett Foundation.

As the program of work approaches the final stages—with some of the supported activities having been completed and others in the closing phases—Sida will support an evaluation of the program as specified in the grant agreement, lifting on how the research and evidence generated by the program is being used to strengthen and inform policy and advocacy, with a focus on the Global South. The evaluation will cover the program period 2015-2018 (ongoing) and be completed in January 2019.'

While the program includes a number of country-level studies as well as global and regional activities, the evaluation will focus on two projects that are global in scope (Adding It Up for Adolescents and the Guttmacher-Lancet Commission) as well as two of the supported national studies: the studies on the provision of comprehensive sexuality education in Ghana and Kenya. Depending on which activity, the overall programme covers the following countries; Guatemala, Peru, Ghana, Kenya, Zimbabwe, DRC (Kinshasa), Ethiopia, and Uganda (see the activities/projects listed above).

An evaluation of this scope will provide valuable lessons on the broad range of projects supported by Sida under this program (inclusive of ASRHR and abortion projects as well as both

country-level and global work), while ensuring that the scope of the assessment is manageable within the timeframe and budget allotted to this activity.

The scope of the evaluation and the intervention logic or theory of change of the project/programme shall be further elaborated by the evaluator in the inception report.

Theory of Change: Central to the Institute's work is the use of objective scientific research to advance public discourse and facilitate evidence-based reform. The Institute's Theory of Change holds that scientific evidence—when properly collected and analyzed, compellingly presented, and systematically disseminated—can make a difference in policies, programs and medical practice. This assertion is based on 50 years of experience demonstrating the power of objective scientific evidence to influence and shape decision-making at the highest levels.

2. Evaluation rationale

The funding to this program ceases by the end of 2018 and Guttmacher intends to submit an application for new funding from Sida starting in 2019. The use of SRHR research and evidence for policy and advocacy purposes in the global south is a new area of work that interests both Guttmacher Institute and Sida. No previous evaluation has been commissioned.

3. Evaluation purpose: Intended use and intended users

The purpose or intended use of the evaluation is to provide Sida and the Guttmacher Institute with relevant input to upcoming discussions concerning the preparation of a new phase of support from Sida, with a focus on the use of SRHR evidence for advocacy and policy change in the global south. Carrying out this evaluation between October 2018 and January 2019 will help to provide relevant results which can inform the development of Guttmacher's methodological approach to partnerships in the global south while feeding into the new application to Sida and Sida's decision to support the Guttmacher Institute with a new grant. The primary intended users of the evaluation are Sida and the Guttmacher Institute, focusing on:

- the Guttmacher Institute program management team
- the program management team at Sida's unit for Global Social Development

The evaluation is to be designed, conducted and reported to meet the needs of the intended users and tenderers shall elaborate in the tender how this will be ensured during the evaluation process. Other stakeholders that should be kept informed about the evaluation include the other donors to the program, namely DFID, Norad, the Dutch Ministry of Foreign Affairs, GIZ, Children's Investment Fund Foundation, the Bill and Melinda Gates Foundation, the David and Lucile Packard Foundation and the William and Flora Hewlett Foundation.

During the inception phase, the evaluator and the users will agree on who will be responsible for keeping the various stakeholders informed about the evaluation.

4. Evaluation questions

The objective is to evaluate the relevance, effectiveness, sustainability and lessons learned of the program and formulate recommendations as an input to upcoming discussions concerning the preparation of a new phase of the program.

The evaluation questions are:

- Relevance: Were the program objectives and designs relevant given the political and policy context on SRHR?
- Effectiveness: Have the program's objectives and outcomes in relation to the use of evidence in the global south as stated in the logical framework, been achieved? What were the difficulties faced by Guttmacher and partners and what were the actions taken to overcome them (administrative, operational, financial, political, etc.)? What external and internal factors have influenced the ability of Guttmacher, in-country partners and key

stakeholders to meet the projected objectives? Did the program reach the expected categories of stakeholders? Are the stakeholders satisfied with the quality of the research findings and with the recommendations and messages? If not, in what way did the information not meet the expectations of stakeholders and why? What concrete changes—on policies, programs, healthcare provision, media coverage and creating a space for public conversations—have taken place as a result of the program? Has the program produced evidence on how research has been used to improve SRHR policies and programs and strengthen advocacy? How could the effectiveness of the program be improved?

- Partnerships: How effectively has the program built new partnerships, or used existing ones, to achieve the objectives and goal? To what extent has Gutmacher drawn upon partners? To what extent has the project contributed to building the capacity of in-country partners?
- Sustainability: Are the program's effects likely to remain over time? Is it likely that the program's outputs and products continue to be used once the program ends? Did the Gutmacher's activities help to increase the probability of sustainability?

Lessons learned: What did and did not work well for this program or the program team? What unintended effects did the program team handle during the program? Given the current political and policy environment, what are the next steps needed to help achieve the objectives and goals set out for this program?

Questions are expected to be developed in the tender by the tenderer and further developed and specified during the inception phase of the evaluation.

5. Evaluation approach and methods for data collection and analysis

For this exercise, it is proposed that an independent evaluator contracted by Sida will review relevant project documentation including approved proposal documents, logical framework, annual progress reports, media coverage and any other relevant documentation. The evaluator will work with Gutmacher to identify which stakeholders to interview. In addition, the evaluator, accompanied by a Gutmacher staff member, will travel to Kenya (Nairobi and Mombasa) and Ghana (Accra)- to conduct interviews with project partners and key stakeholders at the project sites and to review the effects/results of the initiative/s. It is estimated that the evaluator will stay two to three days in each country. The evaluator will also conduct phone interviews with key global stakeholders to assess the impact of Gutmacher's work on global policy dialogues. There will be external and internal stakeholders key interviews through online meetings, e-mail and phone interviews. For further information, the project/programme proposal is attached as Annex D.

Based on the above, it is expected that the evaluator describes and justifies an appropriate evaluation approach/methodology and methods for data collection in the tender. The evaluation design, methodology and methods for data collection and analysis are expected to be fully developed and presented in the inception report. A clear distinction is to be made between evaluation approach/methodology and methods.

Sida's approach to evaluation is utilization-focused, which means the evaluator should facilitate the entire evaluation process with careful consideration of how everything that is done will affect the use of the evaluation. It is therefore expected that the evaluators, in their tender, present i) how intended users are to participate in and contribute to the evaluation process and ii) methodology and methods for data collection that create space for reflection, discussion and learning between the intended users of the evaluation.

Evaluators should take into consideration appropriate measures for collecting data in cases where sensitive or confidential issues are addressed, and avoid presenting information that may be harmful to some stakeholder groups.

6. Organisation of evaluation management

This evaluation is commissioned by Sida's Unit for Global Social Development. The intended users are Sida (INTEM/SOCIAL) and the Guttmacher Institute. The intended users of the evaluation form a steering group, which has contributed to and agreed on the ToR for this evaluation. The steering group is a decision making body. It will approve the inception report and the final report of the evaluation. The steering group will participate in the start-up meeting of the evaluation, as well as in the debriefing/validation workshop where preliminary findings and conclusions are discussed.

7. Evaluation quality

All Sida's evaluations shall conform to OECD/DAC's Quality Standards for Development Evaluation³⁰. The evaluators shall use the Sida OECD/DAC Glossary of Key Terms in Evaluation³¹. The evaluators shall specify how quality assurance will be handled by them during the evaluation process.

8. Time schedule and deliverables

The deliverable will be a written report summarizing the key findings of the evaluation. It is expected that a time and work plan is presented in the tender and further detailed in the inception report. The evaluation shall be carried out between November 2018 and February 2019. The timing of any field visits, surveys and interviews need to be settled by the evaluator in dialogue with the main stakeholders during the inception phase.

The table below lists key deliverables for the evaluation process. Deadlines for final inception report and final report must be kept according to the attached time table, but additional deadlines for other deliverables may be suggested by the consultant in the tender.

The draft of the inception report will be shared with Guttmacher and Sida for feedback. Sida and Guttmacher will have an opportunity to provide comments to the draft evaluation report. The evaluator will take these comments into account and finalize the report. Guttmacher will have the right to submit a written response to the evaluation to be filed jointly with the evaluation report in Sida's files.

1. Start-up meeting	Evaluation team, Sida and Guttmacher Institute representatives	November 2018 (v 46)
2. Draft inception report		Tentative beginning of December 2018 (v 48)
3. Inception meeting	Sida and Guttmacher Institute representatives	Tentative December 2018 (v 50)
4. Comments from intended users to evaluators		Tentative December 2018 (v 51)
5. Final inception report		Tentative December 2018 (v 52)
6. Debriefing/validation workshop (meeting)	Sida and Guttmacher Institute representatives	(v 3)
7. Draft evaluation report		January 2019 (v 4)
8. Comments from intended users to evaluators		Tentative January 2019 (v 5)
9. Final evaluation report		Tentative 4 February 2019 (v 6)

³⁰ DAC Quality Standards for development Evaluation, OECD, 2010.

³¹ Glossary of Key Terms in Evaluation and Results Based Management, Sida in cooperation with OECD/DAC, 2014.

10. Seminar	Sida and Guttmacher Institute representatives	Tentative 13 February 2019 (v 7)
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The inception report will form the basis for the continued evaluation process and shall be approved by Sida before the evaluation proceeds to implementation. The inception report should be written in English and cover evaluability issues and interpretations of evaluation questions, present the evaluation approach/methodology, methods for data collection and analysis as well as the full evaluation design. A clear distinction between the evaluation approach/methodology and methods for data collection shall be made. The report should be written in English and **maximum 15 pages**. A specific time and work plan, including number of hours/working days for each team member, for the remainder of the evaluation should be presented. The time plan shall allow space for reflection and learning between the intended users of the evaluation.

The final report shall be written in English and be professionally proof read. The final report should have clear structure and follow the report format in the Sida Decentralised Evaluation Report Template for decentralised evaluations (see Annex C). **The executive summary should be maximum 3 pages**. The evaluation approach/methodology and methods for data collection used shall be clearly described and explained in detail and a clear distinction between the two shall be made. All limitations to the methodology and methods shall be made explicit and the consequences of these limitations discussed. Findings shall flow logically from the data, showing a clear line of evidence to support the conclusions. Conclusions should be substantiated by findings and analysis. Recommendations and lessons learned should flow logically from conclusions. Recommendations should be specific, directed to relevant stakeholders and categorised as a short-term, medium-term and long-term. The report should be no more than **a maximum of 30 pages** excluding annexes (including Terms of Reference and Inception Report). The evaluator shall adhere to the Sida OECD/DAC Glossary of Key Terms in Evaluation³².

The evaluator shall, upon approval of the final report, insert the report into the Sida Decentralised Evaluation Report for decentralised evaluations and submit it to Nordic Morning (in pdf-format) for publication and release in the Sida publication data base. The order is placed by sending the approved report to sida@nordicmorning.com, always with a copy to the Sida Programme Officer as well as Sida's Chief Evaluator's Team (evaluation@sida.se). Write "Sida decentralised evaluations" in the email subject field and include the name of the consulting company as well as the full evaluation title in the email. For invoicing purposes, the evaluator needs to include the invoice reference "ZZ ZZ980601," type of allocation "sa-kanslag" and type of order "digital publicering/publikationsdatabas."

9. Resources and Budget

The total maximum budget, including fees and costs, of the evaluation shall not exceed **400.000 SEK**.

The contact person at Sida is Eva-Charlotte Roos, Senior Programme Manager, the Unit for Social Global Development, INTEM. The contact person should be consulted if any problems arise during the evaluation process.

Relevant Sida documentation will be provided by Eva-Charlotte Roos.

³² Glossary of Key Terms in Evaluation and Results Based Management, Sida in cooperation with OECD/DAC, 2014

Contact details to intended users will be provided by the Guttmacher Institute, Allyson Velez, Director of Institutional Giving.

The evaluator will be required to arrange the logistics, for example booking interviews, preparing visits etc, including any necessary security arrangements.

10. Requirements

The evaluation shall be carried out by a team of **2-4 consultants**. Consultants with profound regional experience (“local consultants”) is highly recommended be included when relevant. One team member shall have the role as the Team Leader (Core Consultant - Level 1) with the overall responsibility for the evaluation. At least one team member should be Level 2 Consultant.

In addition to the requirements formulated in the Framework Agreement, the following qualifications are required in the team:

- All team members; must have full proficiency in **English**, at least level 2 according to Sida Language Level Definition

It is important that the competencies of the individual team members are complementary.

The evaluators must be independent from the evaluation object and of the evaluated activities, have no stake in the outcome of the evaluation and provide a high level of integrity. If a risk of conflict may arise, the tender must clearly describe how a risk of conflict will be handled in this assignment.

ANNEX 2: CONSULTED STAKEHOLDERS

Guttmacher Institute (7)

Jonathan Wittenberg, MPH, Vice President for Development & Co-Interim CEO
 Allyson Ryan Velez, MPP, Director of Institutional Giving, Focal point for the evaluation.
 Anne Biddlecom, Director of International Research. Ann oversees our portfolio of global research, including the Adding It Up body of work
 Alanna Galati, Senior Global Policy Manager. key member of the Guttmacher-Lancet Commission project team.
 Sarah Keogh, Senior Research Scientist. Lead researcher on CSE study
 Elizabeth Sully, Senior Research Scientist, Lead researcher on the Zimbabwe Abortion study
 Colette Rose, Senior International Communications Manager. Colette oversees our international communications work.

Partner organisation to GI (9)

Estelle M Sidze Research Scientist, APHRC, Kenya
 Winston Muga Research Assistant, APHRC, Kenya
 Danielle Doughman, Health policy and advocacy specialist, APHRC, Kenya
 Prof. Kofi Awusabo Asare, PI, University of Cape Coast, Ghana
 Dr. David Doku, Researcher, University of Cape Coast, Ghana
 Prof Kumi-Kyeremeh, Researcher, University of Cape Coast, Ghana
 Ana Silvia Monzon, Facultad Latinoamericana de Ciencias Sociales, Guatemala,
 Angelica Motta, Universidad Peruana Cayetano Heredia, Centro de Investigacion Interdisciplinaria en Sexualidad, Sida y Sociedad (CISSS), Peru
 Carlos Cáceres UPCH CISSS, Peru

External Stakeholders Kenya (22)

Gordon Ochieng, Program Manager; Youth; Family Health Options Kenya
 Abert Obbuyi, Executive Director; Centre for Study of Adolescents, Kenya
 Kigen Korir, Program Officer; Adolescent Youth and Sexual Reproductive Health Officer; UNFPA, Kenya
 Austin Odamba, School Health Coordinator; Mombasa, Kenya
 Judith Khayechia Widava, Head of Department; Guidance and Counselling; Mombasa, Kenya
 16 School Secondary School Children FGD Mtopanga Secondary School, Kenya; IN high school Form 2&3 FGD; Names not recorded
 Ziporah Mugwanga Monitoring and Evaluation Director; Marie Stopes Kenya

External stakeholders Ghana (37)

Charles Tsegah, Former Director, Ghana Education Service
 Dr. Leticia Appiah, Executive Director, National Population Council
 Aaron Adarkwah, Project Officer – School Health Program – Ghana Education Service
 Nana Esi Nkoom, Director, School Health Education Programme, Ghana
 Dr. Patrick Aboagye, Director, Family Health Division – Ghana Health Service - GHS
 Ama Serwaa Neequaye-Tetteh, Executive Secretary, UNESCO Ghana Commission,

Rejoice A. Acorlor, Tutor, Accra girls Senior High School, Ghana
 Issah Abubakari, Tutor, Accra girls Senior High School, Ghana
 Alexandra Tetteh, Tutor, Accra girls Senior High School, Ghana
 Robert Danso, Tutor, Accra girls Senior High School, Ghana
 Eleven (11) female students (age 14 to 19), Accra girls Senior High School, Ghana, FGD;
 Names not recorded
 Rosemary Ardayfio, Journalist, Ghana
 Linda Agyei, Journalist, Ghana
 Daniel Agbenoto, Curious Minds – A youth led NGO, Ghana
 Alberta Benewaa Fosu, Curious Minds – A youth led NGO, Ghana
 Lilly Mensah, Curious Minds – A youth led NGO, Ghana
 Dominic Kulariba, Curious Minds – A youth led NGO, Ghana
 Esi Asare, Curious Minds – A youth led NGO, Ghana
 Edmund Agbeve, Curious Minds – A youth led NGO, Ghana
 Samuel Obeng, Planned Parenthood Association of Ghana
 Claudia A.K. Lawson, Young Action Movement (YAM)– Planned Parenthood Association of Ghana (PPAG)
 Cyril Alexis Otabil, YAM
 Patience Emtsie, YAM
 Delali Anboi Tebleh, YAM
 Janet Ahiagba, YAM
 Prince Ntiamoah, YAM
 Akharigaya Afobmare, YAM

Zimbabwe (2)

Dr M G Madziyire Consultant and Lecturer; University of Zimbabwe
 Sarah Clark, researcher and independent consultant conducting an assignment for Amplified change on SRHR in Zimbabwe

Other external stakeholders (7+)

An Huybrecht, IPPF Brussels/Countdown 2030
 Sam Ntelamo, IPPF – Liaison Office – AU, Addis Ababa
 Joanna Heratm, UNESCO
 Katrin Erlingsen, DSW (IPPF MA), Germany
 Sara Östlund, RFSU (IPPF MA), Sweden
 Lewis Emmerton CHOICE, Netherlands
 Talapessy Lily, SRHR Expert; Netherlands Ministry of Foreign Affairs
 Lana Dakan, the David and Lucile Packard Foundation
 Dat Doung, UNFPA – Hanoi Vietnam

Sida (6)

Pia Engstrand, Lead Specialist on Health, Sida
 Sarah Thomsen, Senior Policy Advisor on Health, Africa Department, Sida
 Mikaela Hildebrand, Regional Advisor and Senior Programme Manager on Health (based in Zambia)

Angelica Broman, First Secretary, Senior Programme Manager on Health (based in Zimbabwe)

Eva-Charlotta Roos, current programme officer of the Guttmacher grant, Global Programmes' Unit, Sida

Gorka Faglide, previous programme officer of the Guttmacher grant, Global Programmes' Unit, Sida

ANNEX 3 CONSULTED DOCUMENTS

Programme related documents

- Evidence to Inform Action: Generating and Disseminating Research on Abortion and Adolescent Sexual Health in the Global South, Program proposal, Guttmacher Institute, May 2014
- Sida Appraisal, Int Org and Policy Support / Global Social Development (6108) 30(30), Contribution ID: 61050130
- Case Number: 14/001306, Date: 20150623
- Protokoll, Enhetskommitté Stöd till Guttmacher Institute, 2015-03-06
- Beslut om insats Guttmacher
- Interim report 2015 submitted June 2016, narrative report
- Annual meeting: Sida and Guttmacher Institute, November 11, 2016
- Interim report 2016 submitted June 2017, narrative report and LFA
- Minutes from annual review meeting between Sida and the Guttmacher Institute, October 11, 2017
- Concept Note, The Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights, A request to the Swedish International Development Cooperation Agency (Sida) for supplementary funding
- Kompletterande beslut, Guttmacher SEHR 2015-2018, 2017-0-04
- Interim report 2017, submitted July 2018, narrative report and LFA
- Meeting minutes Annual Review of Sida contribution to the Guttmacher Institute, October 11, 2018
- 3 Brief Reports from Fieldwork: Greater Accra, Northern Region, Brong Ahafo, no date
- Selected Greater Accra Region Schools, no date

Other constulted documents not published by Guttmacher Institute

- Proposed Guidelines fro Comprehensive Sexual and Reproductive Health Education in Ghana, Final Draft, no date
- APHRC – Guttmacher study, Comprehensive Sexuality Education, media hits, no date
- Terms of Reference – COMMUNITY-BASED REPRESENTATIVES (CHAMPIONS) CSE Project, APHRC, no date
- Terms of Reference for a Curriculum Developer, Marie Stopes Kenya, no date
- Parent/Guardian Sumit, Photograph and Video Release Form, APHRC, no date
- Minor travel release form, APHRC, no date
- Youth forum invitation, APHRC, no date

Products produced, published and disseminated by the programme³³

News Releases

- “First Study on the Incidence of Abortion Among Ethiopian Adolescents Released.” Guttmacher Institute, 14 Mar. 2018, www.guttmacher.org/news-release/2018/first-study-incidence-abortion-among-ethiopian-adolescents-released.
- “Guttmacher-Lancet Commission Proposes a Bold, New Agenda for Sexual and Reproductive Health and Rights.” Guttmacher Institute, 9 May 2018, www.guttmacher.org/news-release/2018/guttmacher-lancet-commission-proposes-bold-new-agenda-sexual-and-reproductive.
- “Unintended Pregnancy among Adolescents in Ethiopia, 2014.” Guttmacher Institute, 14 Mar. 2018, www.guttmacher.org/infographic/2018/unintended-pregnancy-among-adolescents-ethiopia-2014.
- “Complications from Unsafe Abortion Common in Kinshasa.” Guttmacher Institute, 27 Sept. 2018, www.guttmacher.org/news-release/2018/complications-unsafe-abortion-common-kinshasa.

³³ Only some of thes documents have been consulted, mainly web based material (news text on the studies, the fact sheets and other collateral material. The articles and studies have at this point mainly been noted as products.

- “First Study on the Incidence of Abortion Among Ugandan Adolescents Released.” Guttmacher Institute, 11 Sept. 2018, www.guttmacher.org/news-release/2018/first-study-incidence-abortion-among-ugandan-adolescents-released.
- “Worldwide, an Estimated 25 Million Unsafe Abortions Occur Each Year.” Guttmacher Institute, 6 Oct. 2017, www.guttmacher.org/news-release/2017/worldwide-estimated-25-million-unsafe-abortion-occur-each-year.
- Guttmacher Lancet Commission
- The Lancet. “Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission.” May 2018. <https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights>
- “Accelerate Progress: Sexual and Reproductive Health and Rights for All - Executive Summary.” Guttmacher Institute, 31 Oct. 2018, www.guttmacher.org/guttmacher-lancet-commission/accelerate-progress-executive-summary
- Published Infographics & Fact Sheets
- “Accelerate Progress Infographics.” Guttmacher Institute, 8 May 2018, www.guttmacher.org/guttmacher-lancet-commission/accelerate-progress-infographics.
- Adding it Up
- Darroch JE et al., Adding it Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents, New York: Guttmacher Institute, 2016. Guttmacher Institute, 2016, <https://www.guttmacher.org/report/adding-it-meeting-contraceptive-needs-....>
- Darroch JE et al., Research Gaps in Adolescent Sexual and Reproductive Health, New York: Guttmacher Institute, 2016, <https://www.guttmacher.org/report/research-gaps-in-sexual-and-reproductive-health>.

Published Infographics & Fact Sheets

- “Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017.” Guttmacher Institute, 23 Oct. 2018, www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017.
- “Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017.” Guttmacher Institute, 23 Oct. 2018, www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017
- ADDING IT UP: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents in Developing Regions - Guttmacher Institute. www.guttmacher.org/sites/default/files/factsheet/aiu-adolescents.pdf.
- HACIENDO CUENTAS: Costos y beneficios de satisfacer las necesidades de anticoncepción de las adolescentes en las regiones en desarrollo - Guttmacher Institute. <https://www.guttmacher.org/sites/default/files/factsheet/aiu-adolescents-sp.pdf>
- ADDING IT UP: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents In Sub-Saharan Africa – Guttmacher Institute. <https://www.guttmacher.org/sites/default/files/fact-sheet/aiu-adolescents-africa.pdf>
- VUE D’ENSEMBLE: Coûts et avantages de la réponse aux besoins de contraception des adolescents en Afrique subsaharienne – Guttmacher Institute. <https://www.guttmacher.org/sites/default/files/factsheet/aiu-adolescents-africa-fr.pdf>
- ADDING IT UP: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents In Asia – Guttmacher Institute. <https://www.guttmacher.org/sites/default/files/factsheet/aiu-adolescents-asia.pdf>
- ADDING IT UP: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents In Latin America and the Caribbean – Guttmacher Institute. <https://www.guttmacher.org/sites/default/files/factsheet/aiu-adolescents-lac.pdf>
- HACIENDO CUENTAS: Costos y beneficios de satisfacer las necesidades de anticoncepción de las adolescentes en América Latina y el Caribe – Guttmacher Institute. <https://www.guttmacher.org/sites/default/files/factsheet/aiu-adolescents-lac-sp.pdf>
- In Developing Regions Infographic – Guttmacher Institute. https://www.guttmacher.org/sites/default/files/infographic_attachment/452_aiu_october_2018.pdf
- In Sub-Saharan Africa Infographic - Guttmacher Institute. https://www.guttmacher.org/sites/default/files/infographic_attachment/452_aiu_october_2018_2.pdf
- In Asia (Excluding Eastern Asia) Infographic – Guttmacher Institute. https://www.guttmacher.org/sites/default/files/infographic_attachment/452_aiu_october_2018_4.pdf

- In Latin America & the Caribbean Infographic – Guttmacher Institute. https://www.guttmacher.org/sites/default/files/infographic_attachment/452_aiu_october_2018_3.pdf
- In Developing Regions Infographic – Guttmacher Institute. https://www.guttmacher.org/sites/default/files/infographic_attachment/452_aiu_october_2018.pdf
- “Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents - Supporting Resources.” Guttmacher Institute, 1 May 2016, www.guttmacher.org/report/adding-it-meeting-contraceptive-needs-of-adolescents/resources.

Four-country study of the state of sex education

- “De La Normativa a La Práctica: La Política De Educación Sexual y Su Implementación En El Perú.” Guttmacher Institute, 10 July 2018, www.guttmacher.org/es/report/politica-de-educacion-sexual-peru.
- Christine Panchaud, Sarah C. Keogh, Melissa Stillman, Kofi Awusabo-Asare, Angélica Motta, Estelle Sidze & Ana Silvia Monzón (2018) Towards comprehensive sexuality education: a comparative analysis of the policy environment surrounding school-based sexuality education in Ghana, Peru, Kenya and Guatemala, Sex Education, DOI: 10.1080/14681811.2018.1533460
- Keogh SC, Stillman M, Awusabo-Asare K, Sidze E, Monzón AS, Motta A, et al. (2018) Challenges to implementing national comprehensive sexuality education curricula in low- and middle-income countries: Case studies of Ghana, Kenya, Peru and Guatemala. PLoS ONE 13(7): e0200513. <https://doi.org/10.1371/journal.pone.0200513>
- Boyer, Jesseca. “A Time to Lead: A Roadmap for Progress on Sexual and Reproductive Health and Rights Worldwide.” Guttmacher Institute, 30 Oct. 2018, <https://www.guttmacher.org/gpr/2018/09/time-lead-roadmap-progress-sexual-and-reproductive-health-and-rights-worldwide>.
- “From Paper to Practice: Sexuality Education Policies and Their Implementation in Kenya.” Guttmacher Institute, 30 May 2017, www.guttmacher.org/report/sexuality-education-kenya.
- “From Paper to Practice: Sexuality Education Policies and Their Implementation in Ghana.” Guttmacher Institute, 30 May 2017, www.guttmacher.org/report/sexuality-education-ghana.
- “De La Normativa a La Práctica: La Política De Educación Sexual y Su Implementación En El Perú.” Guttmacher Institute, May 2017 www.guttmacher.org/es/report/politica-de-educacion-sexual-peru.
- “De La Normativa a La Práctica: La Política y El Currículo De Educación En Sexualidad y Su Implementación En Guatemala.” Guttmacher Institute, May 2017, www.guttmacher.org/es/report/politica-de-educacion-sexual-guatemala.

Abortion among adolescents in Ethiopia & Uganda

- “Playing It Safe: Legal and Clandestine Abortions among Adolescents in Ethiopia.” Guttmacher Institute, 14 Mar. 2018, <https://www.guttmacher.org/article/2018/03/playing-it-safe-legal-and-clandestine-abortions-among-adolescents-ethiopia>.
- Estimating abortion incidence among adolescents and differences in postabortion care by age: a cross-sectional study of postabortion care patients in Uganda. Sully, Elizabeth A et al. Contraception, Volume 98, Issue 6, 510 – 516.
- Published Infographics & Fact Sheets
- “Induced Abortion and Postabortion Care Among Adolescents in Ethiopia.” Guttmacher Institute, 30 Aug. 2018, www.guttmacher.org/fact-sheet/adolescent-abortion-ethiopia

Incidence, causes and consequences of unsafe abortion in Kinshasa, Democratic Republic of the Congo (DRC)

- Bankole, Akinrinola, et al. “The Severity and Management of Complications Among Postabortion Patients Treated in Kinshasa Health Facilities.” International Perspectives on Sexual and Reproductive Health, vol. 44, no. 1, 2018, pp. 1–9. Guttmacher Institute, <https://www.guttmacher.org/journals/ipsrh/2018/08/severity-and-management-complications-among-postabortion-patients-treated>.
- “Clandestine Abortion Is Common in Kinshasa, and Procedures Are Often Unsafe.” Guttmacher Institute, 7 Nov. 2017, www.guttmacher.org/news-release/2017/ clandestine-abortion-common-kinshasa-and-procedures-are-often-unsafe.

- “L'avortement Clandestin Est Courant à Kinshasa Et Les Procédures Sont Souvent Pratiquées Dans Des Conditions Dangereuses.” Guttmacher Institute, 7 Nov. 2017, www.guttmacher.org/fr/news-release/2017/lavortement-clandestin-est-courant-kinshasa-et-les-procedures-sont-souvent.
- “The Incidence of Induced Abortion in Kinshasa, Democratic Republic of Congo, 2016.” Guttmacher Institute, 7 Nov. 2017, www.guttmacher.org/article/2017/10/incidence-induced-abortion-kinshasa-democratic-republic-congo-2016.
- Published Infographics & Fact Sheets
- “Unintended Pregnancy in Kinshasa, 2016.” Guttmacher Institute, 7 Nov. 2017, www.guttmacher.org/infographic/2017/unintended-pregnancy-kinshasa-2016.
- “Grossesses Non Planifiées à Kinshasa, 2016.” Guttmacher Institute, 7 Nov. 2017, www.guttmacher.org/fr/infographic/2017/grossesses-non-planifiees-kinshasa-2016.

Incidence of abortion and unintended pregnancy in Zimbabwe

- Madziyire MG, Polis CB, Riley T, et al Severity and management of postabortion complications among women in Zimbabwe, 2016: a cross-sectional study BMJ Open 2018;8:e019658. doi: 10.1136/bmjopen-2017-019658
- The development of a set of recommended SRHR indicators for the SDGs in consultation with technical and policy experts
- “Sexual and Reproductive Health and Rights Indicators for the SDGs: Recommendations for inclusion in the Sustainable Development Goals and the post-2015 development process.” Guttmacher Institute, 2015.
- Galati, Alanna. “Onward to 2030: Sexual and Reproductive Health and Rights in the Context of the Sustainable Development Goals.” Guttmacher Institute, 11 Oct. 2015, www.guttmacher.org/gpr/2015/10/onward-2030-sexual-and-reproductive-health-and-rights-context-sustainable-development.
- Singh S, Maddow-Zimet I. Facility-based treatment for medical complications resulting from unsafe pregnancy termination in the developing world, 2012: a review of evidence from 26 countries. BJOG 2016;123:1489–1498.
- Published Op-eds by Guttmacher Staff and Partners
- A Lancet Commission on sexual and reproductive health and rights: going beyond the Sustainable Development Goals, Starrs, Ann. The Lancet, Volume 386, Issue 9999, 1111 – 1112.

Other

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ANNEX 4: EVALUATION MATRIX

Questions raised in ToRs	Indicators to be used in Evaluation	Methods	Sources	Availability and Reliability of Data /comments
Relevance				
Were the program objectives and designs relevant given the political and policy context on SRHR?	Statements on the relevance on GI's work by stakeholders Media and donor responses Requests of TA from governments, donors and CSOs GI participation in high level panels, conferences, etc Evidence of application of HRBA Evidence of intersectional approach to gender equality and other power relations.	Desk review Key informant interviews global, regional and national SRHR organisations, research institutes, partner organisations and relevant ministries	Annual reports Key informants	Assessed against the global, regional and national (were re-search project have been implemented) SRHR contexts The selection of key SRH actors and donors supporting Gutmacher is based on representativeness regarding their roles and geographical scope. However, the scope of the evaluation only allows a smaller sample of external stakeholder consultations.
Were the intervention logic objectives and the applied approach able to respond and adapt to national and/or regional/global resistance and mobilisation against ASRHR and CSE, safe and legal abortion and other relevant SRHR issues?	Success of applied strategies Incidence of alliance building and new partnerships Evidence of strategies to counteract co-optation of HRBA and SRHR language and gender concepts	Desk review Analysis of the Theory of Change		
What is the added value of GI's "products" compared to studies from other more local institutes?	Statements describing and comparing the added value	Interviews with external stakeholders and partners (in Kenya, Ghana and Zimbabwe)	Key informants	Evaluability dependent on the existence of such other products and the stakeholders' knowledge of the same
Effectiveness				
Have the program's objectives and outcomes in relation to the use of evidence in the global south as stated in the logical framework, been achieved?	Completed studies and publication of, partners material Account of use of GI studies in policy development and implementation Citation of GI reports, recommendations, definitions, et. in policy positions Evidence of research data/recommendation in programme design/TOR for fund, Parliamentary bills, etc.	Desk review Interviews with GI and external stakeholders	Annual reports Key informants Other documentation provided by GI	Expected outcomes within the timeframe of the programme, and within the sphere of control and influence by Gutmacher can be assessed. The questions on effectiveness, need to be broken down thematically and be context specific (see interview guides) The global initiatives are well represented in the scope. For the in-country studies, the scope allows two field missions for the same study. other studies will only be assessed through distant interviews. This is a limitation in the representativeness that was decided by the stipulations in the TOR.
What were the main challenges in regard to disseminating/communicating ASRHR/CSE and what actions were taken by Gutmacher and partners to meet these	Account of identified challenges and applied strategies to meet these challenges Assessment of responses to MCP, anti-gender discourses, etc.	Context analysis Desk review	Annual reports Key informants	Assessed against the agreed analysis of the current context/s

challenges? What were the main challenges in regard to safe abortion and what actions were taken by Gutmacher and partners to meet these challenges?		Interviews with GI, partners, SRHR community, and other external stakeholders		
What internal factors have influenced the ability of Gutmacher, to meet the projected objectives?	Account of identified enablers	Assessment of relevant measures		
Did the program reach the expected categories of stakeholders? Are the stakeholders satisfied with the quality of the re-search findings and with the recommendations and messages? If not, in what way did the information not meet the expectations of stakeholders and why?	Account of involved stakeholders - during the research and - launch and dissemination - special follow-up events and activities Account of and statements from r-holders on their involvement Stakeholder statements on satisfaction degree/utility of the research and the disseminated data Evidence of use of GI data	Desk review Focus group discussions Key stakeholder interviews	Mainly interviews	
What have been the contribution of the programme in national change processes—on policies, programs, healthcare provision, media coverage and creating a space for public conversations? In what areas did the programme not meet the expectations and how could this be addressed in the future?	Reported record of references to the Gutmacher research through media coverage, in policy formulation, proposals of bills, laws and legislation processes, and/or in civil society awareness and advocacy campaigns Account of requests for technical advice and similar Outcomes from key events that can be related back to GI research and collateral material		Annual reports Gutmacher record of media coverage; data on policy positions, proposal of legislative bills, legislation processes, and similar.	The question will be discussed based on the sphere of control and influence and the ToC of the programme. Contribution in coordination with other key SRHR actors will be explored.
Has the program produced evidence on how research has been used to improve SRHR policies and programs and strengthen advocacy?	Reported record of references to the Gutmacher research (as above)	Desk review Key stakeholder interviews		
How could the effectiveness of the program have been improved?	Aspects of Results-based management Actions based on dialogue with Sida on results a Fitness-for-purpose of support modality	Interviews with GI staff		
Partnership				
How effectively has the program built new partnerships, or used existing ones, to achieve the objectives and goal?	Statements from different stakeholders, donors included, if GI has managed to partner with the most relevant institutions/organisations? Evidence of GI has been able to integrate different perspectives and experiences from the partners. Accountability, transparency aspects in the partnership	Desk review Assessment of partnership relation through in-depth interviews with partners and GI	Mainly interviews	The team will meet with the in-country partners in Kenya and Ghana. To allow a broader representativeness a survey will be sent to all partnering research institutions/organisation with focus on capacity development and the partnership with GI.

To what extent has Guttmacher drawn upon partners? To what extent has the project contributed to building the capacity of in-country partners?	Evidence that the GI support has been apt to the capacity gaps of partners	Desk review Consultations with partners in Kenya, Ghana (field visits) and online in Zimbabwe	Mainly interviews	There are no baselines or formal capacity development assessments to assess the efforts to strengthen or build capacities against.
Sustainability				
Are the program's effects likely to remain over time? Is it likely that the program's outputs and products continue to be used once the program ends? Did the Guttmacher's activities help to increase the probability of sustainability?	Partnership approach (e.g. building capacities of institutions and organisations and not only individual researchers/practitioners) Evidence of alliance building around communication and advocacy for the studies and their recommendations Evidence of alliance building with new actors Strategies to reach out to the anti-rights advocates with data, etc.	Different stakeholder interviews	Context analysis	Questions on sustainability will be discussed with external stakeholders and direct partners and be analysed against the current trends and political context in the relevant countries, regions and at global level. Given the
What is the perception of the partners' and the stakeholders' on GI's mandate and when it ends at country level?	Statements on the mandate	Stakeholder interviews	Interviews in Kenya and Ghana (and online w partners in Zimbabwe)	
Lessons learned				
How did the programme develop over time? Sub-questions: How have lessons learned from different contexts informed strategies and approaches in other contexts? How were relations with stakeholders/partners/allies developed, and were the findings from the research based on and adopted to different realities of groups facing forms of discrimination/marginalisation? Did the programme manage to develop research in a participatory and inclusive manner with feedback to rights-holders and other actors contributing to the evidence for the research?	What did and did not work well for this program or the program team? What unintended effects did the program team handle during the program? Given the current political and policy environment, what are the next steps needed to help achieve the objectives and goals set out for this program?	Desk review Partner interviews GI staff interviews	Reports	

ANNEX 5: REPORTED RESULTS (OUTPUTS AND OUTCOMES) AND HARVESTED NON-REPORTED RESULTS

Annual report 2015 submitted 2016, submitted June 2017; Annual report 2016 submitted June 2017, Annual report 2017, submitted July 2018. Data collected from Web page (November 21-30, 2018). Not yet reported results but identified by Guttmacher are based on interviews December 4, 2018 and submission of written response

Project	Overall Process and role division	Reported results and desk review (web page)	Not yet reported but identified results by GI
SDG	Guttmacher led a working group of technical and advocacy experts to develop and work toward consensus around a set of SRHR indicators under the SDGs	In 2015: Guttmacher recommended SRHR indicators for the SDGs that gained broad uptake In 2016: The Institute continued to disseminate the outcome document that emerged from the working group's consultations and data gathering—a list of 18 indicators for SRHR Formal adoption by the UN of SRHR indicators for the SDGs of which four indicators coincide with Guttmacher's recommendations.	GI continues to receive updates from UNFPA as further refinement of indicator 5.6.2 is trailed throughout the world. Whilst GI no longer provides direct technical assistance for this indicator adjustment period, GI is invited by UNFPA to participate and keep abreast of advancements in the indicator finalization. GI sees this work as building of the indicator development work that was carried out in close collaboration with UNFPA, UN Women and other partners in 2015.
Worldwide abortion incidence estimates ³⁴	Conducted by Guttmacher	In 2015 Disseminated research on abortion that informed policy debates and media coverage in Senegal, Nigeria and Uganda; 2016: Report and collateral material published Various presentations to government stakeholders, UN agencies and international NGOs: EuroNGO Conference, CPD Berlin, Women Deliver CPH, strong media coverage Involvement of Guttmacher experts in major international policy processes, including participation in the U.S. delegation to the UN CPD and Development and the Irish Citizens Assembly Declaration of commitment to filling evidence gaps on abortion in Africa with 20 organizational signatories Guttmacher co-organized with Ipas and the African Population and Health Research Center (APHRC), the Africa Regional Abortion Conference, Addis Ababa, November/ December 2016. collaborated with co-organizers and co-sponsors to draft and release a declaration based on the outcomes of the conference, which has 20 organizational signatories.	

³⁴ Not funded by Sida, but included in the 2016 Annual report. However, the Sida grant supports strategic dissemination of our body of work on the thematic areas of abortion and ASRH and so Sida supported the dissemination of these estimates; the Sida grant also supports advocacy efforts on the thematic areas of abortion and ASRH.

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Advocacy consequences MCP	One of many actors	Provided a strong voice for evidence in the ongoing discourse surrounding the reinstatement of the Global Gag Rule; echoed by international media and the She Decides campaign	Since 2017, Guttmacher's policy team has provided briefings and technical advice and analysis for foreign ministries from Belgium, France, Denmark, the Netherlands, Norway, United Kingdom, delegations from the EU parliament and CSOs based in Europe. GI has liaised with diplomats at embassies in Washington, DC and to the United Nations in New York, answering questions on the expanded Mexico City Policy and the Trump administration's approach to foreign aid.
Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents	Conducted by Guttmacher	2015: Completed the study report. 2016: The She Decides website uses Guttmacher Adding It Up data to make the case for efforts to fill the gap in funding for reproductive health services resulting from the Global Gag Rule. 2016: Released Adding It Up for Adolescents report at Women Deliver and extensively disseminated the findings via stakeholder briefings, traditional media and social media; global and regional fact sheets in multiple languages and a series of infographics (web). Extensive use of social media for outreach. A social media toolkit compiled by members of the International Family Planning Coalition Communicators (IFPCC) group. Update of fact sheets to include a per capita cost of meeting adolescents' contraceptive needs for the developing world and for each of the three regions 2017: in March 2017, we conducted a campaign on International Women's Day using Adding It Up for Adolescents infographics and resources. Along with the UN Population Division and UNFPA, Guttmacher researchers answered questions on SRHR and adolescents based on our Adding It Up publication. Guttmacher staff also presented at the High Level Political Forum for the SDGs in July 2017/co-hosted a side session to the HLPF with ARROW, FHOK, the Population and Sustainable Development Alliance and the DFPA where Guttmacher scientist Dr. Elizabeth Sully presented alongside the Danish Ambassador to the UN on Adding It Up.	AIUA findings cited in: a commentary produced by FP2020's Performance, Monitoring, and Evidence Group around the time of the Family Planning Summit in London relied heavily on the report as it outlines major gaps in understanding adolescent SRH and recommends steps for action. The findings were also cited in a commentary in Reproductive Health penned by representatives from WHO, CIFF, the Bill & Melinda Foundation and other key international agencies that calls for stronger investment in adolescent contraception during what they call a "never-before" moment of opportunity to address this issue in the global advocacy agenda. AIUA findings cited in the World Bank's aide memoire to the GFF consultation on ASRH; subsequently at least 8 GFF country investment cases include a focus on the RH needs of adolescents. AIUA cited in Canada's Feminist International Assistance Policy launched in summer 2017.

Guttmacher-Lancet Commission	The Guttmacher-Lancet Commission on SRHR—a group of experts from around the world tasked with developing a comprehensive and visionary new agenda for global SRHR	2016: Held the first meetings of the Guttmacher-Lancet Commission and The Guttmacher-Lancet Commission website, was launched in May 2016, serves as the main repository for Commission-related content and a platform for collecting comments and ideas from a global audience 2017: convened its second meeting on February 2017 in Nairobi and third meeting in London June 2017 submitted a complete draft of the Commission Report to The Lancet for blind peer review in November 2017. In preparation for the launch of the Commission report, we convened a meeting of the Commission's Advisory Group—which consists of 23 representatives from sexual and reproductive health and rights, global health, and funding organizations—in Berlin to discuss how these organizations could facilitate the dissemination and promotion of the report, as well as the uptake of its recommendations 2018: The report published - signs of uptake of the report recommendations within the policy sphere. UNFPA has begun reviewing the SRH strategy documents of the Southern African Development Community to examine how well they comply with the GLC definition of SRHR and create recommendations for updating these documents. They are also developing country score cards based on the GLC report that can be used to monitor country-level SRHR policies - a high-level meeting at South Africa's Department of Health, staff announced that the country is updating the national contraceptive policy and drafting an "integrated SRHR" policy that fills in gaps on SRHR issues where policies do not already exist. Will include abortion and VAW. Statement that the list of essential services in the GLC report is guiding the draft of the integrated SRHR policy.	Examples of recent uptakes: In its recently released Gender Action Plan report, the European Commission highlights the GLC's integrated definition of SRHR and states that the GLC report "is expected to positively influence the discussion over the tracking of funding and measuring of progress in SRHR." The official report from UNFPA and UNECE on the implementation of the ICPD program of action in the UNECE region cites the Commission report repeatedly, also specifically calling out its definition of SRHR. The city of Gothenburg, Sweden used the Commission report to develop its recently approved SRHR action plan. Key colleague organizations have incorporated various elements of the SRHR agenda into their work, whether by adopting the definition (e.g., IPPF) or infusing the recommendations into their strategies for the coming year and beyond (e.g., PMNCH). DFID used two of the main recommendations from the Guttmacher-Lancet Commission – an integrated definition of SRHR and a comprehensive package of essential SRH interventions—in its call for proposals on SRH. They expected those bidding for the SRHR contract(s) to "adopt and use" the GLC's integrated definition of SRHR. Briefing note and presentation to UN Secretariat and UNFPA to inform the Secretary-General reports for the 2019 Commission on Population and Development—these mark the 25th anniversary of ICPD and relevance for SDGs (http://www.un.org/en/development/desa/population/events/expert-group/28/index.shtml?orgwork) The GLC report findings and recommendation were used as the starting-off point for discussions at this year's annual International Dialogue on Population and Sustainable Development in Berlin, which is co-organized by GIZ, DSW and IPPF. Advocates and donors who work at global, regional and country levels worldwide discussed how the report recommendations will inform and contribute to their work moving forward. The IPPF Director General announced that PPF would use the Commission's SRHR definition for their work moving forward. IPPF put forward a set of recommendations to the GFF at the November 2018 replenishment meeting in Oslo. Included was GFFs adoption of the GLC SRHR definition. https://www.ippf.org/sites/default/files/2018-10/IPPFrecommendations_GFF_November%202018.pdf
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CSE 4 country study	Guttmacher led the overall conceptualization of the study and collaborated closely with each in-country partner on the study design and methodology.	2015: Selection of partners research institutions determining factor for selection was their capacity to do high-quality work, also their other existing roles, their experience with research and the topic of CSE, and their willingness and interest in partnering with us. African Population and Health Research Center (APHRC), Kenya; University of Cape Coast (UCC), Ghana; Universidad Peruana Cayetano Heredia, Peru; and Facultad Latinoamericana de Ciencias Sociales, Guatemala 2016: Research and completed data collection and analysis 2017: Study, articles and other collateral material published Successfully disseminating four reports on sex education in Ghana, Kenya, Guatemala and Peru, leading to immediate uptake and application of the recommendations in all project countries;	The study provided the basis for a new set of guidelines, commissioned by the National Population Council and with support from UNFPA, for sexuality education in Ghana. The guidelines have been endorsed by the Minister of Education and are being incorporated into a revised national syllabus for sexuality education. The Kenya findings were also used to develop a new, expanded curriculum that is currently being piloted in four Kenyan schools. In 2018, Guttmacher published two peer-reviewed articles comparing implementation and policy environment in the 4 countries
Zimbabwe and Kinshasa, DRC	The Guttmacher Zimbabwe project staff worked with in-country research partners at the University of Zimbabwe-University of California San Francisco Collaborative Research Programme to plan and implement the data collection for the study DRC Kinshasa. The Health Facilities Survey (HFS) was fielded in 423 health facilities. Data collection for the Health Professionals Survey (HPS). About 260 hospitals and health centers in Kinshasa participated in the study.	2015: Formalized in-country partnerships. Dr. Tsungai Chipato, a professor at the University was selected as our research partner because of his experience studying abortion and of his position as a key contact for the Zimbabwe Ministry of Health regarding abortion. Guttmacher began working with researchers at the Department of Population Sciences and Development (DSPD) at the University of Kinshasa on study design and planning for the abortion incidence study in 2016 2016: Completed data collection and analysis for our studies of abortion incidence in Zimbabwe and Kinshasa, DRC; 2017: DRC abortion incidence article submitted to <i>PLOS ONE</i> in 2017, published in November 2017. Preliminary findings from forthcoming article (see 2018) presented at the International Population Conference in early November 2017 (Cape Town, South Africa). Zimbabwe: Guttmacher staff worked with our in-country research partners at the University of Zimbabwe College of Health Sciences Clinical Trials Research Centre In September of 2017, we submitted the article on abortion morbidity and quality of postabortion care to <i>BMJ Open</i>, published in 2018. Extensive outreach with partners in Zimbabwe—and gaining buy-in from key policymakers—in advance of the release of two studies on abortion in the country; 2018: Research published Articles, fact sheets and other collateral material	Kinshasa morbidity article published in August 2018. Worked with communications partner to organize an event in Kinshasa on September 28, International Safe Abortion Day to disseminate the findings. The Congolese Minister of Gender, Family and Children opened the event, which also featured presentations on research conducted by Pathfinder and MSF and was attended by more than 400 stakeholders, including local media. The timing of the event coincided with the recent domestication of the Maputo Protocol in DRC, which provided a useful framework for why the research is important to the current DRC policy context. Indaba event from last fall in Zimbabwe that laid the groundwork for the release of the findings in 2018 led to the forming of a national coalition on abortion. Zimbabwe incidence article published in October 2018. In-country release event held. Great thing coming out of the press coverage in Zimbabwe is this quote from the MOH official about the role of our study's evidence now allowing for open discussions of abortion in the country.

Abortion incidence in		DRC -Social media campaign with good outreach and response among other from Save the Children; the International Rescue Committee; the Women's Global Network for Reproductive Rights; DKT International; and AFIA MAMA, a women's health and rights organization in the DRC. A second article on the severity of unsafe abortion complications for publication in <i>International Perspectives in Sexual and Reproductive Health</i>, was accepted in May 2018 Zimbabwe: We submitted the abortion incidence article to <i>PLOS One</i> in January 2018, we are revising the article to address the reviewers' comments and plan to resubmit the article this summer.	"Director of family health in the Health ministry, Bernard Madzima, said previously it was difficult to even brooch the subject, but now with evidence from the study, deliberations would be carried out in earnest. "It is an emotive subject and it was near impossible to discuss in the absence of evidence to back up the issues, like the fact that abortion contributes 20% of the maternal deaths," he said." (https://www.newsday.co.zw/2018/10/nearly-70k-abortion-occurring-annually-study/) Findings will be a central part of PRBs multimedia presentation on abortion they are developing for Zimbabwe and releasing next year.
Adolescent abortion rates in Ethiopia and Uganda	Guttmacher and Ipas-Ethiopia and Makerere University School of Public Health in Uganda	2016: Presented preliminary results from our studies of at major conferences, including the African Regional Abortion Conference in Addis Ababa in December 2016 and at the Population Association of America Annual Meeting in April 2017 Analysis for both studies and drafting journal articles Preliminary analysis for the Uganda paper was completed in March 2016 and results were presented the following month at the Population Association of America Annual Meeting, where our paper won an award for best poster in the session on Fertility, Family Planning, Sexual Behaviour, and Reproductive Health I. 2017: Uganda additional analyses in January 2017 to explore differences between married and unmarried adolescent girls, which were completed in March 2017. Guttmacher and partners wrote two articles on adolescent abortion incidence and unintended pregnancy in Ethiopia and Uganda. The Ethiopia article was submitted to the <i>Journal of Adolescent Health</i> in August 2017. While the article was under review, Dr. Elizabeth Sully from the Guttmacher Institute gave a presentation on preliminary findings at the Population Association of America Annual Conference in Chicago in April 2017. Our partner at Ipas-Ethiopia (now at the African Population and Health Research Center), Yohannes Dibaba, subsequently gave a poster presentation of the study at the International Population Conference in Cape Town in November 2017. A high-level workshop in Addis Ababa to showcase the research findings for local and international civil society organizations, government officials and donors, and held a press conference 2018: The Ethiopia article was published in March 2018. Uganda article was submitted to <i>Contraception</i> in early April 2018. The revised manuscript will be submitted in summer 2018.	The Uganda paper was published in <i>Contraception</i> in September. The dissemination event was held in Kampala on September 11. We had around 200 people present, and our youth partners put together a terrific program. Beth and Justine Bukonya, our partner from Makerere, opened the day with a great presentation and there was a lot of interest from the audience -- robust Q&A, discussions about future dissemination strategies and using the findings to inform relevant policies here. The panel session was also dynamic and involved key colleague orgs (CEHURD, HRAPF, MoH, Dr. Charles Kiggundu, PSI Uganda). A highlight was the performance art! Our partners took the findings and turned them into spoken word and a short skit. There was also a lot of social media traffic using the hashtag they chose for the event: #UnsafeAbortionUg

Overall SRHR advocacy	2017 and early 2018: Collaborating with powerful coalitions and movements such as PMNCH, Countdown 2030 and SheDecides to advance a global agenda of equitable and accessible SRHR for all; Equipping numerous European and North American government officials, donor agencies, and advocates with data that they could use to support greater investment in SRHR; April 2017, participated in “Advancing SRHR within UN processes and global policy” a two-day workshop hosted by IPPF-WHR and RFSU in New York City bringing together different NGO and NYC-based MFA representatives to discuss strategy for CSW, CPD and the Geneva human rights space within the UN. Throughout 2017 worked with German NGO Deutsche Stiftung Weltbevölkerung (DSW) to produce German translation of fact sheets related to studies released by Guttmacher and partners on CSE policy in four countries (Ghana, Kenya, Peru and Guatemala). Guttmacher scientist Dr. Sarah Keogh presented on the CSE findings at a DSW event in June 2017 titled “Sustainable Development—What’s Sex Got to Do With It?” and at International Dialogue on Population and Development—which was attended by German parliamentarians and advocates—in Berlin in November 2017. May 2017, on the global gag rule and U.S. foreign policy at the Share-Net meeting in Amsterdam featuring Dutch MFA and NGOs working on SRHR. In November and December 2017, Guttmacher policy and research staff commenced conversations on analysis of foreign aid budgets and donor tracking with staff from the French MFA as well as the Brussels-based EU Development Cooperation and staff from DSW, IPPF-EN, and Countdown 2030 Europe. Guttmacher staff reviewed a policy statement and a letter to the U.S. State Department articulating Sida’s response to the global gag rule. Offering crucial data on abortion safety and incidence to Irish stakeholders in the lead-up to the successful abortion referendum in Ireland; Generating evidence used in legislative and legal proceedings in South American that supports greater access to abortion services; and Coverage of new evidence in numerous global media outlets.
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Appendix 1: Reported results (outputs and outcomes) and harvested non-reported results

Annual report 2015 submitted 2016, submitted June 2017; Annual report 2016 submitted June 2017, Annual report 2017, submitted July 2018. Data collected from Web page (November 21-30, 2018). Not yet reported results but identified by Gutmacher are based on interviews December 4, 2018 and submission of written response

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Advocacy consequences MCP	One of many actors	Provided a strong voice for evidence in the ongoing discourse surrounding the reinstatement of the Global Gag Rule; echoed by international media and the She Decides campaign	Since 2017, Gutmacher's policy team has provided briefings and technical advice and analysis for foreign ministries from Belgium, France, Denmark, the Netherlands, Norway, United Kingdom, delegations from the EU parliament and CSOs based in Europe. GI has liaised with diplomats at embassies in Washington, DC and to the United Nations in New York, answering questions on the expanded Mexico City Policy and the Trump administration's approach to foreign aid.

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ANNEX 6: INTERVIEW GUIDES

The generic interview guides will be further developed and adapted to different stakeholders and the method for the interviews. Most interviews will be carried out with one or a smaller group of respondents. If feasible, the evaluators will conduct focus group discussion with adolescent rights-holders and local service providers. The generic guides include questionnaires for the following categories of stakeholders:

- Health, Education and Women/Youth Ministries
- National civil society SRHR actors
- Global and regional SRHR actors
- Media actors and not involved research institutions
- Donors
- Partners in Kenya and Ghana
- Gutmacher key staff
- Sida key staff

1. Generic Guide for Interview with Government Ministries (Health, Education, Women and Youth)

Country: Kenya and Ghana

Overall Question as per the ToR/Proposal	Sub-Questions/Probes
Introduction/About the project	• We are evaluating a CSE research project implemented by Gutmacher Institute together with APHRC (Kenya) and The University of Cape Coast, in Ghana between 2015 and 2018, are you aware about this project? • As a Government department/Ministry what is your role in the area of CSE?
Relevance	
<i>Were the program objectives and designs relevant given the political and policy context on SRHR?</i>	• Briefly describe to me the Kenya and Ghana policy, legal, political and socio-cultural context of CSE? Are there policies in place? Are these implemented? (Probe on Policy, political, religious issues around CSE, probe on context before and how the CSE research project was relevant) • Was the CSE research relevant to the Kenyan/Ghana context? (Probe on areas where it was relevant, in addressing policy gaps, in improving programming, in promoting advocacy, addressing resistance to CSE, in creating awareness etc) • What areas should have been strengthened to ensure the research adequately addresses the country CSE context (Probe on gaps around content and processes that limited relevance of the study to context) • Looking forward, are the research findings/CSE project still relevant in the Kenyan context? what are the remaining gaps/priority areas around CSE that still need to be addressed (Probe on usefulness of research in future-partly addresses sustainability)
<i>Were the intervention logic objectives and the applied approach able to respond and adapt to national and/or regional, global/global resistance and mobilisation against ASRHR and CSE, safe and legal abortion and other relevant SRHR issues?</i>	• Still thinking about context, what is the country status on resistance and mobilisation against ASRHR and CSE? • How did the CSE research respond to and adopt to the resistance and opposition to ASRHR and CSE? Were the strategies and approaches utilized effective? • What could have been done better to ensure the research responds to the resistance and opposition against CSE in the country
Effectiveness	

<i>Have the program's objectives and outcomes in relation to the use of evidence in the global south as stated in the logical framework, been achieved?</i>	• As part of this CSE project, APHRC (Kenya) and XXX (Ghana) conducted research on CSE, have accessed the findings of this research?, please describe to me the format in which you accessed the findings of the research (probe on how the research findings were accessed e.g. through conference presentation, through summarised write ups/briefs, some PPT etc) • Are you satisfied with the format in which the findings were presented?, were the findings easily understood by you and other stakeholders?, would you have preferred if the findings were disseminated in another format? (probe preferred formats) • The CSE research was supposed to increase awareness on CSE, influence policy, practice and programming around CSE etc, in your opinion has CSE research had any effect? (Probe: creation of a body of high quality policy relevant CSE research findings, and use of research findings for action) • Have you (your ministry or department) used the findings in any way? • Please describe to me some of the evidence to show that the CSE project has achieved its stated objectives and outcomes as per the logical framework? (Probe for: Increased media coverage, changes in policies, use of the data by CSE players especially government ministries, change in policy or practice etc)
<i>Did the program reach the expected categories of stakeholders? Are the stakeholders satisfied with the quality of the research findings and with the recommendations and messages? If not, in what way did the information not meet the expectations of stakeholders and why?</i>	• In addition to your Ministry/department, which other stakeholders did the CSE project reach? • In your opinion, are there some key stakeholders you feel were missed? in your opinion what should have been done better to ensure all key stakeholders are reached? • Were you satisfied with the quality of the CSE research findings and recommendations? (Probe for reasons for satisfaction and for not being satisfied?) • What do you think should have been done better to increase your satisfaction on the findings and recommendations of the CSE study?
<i>What have been the contribution of the programme in national change processes on policies, programs, healthcare provision, media coverage and creating a space for public conversations? In what areas did the programme not meet the expectations and how could this be addressed in the future?</i>	• Did you /your department utilise the findings of the CSE research in any way? (Probe on how the findings have been used by the government department) • Did the CSE research contribute to national SRHR processes in any way? (Probe contribution around policy on CSE and ASRHR, advocacy, media coverage, creating space for public conversations, probe for evidence on each stated contribution) • In your opinion, in what areas did the research findings make significant contributions? what were the facilitating factors? • In what areas did the CSE research project not meet expectations? • What could have been done better to improve the effectiveness of the CSE research project?
Partnerships	
<i>How effectively has the program built new partnerships, or used existing ones, to achieve the objectives and goal? To what extent has Guttmacher drawn upon partners? To what extent has the project contributed to building the capacity of in-country partners?</i>	• Did GI/APHRC/University of Cape Coast coordinate with your Ministry in the implementation of this CSE research project? If so, how? • In your opinion was the partnership adequate?, what would be your suggestions on how this partnership could have been strengthened? • In your opinion did the project partner with all the relevant players? (Probe for key players who were missed and why their involvement would have made a difference) • How were the various partners involved in the implementation of the CSE program? (probe for involvement throughout the cycle of CSE research project: identification, design, implementation, launch, advocacy etc) • Did the CSE project work with existing networks or partnerships? (Probe for work with existing partnerships and how the project worked with them) • How were the CSE partnerships and networks coordinated to ensure achievement of the project objectives (Probe whether there any coordination structures used or established eg TWGs etc)

	What worked well in terms of partnerships for CSE research, what did not work well? what are your suggestions on how partnerships for CSE could have been done better to ensure achievement of the goals and objectives of the project? A.
Sustainability	
<i>Are the program's effects likely to remain over time? Is it likely that the program's outputs and products continue to be used once the program ends? Did the Guttmacher's activities help to increase the probability of sustainability?</i>	- Involvement of the government departments is critical in ensuring sustainability, how were you involved in the design and implementation of the study? (Probe on the involvement of the government ministry/department in identifying the need for the research, in implementing the study and communicating the findings) - In your opinion is there ownership of the research findings within your Ministry?, what about among other players?, how do you think could have been done differently to increase ownership - What approaches were used in the implementation of the research findings within your Ministry - Will the research findings be useful/used/ beyond the program period? - What strategies were implemented to ensure the research CSE activities are continued beyond the project period (Probe on approaches to increase sustainability) - In your opinion will be the CSE research findings be utilised beyond the project period?, (Probe for factors facilitating factors that will ensure utilisation of the findings beyond the project period) - What are your suggestions on what could have been done better to increase sustainability of the CSE project?
Applying rights based approaches and gender equality implementing CSE research	
<i>How did the CSE project apply rights based approaches and gender equality in implementing the CSE research</i>	- Please describe to me what approaches the project used to ensure human rights approach (HRBA) and gender equality in the implementation of the CSE research (Probe on considerations for: vulnerable girls such as those exposed to SGBV, adolescent mothers, LGBTI, young persons living with disabilities, adolescents living with HIV etc) - How did GI/APHRC ensure involvement of vulnerable groups in CSE research project? what strategies were used to ensure their involvement - What do you think could have been better to ensure application of rights based approaches and gender equality in the CSE research?
Lessons learned	
<i>What did and did not work well for this program or the program team? What unintended effects did the program team handle during the program?</i>	- Thinking about the entire CSE research, what would you say worked well? what were the facilitating factors (Probe from identification of the research problem, study design, implementation, communicating the findings, use of evidence to inform action etc) - And what would you say did not work well? what were the constraining factors? - What would have been done better to improve the process? - Did the CSE program have any unintended effects/outcomes? how did the program respond to those unintended effects?
<i>Given the current political and policy environment, what are the next steps needed to help achieve the objectives and goals set out for this program?</i>	Given the current political, policy, religious /socio-cultural environment, what are the next steps needed to ensure use of the CSE research findings for action, to influence policy, ASRH programming and ensure access to reproductive health services? (Link this question to the effectiveness questions)
Conclusions and general recommendations	
<i>Concluding remarks and general recommendations for CSE</i>	- Having been the key partner in this CSE research project, what would be your concluding remarks on the impact of the intervention? - What would be your recommendations and proposed next steps for future work on evidence for action in the area of CSE in Kenya and Ghana

Country: Kenya and Ghana

Overall Question as per the ToR/Proposal	Sub-Questions/Probes
Introduction/About the project	- We are evaluating a CSE research project implemented by Gutmacher Institute together with APHRC (Kenya) and xxx in Ghana between 2015 and 2018, are you aware about this project? - Briefly describe to me how knew or have been involved in this GI/APHRC CSE research project - As a civil society organisation, please describe to me your role (and that of other civil society organisations) in SRHR and especially in promoting CSE in the Country?
Relevance	
<i>Were the program objectives and designs relevant given the political and policy context on SRHR?</i>	- Briefly describe to me the Kenya and Ghana policy, legal, political and socio-cultural context of CSE? Are there policies, legal instruments and guidelines in place?, are these implemented? (Probe on Policy, legal, political, religious issues around CSE, probe on context before and how the CSE research project was relevant) - Was the CSE research relevant to the Kenyan and Ghana context? (Probe on areas where it was relevant, in addressing policy gaps, in improving programming, in promoting advocacy, addressing resistance to CSE, in creating awareness etc) - What areas should have been strengthened to ensure the research adequately addresses the country CSE context (Probe on gaps around content and processes that limited relevance of the study to context) - Looking forward, are the research findings/CSE project still relevant in the Kenya and Ghana context? what are the remaining gaps/priority areas around CSE that still need to be addressed (Probe on remaining gaps and barriers to CSE that need to be addressed)
<i>Were the intervention logic objectives and the applied approach able to respond and adapt to national and/or regional, global/global resistance and mobilisation against ASRHR and CSE, safe and legal abortion and other relevant SRHR issues?</i>	- Still thinking about context, what is the country status on resistance and mobilisation against ASRHR and CSE? (Probe on anti-ASRH, CSE movement in the country, barriers etc) - How did the CSE research respond to and adopt to the resistance and opposition to ASRH and CSE? Were the strategies and approaches utilized effective? - What could have been done better to ensure the research responds to the resistance and opposition against CSE in the country? - What is the added value of GI's "products" compared to studies from other more local institutes? - How do you find the way GI package its information/findings?
Effectiveness	
<i>Have the program's objectives and outcomes in relation to the use of evidence in the global south as stated in the logical framework, been achieved?</i>	- As part of this CSE project, APHRC (Kenya) and University of Cape Coast (Ghana) conducted research on CSE, have you as a Civil society organisation accessed and used the findings of this research?, please describe to me the format in which your accessed the findings of the research (probe on how the research findings were accessed eg through conference presentation, through summarised write ups/briefs, some PPT etc) - Are you satisfied with the format in which the findings were presented?, were the findings easily understood by you and other civil society organisations?, would you have preferred if the findings were disseminated in another format? (probe preferred formats) - Have you used the findings (and other products) generated from the research in any way?, if yes how have you used those findings? (Probe for use of data, use of the information in policy, advocacy, use in program development etc)

	• The CSE research was supposed to increase awareness on CSE, influence policy, practice and programming around CSE etc, in your opinion has CSE research had any effect? (Probe: use of the research findings by civil society for advocacy, success of the advocacy initiatives, provision of a body of high quality policy relevant CSE research findings, and use of research findings for action) • Do you think there has been any change in CSE advocacy, visibility etc due to the CSE research project? (Probe for: Increased media coverage, changes in policies, use of the data by CSE players especially use of data by civil society organisations for advocacy etc)
<i>Did the program reach the expected categories of stakeholders? Are the stakeholders satisfied with the quality of the research findings and with the recommendations and messages? If not, in what way did the information not meet the expectations of stakeholders and why?</i>	• In addition to civil society organisation, which other civil society organisations did the CSE project reach? • In your opinion, are there some civil society organisation that you feel were missed? (Probe to get the list of other key civil society organisations that were missed and why they are critical) • If you accessed the research findings, were you satisfied with the quality of the CSE research findings and recommendations? (Probe for reasons for satisfaction and for not being satisfied) • What do you think should have been done better to increase satisfaction of the findings and recommendations of the CSE study especially by civil society organisations?
<i>What have been the contribution of the programme in national change processes on policies, programs, healthcare provision, media coverage and creating a space for public conversations? In what areas did the programme not meet the expectations and how could this be addressed in the future?</i>	• Did the CSE research contribute to national SRHR processes in any way? (Probe contribution around policy on CSE and ASRHR, advocacy, media coverage, creating space for public conversations, probe for evidence on each stated contribution) • Has the CSE research findings contributed in any way to your work on SRHR as civil society organisations?, if yes please provide details on what contribution the CSE research has made • In your opinion, in what areas did the research findings make significant contributions? what were the facilitating factors? • In what areas did the CSE research project not meet expectations? • What could have been done better to improve the effectiveness of the CSE research project?
Partnerships	
<i>How effectively has the program built new partnerships, or used existing ones, to achieve the objectives and goal? To what extent has Guttmacher drawn upon partners? To what extent has the project contributed to building the capacity of in-country partners?</i>	• Did GI/APHRC/xx partner with you and other civil society organisations in the implementation of this CSE research project?, please describe to the role of your organisation in this partnership • How was your organisation involved in the implementation of the CSE program? (probe for involvement throughout the cycle of CSE research project: identification, design, implementation, launch, advocacy etc) • In your opinion was the partnership adequate?, what would be your suggestions on how partnership with civil society organisations could have been strengthened? • In your opinion did the project partner with all the relevant players? (Probe for key players who were missed and why their involvement would have made a difference) • What are the existing partnerships and networks on CSE and SRHR?, did the CSE project work with existing networks or partnerships? (Probe for work with existing partnerships and how the project worked with them) • How were the CSE partnerships and networks coordinated to ensure achievement of the project objectives (Probe whether there any coordination structures used or established eg TWGs etc) • What worked well in terms of partnerships with civil society organisation for CSE research, what did not work well? what are your suggestions on how partnerships for CSE could have been done better to ensure achievement of the goals and objectives of the project?

	- One of the objectives of the CSE project was to increase capacity among civil society organisations like yourself on evidence based communication and advocacy, do you think your capacity was strengthened? please describe how the project strengthened your capacity in CSE research and use of evidence for action? - What strategies did GI, APHRC and XX use to strengthen your capacity? what were the specific and targeted capacity strengthening interventions that were used? - What worked well around capacity strengthening for CSE research and use of evidence for action? what were the facilitating factors? - What did not work well? what would be your suggestions on how capacity strengthening of civil society organisations in CSE research and use of evidence for action could be strengthened in future?
Sustainability	
<i>Are the program's effects likely to remain over time? Is it likely that the program's outputs and products continue to be used once the program ends? Did the Guttmacher's activities help to increase the probability of sustainability?</i>	- Involvement of civil society organisations like yourself is critical in ensuring sustainability, how were you involved in the design and implementation of the study? (Probe on the involvement of civil society organisations in identifying the need for the research, in implementing the study and communicating the findings) - What worked well in the involvement of civil society organisations in implementation of the CSE research? - What did not work well? what are your suggestions on how this could have been strengthened? - What strategies were implemented to ensure the research CSE activities are continued beyond the project period (Probe on approaches to increase sustainability) - In your opinion will be the CSE research findings be utilised beyond the project period?, (Probe for facilitating factors that will ensure utilisation of the findings beyond the project period) - What is the perception on GI's mandate and when it ends at country level? - What are your suggestions on what could have been done better to increase sustainability of the CSE project?
Applying rights based approaches and gender equality implementing CSE research	
<i>How did the CSE project apply rights based approaches and gender equality in implementing the CSE research</i>	- What are some of the human rights and gender equality issues that need to be taken into consideration in implementing CSE projects in Kenya and Ghana - Do you think the project used any approaches to ensure protection of human rights and gender equality in the implementation of the CSE research (Probe on considerations for: vulnerable girls such as those exposed to SGBV, adolescent mothers, LGBTI, young persons living with disabilities, adolescents living with HIV etc) - How did GI/APHRC ensure involvement of vulnerable groups in CSE research project? what strategies were used to ensure their involvement - What do you think could have been better to ensure application of human rights based approaches and gender equality in the CSE research?
Lessons learned	
<i>What did and did not work well for this program or the program team? What unintended effects did the program team handle during the program?</i>	- Thinking about the entire CSE research, what would you say worked well? what were the facilitating factors (Probe from identification of the research problem, study design, implementation, communicating the findings, use of evidence to inform action etc) - And what would you say did not work well? what were the constraining factors? - What would have been done better to improve the process? - Did the CSE program have any unintended effects/outcomes? how did the program respond to those unintended effects?

<i>Given the current political and policy environment, what are the next steps needed to help achieve the objectives and goals set out for this program?</i>	Given the current political, policy, religious /socio-cultural environment, what are the next steps needed to ensure use of the CSE research findings for action, to influence policy, ASRH programming and ensure access to reproductive health services? (Link this question to the effectiveness questions)
Conclusions and general recommendations	
Concluding remarks and general recommendations for CSE	- As a civil society organisation involved in SRHR work including CSE, what would be your concluding remarks on the CSE research project? - What would be your recommendations and proposed next steps for future work on evidence for action in the area of CSE in Kenya and Ghana

Global and regional SRHR actors focus global studies and global communication/advocacy

Introduction/overall	- Please describe your relationship with GI - Have you coordinated any activities with GI the last years? - How would you describe the role of GI?
Relevance	
Were the program objectives and designs relevant given the political and policy context on SRHR? Were the intervention logic objectives and the applied approach able to respond and adapt to national and/or regional/global resistance and mobilisation against ASRHR and CSE, safe and legal abortion and other relevant SRHR issues?	- Do you use Guttmacher's work? - How do you use Guttmacher's work? - How has Guttmacher's work helped you achieve set objectives and goals for previous and current years? - Please share your thoughts on the relevance of GI's global research and how it is disseminated. - What is the added value of GI's "products" compared to studies from other more local institutes? - How do you find the way GI package its information/findings?
Effectiveness	
Have the program's objectives and outcomes in relation to the use of evidence in the global south as stated in the logical framework, been achieved? What external and internal factors have influenced the ability of Guttmacher, in-country partners and key stakeholders to meet the projected objectives	- Please share your reflections on the GLC and/or AIUA and how they have impacted the global/regional work on ASRHR and SRHR agendas? - Could you please describe how the strategy used in the by GI has contributed to the observed outcome/s? Please indicate if in your estimation there was any other way this could have been done better? - B. - What in your opinion was the one most significant factor that worked in favour of the project outcomes? - C. - What would you say were the main difficulties during the programme period? How were/or currently being managed by GI? - D. - How would you assess the outreach of the global studies? Were the right stakeholders involved in the research? Are there any that should have been involved? Why do you think so? And in your estimation, what would have been the benefit or success that the involvement of such stakeholders contributed to the outcome?

Did the program reach the expected categories of stakeholders? Are the stakeholders satisfied with the quality of the research findings and with the recommendations and messages? If not, in what way did the information not meet the expectations of stakeholders and why? What concrete changes—on policies, programs, healthcare provision, media coverage and creating a space for public conversations—have taken place as a result of the program Has the program produced evidence on how research has been used to improve SRHR policies and programs and strengthen advocacy? How could the effectiveness of the program been improved?	E. - Are you satisfied with the research findings and recommendations? In your estimation, were they communicated effectively? If not, is there any preferred way you would recommend and why? F. - Did you find any gaps within the research findings in relation to your focus areas? How useful have the recommendations been? Was there any part that did not seem relevant to your context and or any gap that you identified? - Has the media engagement led to improved/favourable policy environment within the sector? If so how? If not, why? - Apart from the outcomes explained earlier, can you indicate any policy change or improvement in the ASRHR, on safe abortion or other SRHR issues that has occurred as a result of the research? - What new policies or laws in support of ASRHR and safe abortion has been produced through the advocacy efforts of partners of this project (give specific names of some partners) - Are you able to identify any challenges that has affected the outcome of the project? - How do you propose to resolve the challenge?
Partnerships	
How effectively has the program built new partnerships, or used existing ones, to achieve the objectives and goal? To what extent has Gutmacher drawn upon partners? To what extent has the project contributed to building the capacity of in-country partners?	<i>If relevant:</i> Do you think the project had the right partners at the various stages? That is research study and implementation? Was there any category of partners that in your opinion were left out? Why do you think they should have been part of the partnership (probe to find out what value addition the partnership would have brought to the project) G.
Sustainability	
Are the program's effects likely to remain over time? Is it likely that the program's outputs and products continue to be used once the program ends? Did the Gutmacher's activities help to increase the probability of sustainability?	- What are the likely activities/outcomes that are likely to remain or improve after the project implementation phase? - What is the perception on GI's mandate and when it ends at country level? H.
Lessons Learned	

What did and did not work well for this program or the program team? What unintended effects did the program team handle during the program? Given the current political and policy environment, what are the next steps needed to help achieve the objectives and goals set out for this program?	• Do you think the sharing of the research and its recommendations made an impact on the political and or policy environments? • If so, what do you think can be done to make more impact? •
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Media actors and not involved research institutions

Relevance	
Were the program objectives and designs relevant given the political and policy context on SRHR? Were the intervention logic objectives and the applied approach able to respond and adapt to national and/or regional/global resistance and mobilisation against ASRHR and CSE, safe and legal abortion and other relevant SRHR issues?	• Can you please tell us what you know about the GI research and if you had any role in this project? • Do you use Guttmacher's work? • How do you use Guttmacher's work? • Depending on what you know of the GI research, do you think it was relevant within the country's political and policy context? Probe more to know how much they know about the ASRHR and CSE sector • Do you think the research and its recommendations was able to respond to the challenges within the ASRHR and CSE sectors? Were the objectives of mobilizing against resistance within the sector achieved • How about the approach applied by the project, was it able to make any gains towards the shift to favourable environment for CSE and legal/safe abortion issues? Such as breaking the barriers, removing the stigma on abortion and changing laws and policies in their favour? • How do you find the way GI package its information/findings?
Effectiveness	
Have the program's objectives and outcomes in relation to the use of evidence in the global south as stated in the logical framework, been achieved? What concrete changes—on policies, programs, healthcare provision, media coverage and creating a space for public conversations—have taken place as a result of the program	• According to what you know if the GI research, what are the objectives of the research? • Have the outcomes of the project been achieved? (Provide a bit of background on what the expected outcomes are) • How would you describe the involvement of the media in the issues of ASRHR and CSE in your country? • Can you speak to improved media reportage or discussions in relation to the issues of ASRHR (raised in the research) in your country? (probe to check on new media as well – WhatsApp, Facebook, Twitter etc) • Has the engagement and involvement of the media in discussions around the GI research led to improved/favourable policy environment within the sector? If so how? If not, why? • Are you aware of any policy change or improvement in the ASRHR and on safe abortion that has occurred as a result of the GI research?

Has the program produced evidence on how research has been used to improve SRHR policies and programs and strengthen advocacy?	• What new policies or laws in support of ASRHR and safe abortion has been produced through the advocacy efforts of partners of this project (give specific names of some partners) • Are you able to identify any challenges that has affected the outcome of the project?
How could the effectiveness of the program been improved?	
Sustainability	
Are the program's effects likely to remain over time? Is it likely that the program's outputs and products continue to be used once the program ends? Did the Guttmacher's activities help to increase the probability of sustainability?	• What are the activities/outcomes that you think are likely to remain or improve after the end of the project? How are these likely to help improve the ASRHR and CSE environment in your country? • Who are the main actors within the ASRHR space? Are they likely to carry out these activities and what capacities will be required to do this • How will your organisation be involved in these activities outlined? Do you feel adequate to carry out these activities?
Lessons Learned	
Given the current political and policy environment, what are the next steps needed to help achieve the objectives and goals set out for this program	• What impact do you think the sharing of the research and its recommendations have made on the political and or policy environments of your country? • What do you think can be done to make more impact?

Donors

Questions will be further adapted to the specific donor and the research areas they support

I.	
Relevance	
Were the program objectives and designs relevant given the political and policy context on SRHR?	• What is your relation to GI? How do you support GI? • Do you use Guttmacher's work? • How do you use Guttmacher's work? • Has Guttmacher's work helped you in your priorities and programmes targeting SRHR? • How do you assess the relevance of the GI research for national and international advocacy? Can you share any examples where GI research has been particularly instrumental to promote SRHR issues? • How do you assess GI ability to communicate the research results? • How do you assess GI roles as a global advocacy actor? • How do you assess GI ability to coordinate with likeminded actors at regional and global levels? • What is the added value of GI's "products" compared to studies from other more local institutes? • Other aspects on GI relevance you want to share?
Effectiveness	
Have the program's objectives and outcomes in relation to the use of evidence in the global south as stated in the logical	• As far as you know about this programme and the different studies included in the programme (2015-2018), would you say that GI has achieved its objectives? • In the projects supported by your agency, how would you fair the effectiveness?

framework, been achieved?	
What concrete changes—on policies, programs, healthcare provision, media coverage and creating a space for public conversations—have taken place as a result of the program	• What policy changes or improvement in the ASRHR and on safe abortion would you say the GI research has contributed to? • Do you know how research has been used by other actors (including you) to improve SRHR policies and programs and strengthen advocacy at national, regional and/or global level?
Sustainability	
Are the program's effects likely to remain over time? Is it likely that the program's outputs and products continue to be used once the program ends? Did the Guttmacher's activities help to increase the probability of sustainability?	• What are your thoughts on the sustainability of the effects of GI research and advocacy? How is the coordination and alliance building supporting the sustainability of outcomes? • What is the perception on GI's mandate and when it ends at country level?
Lessons Learned	
Given the current political and policy environment, what are the next steps needed to help achieve the objectives and goals set out for this program	• What impact do you think the sharing of the research and its recommendations have made on the political and or policy environments in the targeted countries and at regional and/or global levels? • What could be done to make more impact?

Partners in Kenya and Ghana

Overall Question as per the ToR/Proposal	Sub-Questions/Probes
Introduction/About the project	• You implemented the CSE project with GI, as an introduction briefly tell me about this project, including the start and end date, any other partners and components of the project
Relevance	
<i>Were the program objectives and designs relevant given the political and policy context on SRHR?</i>	• Briefly describe to me the Kenyan policy, political and socio-cultural context of CSE? Are there policies in place?, are these implemented? (Probe on Policy, political, religious issues around CSE, probe on context before and how the CSE research project was relevant) • Was the CSE research relevant to the Kenyan context? (Probe on areas where it was relevant, in addressing policy gaps, in improving programming, in promoting advocacy, addressing resistance to CSE, in creating awareness etc) • What areas should have been strengthened to ensure the research adequately addresses the country CSE context (Probe on gaps around content and processes that limited relevance of the study to context) • Looking forward, are the research findings/CSE project still relevant in the Kenyan context? what are the remaining gaps/priority areas around CSE that still need to be addressed (Probe on usefulness of research in future-partly addresses sustainability) • What is the added value of GI's "products" compared to studies from other more local institutes?

Were the intervention logic objectives and the applied approach able to respond and adapt to national and/or regional, global/global resistance and mobilisation against ASRHR and CSE, safe and legal abortion and other relevant SRHR issues?	• Still thinking about context, what is the country status on resistance and mobilisation against ASRHR and CSE? • How did the CSE research respond to and adopt to the resistance and opposition to ASRHR and CSE? Were the strategies and approaches utilized effective? • What could have been done better to ensure the research responds to the resistance and opposition against CSE in the country? • How do you find the way GI package its information/findings?
Effectiveness	
Have the program's objectives and outcomes in relation to the use of evidence in the global south as stated in the logical framework, been achieved?	• How has the CSE project achieved the stated objectives as per the logical framework? (Probe: creation of a body of high quality policy relevant CSE research findings, and use of research findings for action) • Please describe to me some of the evidence to show that the CSE project has achieved its stated objectives and outcomes as per the logical framework? (Probe for: Increased media coverage, changes in policies, use of the data by CSE players especially government ministries, change in policy or practice etc) • Please describe to me in detail the activities that were implemented as part of the CSE project (Probe for the design, implementation of the research, analysis, dissemination, communication, advocacy, use of the findings to inform policy, etc)
What were the main challenges in regard to promoting ASRHR/CSE and what actions were taken by Guttmacher and partners to meet these challenges?	• What were the main challenges in implementing the CSE research? (Probe the challenges through the whole process identification of research agenda, design, implementation, communication, advocacy, use of the research to influence policy, any opposition/resistance etc) • How did the program address those challenges?
Did the program reach the expected categories of stakeholders? Are the stakeholders satisfied with the quality of the research findings and with the recommendations and messages? If not, in what way did the information not meet the expectations of stakeholders and why?	• Who were the expected categories of stakeholders of the CSE study? (Probe on Ministry of education, MoH, CSO and religious groups, media) • Did the CSE study reach all the main stakeholders • What approaches were used to reach the stakeholders? (Probe process on the launch and dissemination of the research findings) • Are there some key stakeholders you feel were missed? in your opinion what should have been done better to ensure all key stakeholders are reached? • Were the stakeholders satisfied with the quality of the CSE research findings and recommendations? (Probe evidence for stakeholder's satisfaction, and why they were not satisfied) • What do you think should have been done better to increase stakeholder satisfaction on the findings and recommendations of the CSE study
What have been the contribution of the programme in national change processes on policies, programs, healthcare provision, media coverage and creating a space for public conversations? In what areas did the programme not meet the expectations and how could this be addressed in the future?	• Please describe to me how the CSE research findings were utilized by the various players? • Please describe to me the contribution of the CSE research project on national SRHR processes (Probe contribution policy around CSE and ASRHR, advocacy, media coverage, creating space for public conversations, probe for evidence on each stated contribution) • In your opinion, in what areas did the research findings make significant contributions? what were the facilitating factors? • In what areas did the CSE research project not meet expectations? • What could have been done better to improve the effectiveness of the CSE research project?
Partnerships	
How effectively has the program built new partnerships, or used existing	• Who were the key partners involved in this CSE research project? please describe to me the role (and type of partnership) of each of the partners mentioned (Probe for government ministries, other CSE players like UNFPA, IPPF, donors)

<i>ones, to achieve the objectives and goal? To what extent has Gutmacher drawn upon partners? To what extent has the project contributed to building the capacity of in-country partners?</i>	• In your opinion did the project partner with all the relevant players? (Probe for key players who were missed and why their involvement would have made a difference) • How were the various partners involved in the implementation of the CSE program? (probe for involvement throughout the cycle of CSE research project: identification, design, implementation, launch, advocacy etc) • Did the CSE project work with existing networks or partnerships? (Probe for work with existing partnerships and how the project worked with them) • How were the CSE partnerships and networks coordinated to ensure achievement of the project objectives (Probe whether there any coordination structures used or established eg TWGs etc) • What worked well in terms of partnerships for CSE research, what did not work well? what are your suggestions on how partnerships for CSE could have been done better to ensure achievement of the goals and objectives of the project? • One of the objectives of the CSE project was to increase capacity among the country partners like yourself to conduct policy relevant research and evidence based communication and advocacy, do you think your capacity was strengthened? please describe how the project strengthened your capacity in CSE research and use of evidence for action? • What strategies did GI use to strengthen your capacity? what were the specific and targeted capacity strengthening interventions that were used? • What worked well around capacity strengthening for CSE research and use of evidence for action? what were the facilitating factors? • What did not work well? what would be your suggestions on how capacity strengthening for CSE research and use of evidence for action could be strengthened in future? • Did you work with any partners in this CSE research? what did you do to strengthen capacity of the partners you worked with? was capacity for CSE research and use of evidence for action enhanced among the partners you worked with?
Sustainability	
<i>Are the program's effects likely to remain over time? Is it likely that the program's outputs and products continue to be used once the program ends? Did the Gutmacher's activities help to increase the probability of sustainability?</i>	• Involvement of local partners and players is critical in ensuring sustainability, how were you involved in the design and implementation of the study? (Probe on the involvement of the partner in identifying the need for the research, in implementing the study and communicating the findings) • Who were the other players involved in the CSE research, describe how each of the partners were involved at the different stages of the research (Probe on involvement of the MoH, Ministry of Education, CSO, religious institutions) • What worked well in the involvement of other players including yourself? • What did not work well? what are your suggestions on how this could have been strengthened? • In your opinion is there ownership of the research findings among the different players (MoH, Ministry of education, other players) • What approaches were used in the implementation of the research to ensure ownership among different players • Will the research findings be useful/used/ beyond the program period? • What strategies were implemented to ensure the research CSE activities are continued beyond the project period (Probe on approaches to increase sustainability) • What are your suggestions on what could have been done better to increase sustainability of the CSE project? • What is the perception on GI's mandate and when it ends at country level?
Applying rights based approaches and gender equality implementing CSE research	
<i>How did the CSE project apply rights based approaches and gender equality in implementing the CSE research</i>	• Please describe to me what approaches the project used to ensure human rights approach (HRBA) and gender equality in the implementation of the CSE research (Probe on considerations for: vulnerable girls such as those exposed to SGBV, adolescent mothers, LGBTI, young persons living with disabilities, adolescents living with HIV etc) • How did GI/APHRC ensure involvement of vulnerable groups in CSE research project? what strategies were used to ensure their involvement

	What do you think could have been better to ensure application of rights based approaches and gender equality in the CSE research?
Lessons learned	
What did and did not work well for this program or the program team? What unintended effects did the program team handle during the program? ¹¹ _{SEP}	- Thinking about the entire CSE research, what would you say worked well? what were the facilitating factors (Probe from identification of the research problem, study design, implementation, communicating the findings, use of evidence to inform action etc) - And what would you say did not work well? what were the constraining factors? - What would have been done better to improve the process? - Did the CSE program have any unintended effects/outcomes? how did the program respond to those unintended effects?
Given the current political and policy environment, what are the next steps needed to help achieve the objectives and goals set out for this program? ¹¹ _{SEP}	Given the current political, policy, religious /socio-cultural environment, what are the next steps needed to ensure use of the CSE research findings for action, to influence policy, ASRH programming and ensure access to reproductive health services? (Link this question to the effectiveness questions)
Conclusions and general recommendations	
Concluding remarks and general recommendations for CSE	- Having been the key partner in this CSE research project, what would be your concluding remarks on the impact of the intervention? - What would be your recommendations and proposed next steps for future work on evidence for action in the area of CSE in Kenya

Ghana, as above but with the specific questions

Relevance	
Were the program objectives and designs relevant given the political and policy context on SRHR?	- Are there any policy frameworks on ASRHR and CSE in Ghana/Kenya? How would you describe these policies? Adequate, friendly, hostile to the issue of SRHR and their ability to support your work in the sector? - Would you describe the objectives of the research as relevant to the country context? Please explain your answer - Would you describe the findings of the research as relevant to your work within the countries in which you work? If so, how relevant were they and if not why? - Are there any areas within the ASRHR sector that were not included in the research and which you feel should have been included? - Why do you think area is needed?
Were the intervention logic objectives and the applied approach able to respond and adapt to national and/or regional/global resistance and mobilisation against ASRHR and CSE, safe and legal abortion and other relevant SRHR issues?	

Guttmacher key staff

- Not reported results 2018 have already been discussed and are included in the inception report.
- Additional interviews will focus on
 - Partnership relations and capacity development
 - Guttmacher Lancet Commission
 - Adding it up for Adolescents
 - Abortion studies (to be selected which)
 - Alliances and donor dialogue with focus on communication and advocacy

Sida key staff

Focus on Guttmachers' role and relevance of the programme and the different studies. Where applicable, eg. GLC and Zimbabwe abortion incident study.

	• What is your relation to GI? • How do you assess the relevance of the GI research for national and international advocacy? Can you share any examples where GI research has been particularly instrumental to promote SRHR issues? • Given the current SRHR environment, how do you see that GI addresses the challenges posed by the anti-rights actors? • How do you assess GI ability to communicate the research results? • How do you assess GI roles as a global advocacy actor? • How do you assess GI ability to coordinate with likeminded actors at regional and global levels? • What is the added value of GI's "products" compared to studies from other more local institutes? • How do you find the way GI package its information/findings? • Other aspects on GI relevance you want to share
	• In relation to the projects/studies you have been involved in/have been able to follow, how do you assess the effectiveness of the research and how it has been disseminated and advocated for? • If you have been able to follow in-country studies, how do you assess GI capacity to address national challenges to ASTHT/abortion rights (research, dissemination and advocacy)? • What have been the contribution of the programme in national change processes—on policies, programs, healthcare provision, media coverage and creating a space for public conversations? In what areas did the programme not meet the expectations and how could this be addressed in the future? • Has the program produced evidence on how research has been used to improve SRHR policies and programs and strengthen advocacy? • How do you see the role of other SRHR actors in making GI objectives and outcomes effective?
	• As far as you know, how effectively has the program built new partnerships, or used existing ones, to achieve the objectives and goal? • As far as you know, to what extent has Guttmacher drawn upon partners? To what extent has the project contributed to building the capacity of in-country partners?
	• Are the program's effects likely to remain over time? • How to address sustainability issues considering the current SRHR trends? Do you see that GI is doing that? • What is the perception of the partners' and the stakeholders' on GI's mandate and when it ends at country level?
	• What do you know about GI's relations with stakeholders/partners/allies and how they have developed? • How do your fair GI approaches from a rights-based approach and gender perspective? What could they do more? • 'Did the programme manage to develop research in a participatory and inclusive manner with feedback to rights-holders and other actors contributing to the evidence for the research?

ANNEX 6 : INCEPTION REPORT

The Inception Report is attached as a separate annex, and available upon request.



Evaluation of the Guttmacher Institute programme on the use of SRHR evidence to inform action (2015–2018)

The report of “Evidence to Inform Action: Generating and Disseminating Research on Abortion and Adolescent Sexual Health in the Global South”, 2015–2018, implemented by the Guttmacher Institute, assesses relevance, effectiveness and sustainability from a rights-based approach. Guttmacher was found to be a relevant research institution, with good communication skills, producing useful high-quality materials SRHR advocacy. Important outcomes at country and global level were verified. However, the results framework had weaknesses, and the explicit gender perspective missed a deliberate intersectional approach. The main challenge to sustainability was the low funding of the post research period and that the dissemination periods were too short.

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