

Evaluation of the UNFPA capacity in humanitarian action (2012-2019)

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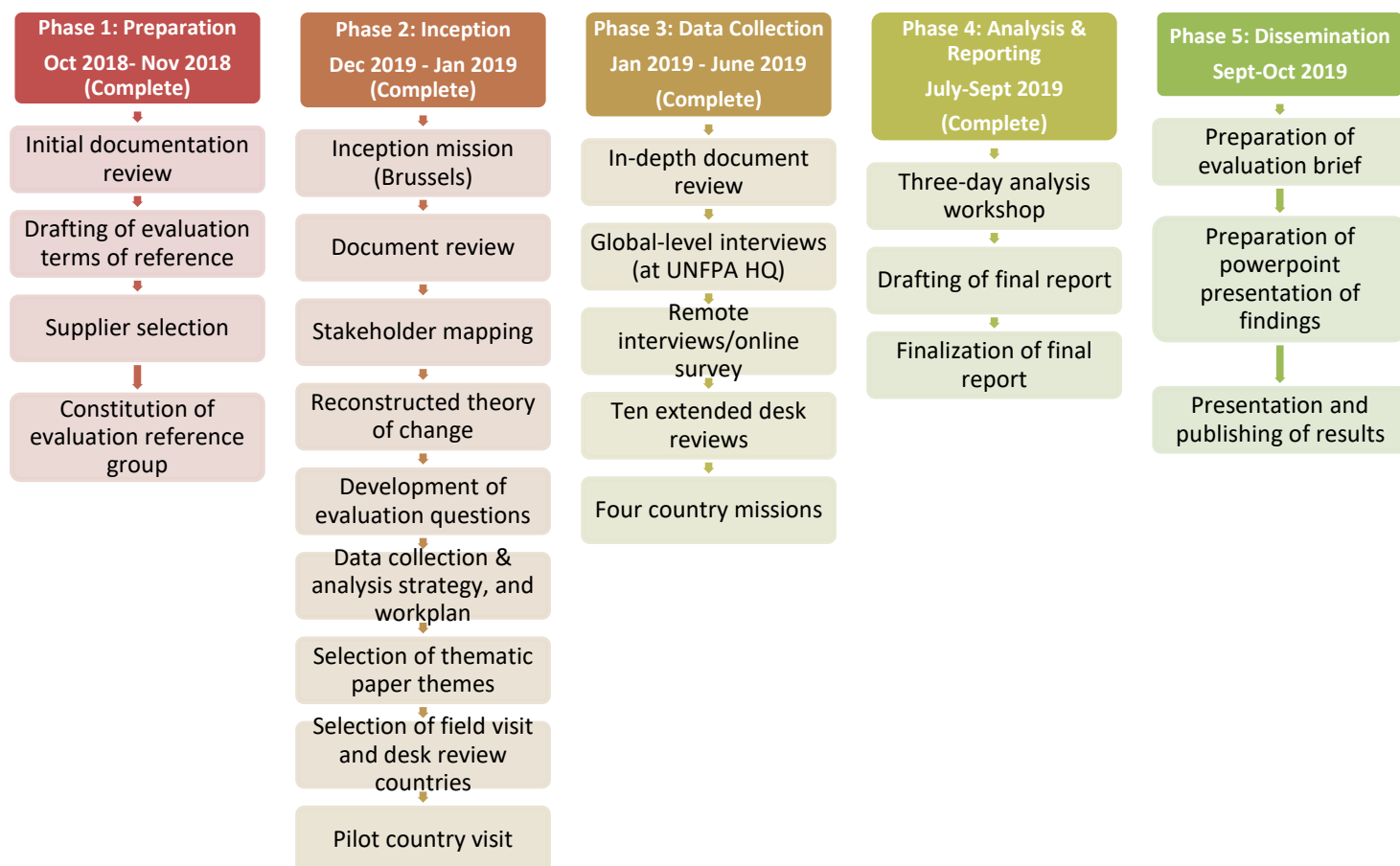
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Annex I: Methodology and Approach

Overview of the Evaluation Process

The evaluation, per the overall terms of reference guiding the work, consisted of five phases as shown in **Figure 1** below:

Figure 1: Evaluation process



1. Preparation phase (October– December 2018)

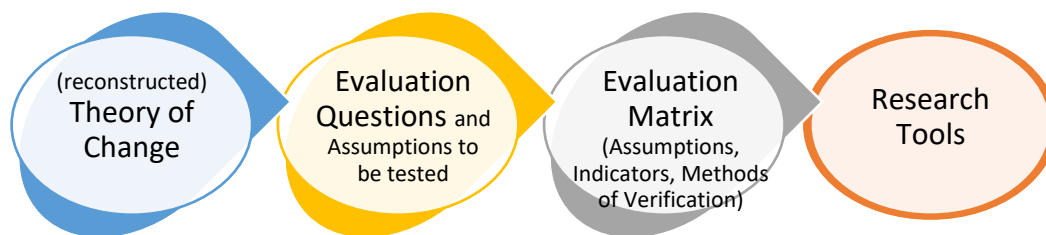
The preparatory phase was internal to UNFPA and included the drafting of the terms of reference, the establishment of an evaluation reference group (ERG), procurement processes and contract signature with the commissioned consulting supplier.

2. Inception phase (December 2018 – February 2019)

The inception phase covered the initial review of documentation, consultations with UNFPA stakeholders (and particularly members of the ERG and the UNFPA evaluation manager, development of a reconstructed theory of change (ToC) that governs UNFPA humanitarian programming (see below), the overarching analytical framework for the evaluation, evaluation questions and evaluation matrix, and the draft research tools. The evaluation inception process started with a round-table meeting of the evaluation manager and the evaluation team at the UNFPA office in Brussels, Belgium in late October 2018 (chosen for logistical reasons) with the virtual participation of the members of the ERG. At this meeting, the evaluation team presented the planned outline for the inception process, initiated the research country and thematic paper topic selection process, and discussed the necessary next steps for the evaluation.

As part of the initial scoping and inception process of the evaluation, the evaluation research team, with iterative consultation from members of the ERG, constructed a ToC for UNFPA humanitarian programming globally. While UNFPA has not applied an overall ToC to its previous or current humanitarian programming, the evaluation team and ERG reconstructed intervention logic for UNFPA humanitarian response work in general, linked to key strategic and programmatic outputs and outcomes of UNFPA and humanitarian actors globally. From this, the evaluation team derived the **evaluation questions** which set out the key areas of research and assumptions which were tested by the evaluators. Each of these questions has associated **assumptions** which were tested by the evaluators via **indicators** for which primary and secondary data was collected and analysed via the **research tools**. A diagrammatic representation of the analytical process is presented below:

Figure 2: Evaluation design and analytical process



The final evaluation questions and assumptions are shown in the evaluation matrix which includes all coded evidence and data gathered (see Annex V).

During the inception phase, the evaluation team also undertook an initial stakeholder mapping and analysis and developed the final workplan for the assignment. The evaluation team designed and piloted the evaluation tools and validated the evaluation matrix (comprising the evaluation questions and assumptions for validation by the evaluation research) and the draft ToC via a pilot mission (and first country visit) to Haiti.

The pilot mission was initially planned for December 2018 but timing/availability constraints in the UNFPA Haiti Country Office necessitated postponement until January 2019. To prepare for the pilot mission by the full evaluation team, the UNFPA evaluation manager undertook a short pre-pilot scoping mission to Haiti in December 2018. On the basis of the findings of the pilot mission, the research team revised the evaluation matrix, research tools and draft ToC and finalized the inception report.

Selection of countries for research was on the basis of eight key considerations, as follows:

- Region of intervention (ASRO, AAPRO, ESARO, EECARO, LACRO, WCARO)
- Significance of commitment of UNFPA support (financial, human, technical)
- Level of Crisis (L1/L2/L3)
- Nature of Crisis (Conflict/Natural Disaster)
- Duration (Sudden onset vs protracted crisis)
- Affected populations (IDPs/refugees/non-displaced & host communities)
- UNFPA coordination/leadership role (GBV sub-cluster / RH working group / youth working group/technical team)
- Logistical feasibility of field mission (travel time, security – for field visit countries only).

The intention of the evaluation team was to leverage the expertise of the ERG to ensure a representative spread of participating countries from all of UNFPA geographical regions (notably with representation of all regional divisions), and a mixture of variable levels of response by UNFPA, so as not to over-represent specific modalities or sizes of humanitarian responses.

The final countries selected by the ERG for the evaluation¹ were:

Table 1 List of countries selected for the evaluation

Country Visits	Extended Desk Reviews	
DRC	Bangladesh	Somalia
Haiti (pilot mission)	Chad	South Sudan
Indonesia	Colombia	Turkey
Ukraine	Nigeria	Uganda
Republic of Sudan ²	Philippines	Yemen

In practice, one of the five countries, the Republic of Sudan, originally chosen as a field visit country, was subjected to significant civil and political unrest from March/April 2019, the time when the evaluation research team was due to travel for data collection. The ongoing security challenges meant that the field visit to Sudan was ultimately cancelled. There was no clear alternative for field research that would not have impacted on the evaluation timeline or on the representativeness of the countries. Therefore, the ERG approved reduction of the number of field visit countries to four, and the conversion of Sudan to an extended desk review.

In addition to the 15 countries, the ERG voted on themes for two thematic papers (from six candidates):

- **Commodity procurement/supply chain management (selected)**
- **Human resources for humanitarian response/surge capacity (selected)**
- Funding of humanitarian action
- Leadership of the GBV area of responsibility
- Significant contribution to the health cluster/working group, etc.
- Extent to which UNFPA humanitarian interventions support long-term development processes.

3. Data Collection and Field Work phase (January – May 2019)

Phase 3 of the assignment comprised a comprehensive data collection process across the individual countries and UNFPA offices, and the preparation of the detailed country notes and thematic papers. During this phase, the evaluation team conducted:

- 1) **An in-depth document review** of documents collected related to humanitarian capacity and programming at UNFPA, and those global-level and regional-level documents of relevance to the mandate of UNFPA. A review of secondary documentation and data included programme/project and other relevant documents and data and allowed the evaluation team to gain a fuller understanding of humanitarian programming and policies, strategies, coordination and programming that were/are undertaken by UNFPA and key stakeholders as relevant. All relevant documents sourced by UNFPA stakeholders and the evaluation team were reviewed in late 2018 and draft desk reviews/evidence tables prepared for each country. These desk review drafts informed the next phases of the assignment.
- 2) **Extended desk reviews focusing on eleven countries** consisting of evidence tables for each country covered during the desk review. Research on each of the eleven countries included virtual (telephone/Skype) interviews with seven to ten key stakeholders per country – a selection from the relevant UNFPA country programme, implementing partners, government partners and sister United Nations agencies, as available and relevant. Selection of these stakeholders was on the basis of consultation with key management within the relevant UNFPA country office.

¹ See Evaluation Inception Report.

² Changed to desk review country in April 2019, see text.

3) **In-person interviews at UNFPA with key stakeholders.** A list of key informants to be interviewed (either individually or in a group discussion format) at the global and country levels was developed in consultation with UNFPA. This list included key UNFPA staff at headquarters and stakeholders or partner staff at global, regional and country levels, primary stakeholders in each country selected (i.e. staff from other RTAP partners), as well as external stakeholders (government, CSOs/INGOs).

4) **Field work** in four countries (including the pilot visit to Haiti, conducted during Phase 1) to collect data used to prepare the individual country notes. the two thematic papers. In addition, the two thematic papers were developed based on information gathered from the 15 countries, global interviews, and specific targeted interviews in UNFPA global-level offices:

- For the commodities paper, an additional three-day mission to Copenhagen was undertaken by the evaluation team leader in January
- For the human resources paper, an additional roundtable discussion was held in New York with colleagues from the Division of Human Resources (DHR) in May.

Guided by the evaluation matrix throughout data collection, the evaluation team engaged with a broad range of stakeholders, including implementing partner staff, UNFPA staff at headquarters, regional offices, sub-regional office, and country office levels, any regional hubs (depending on the field visit countries), other United Nations agencies active in the SRHR, GBV, and protection space (e.g. OCHA, UNICEF, UNHCR, WHO, etc.) and the IASC cluster leads and coordinators, as well as additional duty bearers (both state and non-state actors), community members and beneficiaries, and service providers in order to produce accurate and relevant findings.

Importantly, the evaluation team emphasized obtaining the views and understanding the experiences of community members, especially women and adolescent girls, to ensure the findings were contextually grounded and the recommendations for future programming relevant. This also allowed the evaluation team to assess if humanitarian programming implemented by UNFPA is/was meeting the needs of the beneficiary population.

Throughout the evaluation, the team sought to ensure that the most appropriate sources of evidence for undertaking the evaluation were used in a technically appropriate manner. The evaluation team maintained an on-going consultation process with the ERG via the UNFPA Evaluation Office throughout the evaluation in order to triangulate information – checking and corroborating findings from multiple sources to ensure that they were consistent and accurate.

Prior to data collection: During the assignment preparation phase, the evaluation team prepared evidence tables in full alignment with the evaluation matrix and reconstructed ToC to ensure all of these elements of the evaluation were fully aligned and consistent. The team undertook iterative rounds of review to ensure complete consistency between the agreed reconstructed ToC, the evaluation matrix (comprising evaluation questions, assumptions, indicators), and the content of the research tools. The evidence tables were based on the research tools themselves to ensure that data could be efficiently coded for storage and analysis with minimal cleaning or revisions.

The evidence tables were prepared in MS Excel formats, as this software is capable of storing and categorising large amounts of numerical or text-based data.

Figure 3: Development of evidence tables



During data collection: Field-based data collection was undertaken via the research tools, which were prepared as a series of template forms in MS Word provided in Annex Ia. The evaluation team, when conducting interviews or discussions, entered stakeholder responses directly into a fresh research template and saved the templates directly to the secured shared cloud-based folders specific to this evaluation.

The evaluation included field visits comprising approximately 5-7 working days to the four selected countries. The first field visit (Haiti) was used as a pilot to test the data collection methodology and tools, collect primary data related to UNFPA Haiti humanitarian programming, and to validate the reconstructed ToC for the evaluation.

The evaluation team members in each country made short presentations of emerging findings to UNFPA country teams on conclusion of the field research (to validate finding and identify errors/gaps). The evaluation team then prepared country notes subsequent to each field visit as a means of documenting and sharing country-specific findings with the evaluation reference group and UNFPA country teams. These reports were used in the final analysis phase.

The evaluation team jointly conducted the field visits in close partnership with UNFPA-assigned focal points in each location (typically the humanitarian programme team members). The in-country focal points assisted in determining sites for observation of programme/project activities or supported infrastructure, meeting with programme/project beneficiaries, identifying key informants and organizing the schedule for the visits. A general outline of the field visit itineraries was:

- Introductory meetings with UNFPA focal points and staff
- Data collection via KIIs, FGDs and site visits and collection of documentation for review
- Debriefing session (prior to the departure of the evaluation team) in each country to corroborate the emerging findings, fill in any information gaps, cross check information gathered and explore the feasibility of the recommendations.

Data collected during the field visits was reviewed, cleaned and coded into the evidence tables in real-time (i.e. during the field visits, as schedules permitted, and immediately after conclusion of the visits) to ensure rapid availability of coded and cleaned data, minimum risk of data loss and early identification of any gaps to be addressed. Access to the database was only permitted by team members and the evaluation manager. The pilot field visit provided a further opportunity to test and refine data collection processes.

Evaluation tools included:

Stakeholder Mapping. The evaluation team conducted an initial stakeholder mapping and analysis, including a beneficiary typology in order to map out the key actors, beneficiaries, partners, donors, implementers and decision makers related to humanitarian action at UNFPA. The mapping was based both on data in the UNFPA *ATLAS* database (data is available from 2014 to the current day) and a broader mapping (particularly at global level) of those with relevant information and perspectives to share. One limitation of the *ATLAS* data was the lack of clear (to the evaluation team) differentiation of stakeholders between humanitarian and longer-term development programming. As such, inputs from the individual UNFPA country offices was solicited to refine the initial mapping exercise. The mapping then informed the team in terms of what stakeholder groups to engage for the evaluation. In addition, secondary data sources (such as HRPs and/or Humanitarian Coordinator reports on the use of CERF funding) were used to both complement *ATLAS* financial data and to supplement it in the years preceding its inception (i.e. 2012-2013).

Secondary research. As discussed above, the evaluation team undertook a detailed review of documents to include UNFPA global-level and regional-level guidelines, policies, strategies,

databases³, standards and training materials; and country level programme/project and other relevant documents and data (including organizational policies, procedures and strategies; project/programme proposals, reports, sit-reps and technical outputs; and monitoring data related to humanitarian interventions and coordination). The secondary research included existing desk reviews and evaluations to ensure the evaluation built on previous work. This secondary research was conducted for each of the 15 selected countries.

UNFPA focal points and other key informants provide most of these documents which were uploaded to an online database (UNFPA Google Drive) created by the Evaluation Office, with additional documents obtained and included by the evaluation team through independent research.

The desk reviews:

- a. Guided initial development of the research tools (high-level strategic/global documentation)
- b. Were used to develop secondary data evidence tables for each of the 15 countries
- c. Formed the basis (with some remote primary data collection) of the extended desk reviews for the eleven non-field visit countries
- d. Provided background to each of the four field visit countries and fed into the development of the country notes subsequent to the field visits
- e. Fed into the development of country notes/case study reports and the final synthesis report.

A **structured online survey** was initially planned for distribution (via the UNFPA headquarters and in-country UNFPA focal points) to select UNFPA staff and other stakeholders. However, challenges in obtaining timely and comprehensive responses to the survey by stakeholders (many of the non-UNFPA stakeholders had limited English language capacity and translation into multiple languages was not a viable option) led the evaluation team to reassess the likely effectiveness of the survey. The evaluators decided that a more efficient use of time was to focus on KII and FGD primary data.

Key informant interviews. The list of potential key informants constructed during the stakeholder mapping process formed the initial sampling frame for KIIs.

The evaluation team shortlisted global-level and regional-level external and internal stakeholders with the input of the evaluation manager and ERG, and those from the five field visit countries on the basis of the level of engagement (i.e. amount of funding and number of years) with individual partners for specific interviews. As part of planning for individual country visits (including the pilot visit), the evaluation research team shared the shortlist with UNFPA country focal points and any additional stakeholders not covered by the *ATLAS* database to ensure that the full breadth of stakeholders was identified and individual research targets were logistically feasible. The interview targets were then finalized prior to field visits in conjunction with the country offices.

Finally, the evaluation team used a *snowball sampling* technique in field locations whereby interviewees are requested to identify further key informants who may present a useful perspective on humanitarian capacity within UNFPA.

³ Specifically the UNFPA online ATLAS financial data tracking tool, to which the evaluation team were provided access to determine resource flows over time and across countries, stakeholders/partners and initiatives.

Key informant interviews were conducted with a **total of 437 people (via 402 interviews): 42 at global level and 395 at country level**. The interviews focused on the specific evaluation questions and assumptions that were of most relevance to the individual, given their position and organization. Most interviews were held with a single respondent, but a few included up to five people. Where key individuals were unavailable for in-person interviews, the project team conducted interviews by Skype. Interview guides for the various stakeholders can be found in Annex 1a.

Global level interviews: The UNFPA evaluation manager and ERG members put forward key informants including both senior management and relevant specialists, as well as references from interviewees, per the snowball sampling technique.

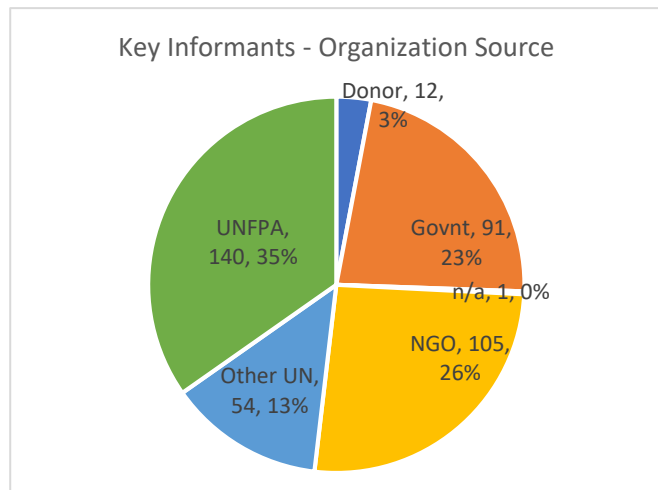


Figure 1 Key informants by type of organization

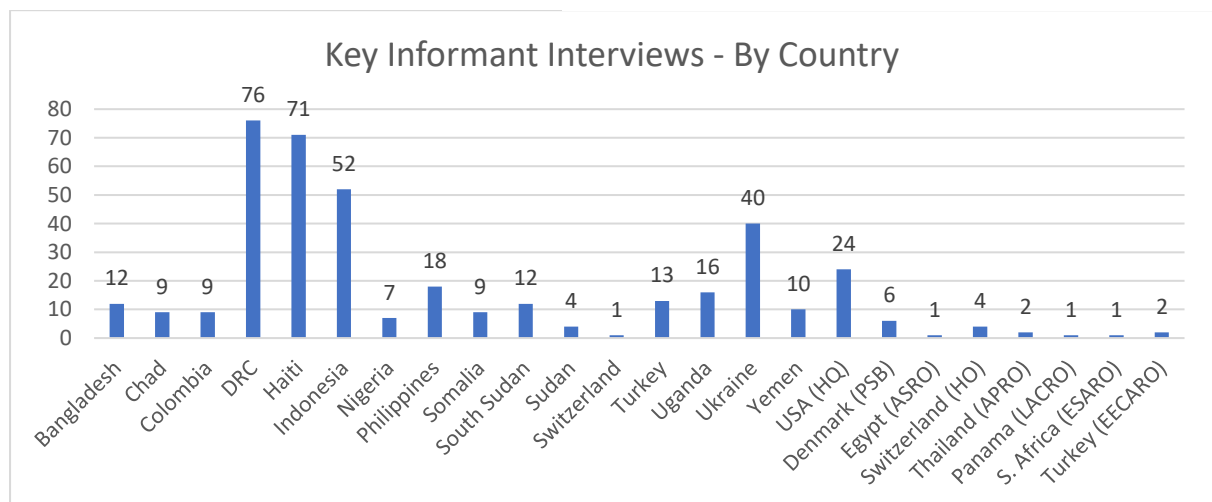


Figure 2 Key informants by country

Country level interviews: Country level respondents were selected in accordance with the specific nature of the humanitarian interventions that took place within each country since 2012 (though with an unavoidable bias towards more recent programming). Specifically, the evaluation team interviewed representatives of donors, humanitarian coordinators, humanitarian country team members, protection lead agency members, cluster lead agency members, government officials and NGO staff – both national and international - as key actors within the humanitarian system with responsibility to engage in responses.

Interview questions were not defined as a ‘formal’ interview process with all questions being asked in order. Rather, interviews were a semi-structured process with the questions providing ‘talking points’ whereby specific themes were introduced and explored at the depth and detail relevant to the quantity/quality of information held by the interviewee. Some topics were not relevant to the interviewee’s expertise, area of authority, or the interviewee did not have information of substance to contribute, whereas other areas were the converse, and required deeper exploration.

Site visits, and **focus group discussions** (FGDs). Similarly, the evaluation team utilized secondary research data (from the desk reviews of individual country documentation), the in-country experience and expertise of ERG members and country focal points to identify a shortlist of sites that served as examples of UNFPA-supported programming (e.g. clinics, women/girls’ safe spaces if relevant, camps,

youth centres). General criteria for selection of these sites included those representative of a long-term continuum of substantial UNFPA support and those relevant to the objectives of this evaluation and the reconstructed ToC.

Evaluation team members facilitated 25 FGDs in the four direct field visit countries. They asked a set of questions with respect to their experience as refugees within the host country, their specific challenges in the areas of health/SRH, GBV and youth and the positive or negative outcomes, if any, of UNFPA-supported activities.

The evaluation team undertook FGDs among a representative cross-section (in terms of ethnic, language and religious group backgrounds) of beneficiaries of UNFPA-implemented (or supported) initiatives. The groups were sex and age-disaggregated groups, thus allowing for sensitive topics to be addressed - individuals are more likely to share their perceptions/opinions in a group setting with others of a similar background/experience.

The general objectives of the FGD methodology within the evaluation were:

- a) To gain an understanding of community needs with respect to SRH and GBV programming, and if responses have been adapted over time addressing changing priorities and needs, against which UNFPA responses can be mapped – aligning with relevance / appropriateness (EQ1 and EQ2)
- b) to gain an understanding of community perspectives of the quality of UNFPA supported services – aligning with effectiveness (EQ10 and EQ11)

The FGDs took place with the following sex and age disaggregated groups, with appropriate translation and facilitation services provided in each context:

- Male Youth: 15-18/19-24 years
- Female Youth: 15-18/19-24 years
- Male Adults: 25+ years
- Female Adults: 25+ years

The FGDs were attended by between eight and 20 people; in a safe space; with a gender-appropriate translator familiar with the research topics and materials; and lasted approximately one hour. The evaluation team recorded responses by detailed note-taking (in English).

Similarly, the evaluation team utilized the in-country experience and expertise of ERG members and country focal points to identify a shortlist of sites that could serve as examples of UNFPA-supported programming (e.g. clinics, camps). General criteria for selection of these sites were:

- Representative of a long-term continuum of substantial UNFPA support
- Relevant to the objectives of this evaluation and the reconstructed ToC
- Logistically feasible (travel time, security).

On selection of the specific sites for visits, the evaluation team reached out to the relevant partners involved to assist in the development of schedules for the site visits and identification of programme stakeholders and beneficiaries to participate in FGDs. Table 2 presents the different site visits per field country and by location type covered by the evaluation team.

Table 2 site visits per field country and by location type

	Camps	Hospitals	Health Centres	WGSS	Youth Centres
DRC	1	2	3	2	1
Haiti	0	3	17	0	1
Indonesia	3	1	3	4	1
Ukraine	0	1	3	1	0

4. Analysis and Reporting (May – September 2019)

This phase, overlapping with the data collection phase (as the evaluation team completed individual country visits) focused on developing evaluation findings, formulating conclusions and recommendations, and drafting/finalizing individual country notes, extended desk reviews, the thematic case study papers, and the final report. Data contributing to the final report was presented and analysed at a three-day findings workshop held at UNFPA headquarters in New York in May 2019. The draft final report was shared with the ERG during August 2019, and the finalized version was presented and discussed with all members of the evaluation team, members of the ERG and other UNFPA stakeholders at a recommendations workshop at UNFPA headquarters on 17-19 September 2019.

The following analytical methods were applied to this evaluation:

Descriptive analysis was used to understand the contexts in which the UNFPA and its partners are operating and to describe their understanding of their roles and responsibilities and programmatic activities.

Content analysis constituted the core of the qualitative analysis. The evaluation team analysed documents, interview transcripts, and observations from the field to identify common trends, themes, and patterns for each of the key evaluation criteria. Content analysis was also used to highlight diverging views and opposite trends. Emerging issues and trends constituted the basis for developing preliminary observations and evaluation findings.

Comparative analysis was used to examine findings across different countries, themes, or other criteria; it was also used to identify best practices, innovative approaches, and lessons learned. This type of analysis was used throughout the process to examine information and data from stakeholder consultations and document review.

The evaluation team undertook **triangulation** of findings across data collection methods (document review, KII, FGD and site visits/observation) where possible to corroborate and increase the quality and credibility of the evaluation findings and conclusions.

Qualitative Data: The evaluation team completed detailed transcripts of each interview, which were subsequently coded in a spreadsheet format to facilitate the allocation of themes across the full datasets. The team then undertook analysis of the qualitative KII data by analysing trends within the coded data and integrated findings and lessons obtained through the other data collection methods discussed below.

Quantitative Data (secondary data only): Data was analysed on a case-by-case basis depending on the source and type. Given the secondary nature of the data, and the unsystematic nature of much (non-financial) of the UNFPA data, limited analyses were possible by the evaluation team. Such analyses provide a potentially useful 'snapshot' of aggregate performance and were interpreted only in accompaniment with the more detailed analysis of primary research data.

Evaluation Matrix/Evidence Tables

All findings from the data collection process were aggregated into an extensive database and coded across all evaluation questions (8) and assumptions (24) to provide a draft evidence table that provided a repository of all of the evidence available to the evaluation team for analysis and drawing findings/conclusions. On conclusion of the data collection phase of the evaluation, the evaluation team undertook a process of data cleaning and focused coding of all evidence within the tables into a more concise evaluation matrix (see Annex V). Analysis of the cleaned, coded and anonymized data with reference to its congruence or divergence from the evaluation questions and assumptions provided the evaluation team with the basis for the evaluation findings as presented in the synthesis report.

The draft final report was submitted to the Evaluation Office and ERG in July/August 2019, with a subsequent draft being presented at overall findings workshop in September 2019. Any further comments on the report and from the findings workshop are incorporated and presented in this final evaluation report. This report is accompanied by an *evaluation brief* that summarizes the key findings.

Quality Assurance

The evaluation team ensured that its work complies with standards set by UNFPA Evaluation Office, specifically the UNFPA *Country Programme Evaluation Handbook*, and the WHO *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*, and with adherence to the principles of independence and impartiality, credibility, and utility,⁴ UNEG, and professional associations, such as ALNAP.⁵

Further, the evaluation team ensured the quality of all deliverables through the following means:

Principle	How the evaluation has put principles into practice
Independence & impartiality	<ul style="list-style-type: none"> A transparent and inclusive evaluation process: The evaluation team visited DRC, Haiti, Indonesia, Ukraine, Denmark (PSB), Geneva (HO) and New York (HQ/DHR) and conducted remote interviews with stakeholders in the eleven other countries, as well as representatives from all regional offices, consulting with 437 stakeholders from UNFPA and other United Nations agencies, governments, partners, NGOs, and donors. The evaluation team also met with 150 community members via FGDs. All responses have been systematically recorded against evaluation questions and coded appropriately. Each interviewee was provided with a background of the evaluation; what the purpose and intended use of the evaluation was to be; how the information provided would be used; and the confidentiality of information provided between the respondent and the evaluation team.
Clarity	During the inception phase the evaluation team clarified the needs and expectations of UNFPA via the ERG and evaluation manager. Data collection tools were developed from the key evaluation questions and the reconstructed ToC, discussed and reviewed to ensure appropriateness, and finally piloted in Haiti.
Communication	The evaluation team met regularly to review progress on the assignment and critiqued draft briefs and reports as required. The evaluation team provided regular status progress briefings to the UNFPA evaluation manager to share information on work completed, next steps, as well as any areas of concern such as difficulties, possible solutions, and important events affecting the evaluation.
Credibility	<ul style="list-style-type: none"> Design and methodological rigour The evaluation inception phase developed an evaluation matrix consisting of eight evaluation questions (covering humanitarian-adapted OECD-DAC evaluation criteria, as best pertains to the evaluation) and 24 associated assumptions. All data received (qualitative and quantitative, and primary and secondary) has been coded against the 24 assumptions. <p>Country level analysis was performed after each country mission (or remote data collection) and provided the basis for findings, conclusions, and recommendations in country notes, extended desk reviews and thematic papers. Consolidated data was analysed by the team at a three-day workshop in New York and potential synthesis findings were then tested against the data reviewing each data point for support to proposed finding, neutrality, or contradictory to proposed finding. Findings were then verified or adapted as necessary.</p>

⁴ UNFPA Internal Document: Concept Note: Dimensions of Evaluation Quality, February 2017.

⁵ See <http://www.alnap.org>

	<ul style="list-style-type: none"> • Integration of human rights and gender equality and ethics <p>The evaluation team has conducted the evaluation in an ethical manner and taking into account WHO <i>Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies</i> and other generalized ethical guidelines. All interviews have been kept confidential within the evaluation team, with respondents being coded with type of organizational affiliation. The evaluation has disaggregated respondents by gender.</p> <p>In terms of community engagement, FGDs were disaggregated by gender and age, with age categories being 15-24 or 25 and above: no children under 15 were interviewed as per <i>Child Protection Minimum Standards</i> guidance. All FGD participants were informed of the purpose of the discussion, the intended use of the data, the confidentiality of the discussion, and that no person had to answer any question they did not want to answer, and everyone was free to leave at any time (see Annex 1b for FGD methodology).</p>
Timing	<p>The timeline for the evaluation allowed sufficient time for review of all draft deliverables and for revisions to these deliverables to make sure that feedback was acted upon.</p>
Utility	<ul style="list-style-type: none"> • Continuous consultation with and participation by key stakeholders. <p>The UNFPA evaluation manager and evaluation office programme associate joined the evaluation team on the pilot mission to Haiti (including all evaluation team members) from which the inception report, including the evaluation matrix of evaluation questions and assumptions, the evaluation methodology, including interview questionnaires and FGD methodology, and the reconstructed ToC were finalized.</p> <p>All country visits culminated in a verification debriefing session where emerging findings were discussed and then validated by country office colleagues. Country offices were then provided with a second option to review reports before wider feedback was received from key stakeholders within the ERG only after which reports were finalized. A similar process was followed for the extended desk reviews and thematic papers (although the ERG was not asked to review the 11 extended desk reviews for efficiency purposes)</p> <p>Final recommendations were developed in a participatory manner between the evaluation team and a range of key internal UNFPA stakeholders.</p>

5. Dissemination and Follow-up (September 2019 – February/March 2020)

Any remaining feedback was incorporated into the final deliverables of the evaluation, and the evaluation brief translated into French and Spanish for formal publication by UNFPA to add to global learning.

Annex 1a: Key Informant Interview Template

Interviewer:	
Interviewee:	
Job Title:	
Date:	
Location:	

Any Background Information:

EQ1: (Relevance / Appropriateness) To what extent does the UNFPA humanitarian programming correspond to the changing needs of affected populations, while remaining aligned internally with the UNFPA mandate and strategic direction?

A1. UNFPA humanitarian response has been based on identified and stated needs of women, adolescents, and youth at community, sub-national, and national level, and continually adapts to changing needs, particularly those left furthest behind in humanitarian contexts.

A2. UNFPA humanitarian programming is aligned with the objectives set out in the Second-Generation Humanitarian Strategy, in the UNFPA Strategic Plan 2014-2017, and where relevant in the UNFPA Strategic Plan 2018-2021.

EQ2: (Relevance/Appropriateness) To what extent does UNFPA humanitarian programming align with humanitarian principles and external direction of humanitarian action as framed by the *Grand Bargain* and the *New Way of Working*?

A3. UNFPA humanitarian response is aligned with humanitarian principles of humanity, impartiality, neutrality and independence.

A4. UNFPA humanitarian programming is aligned with the SDGs and with Grand Bargain commitments and the New Way of Working.

A5. UNFPA humanitarian programming is aligned with external minimum standards such as Sphere, IAFM / MISP, and GBV AoR standards.

EQ3: (Relevance/Appropriateness) To what extent does UNFPA humanitarian programming ensure affected people (particularly women, adolescents, and youth) are active agents in designing, implementing, and monitoring UNFPA and partners' interventions and that there are functioning feedback and complaints mechanisms, including for PSEA?

A6. UNFPA ensures affected people (particularly women, adolescents and youth) provide systematic & participatory feedback for the design, implementation, and monitoring of humanitarian programmes.

A7. UNFPA has effective complaints mechanisms in place, including for PSEA.

EQ4: (Effectiveness) To what extent is UNFPA achieving its objectives in terms of humanitarian action?

A8. UNFPA humanitarian programming demonstrably contributes to populations affected by humanitarian crises (all people, but especially women, adolescents, and youth) accessing and utilising sustainable quality SRHR services and women and girls accessing GBV services in a timely manner.

A9. UNFPA humanitarian programming demonstrably contributes to increased awareness of GBV and harmful practices among populations affected by humanitarian crises and these populations (especially women, adolescents, and youth) act as agents of change within their communities in a timely manner.

A10. UNFPA has successfully promoted SRHR and GBV as critical life-saving interventions across all sectors of humanitarian action.

A11. UNFPA other humanitarian programmes are evidence-based and using up-to-date population dynamics data to inform programming and responses in a timely manner.

A12. UNFPA programming demonstrably builds resilience through prevention and disaster risk reduction programming.

EQ5: (Coverage) To what extent does UNFPA humanitarian programming achieve both geographic and demographic coverage?

A13. UNFPA responses systematically reaches all geographical areas in which women, girls and youth are in need, as well as the geographic areas that are most at risk and vulnerable to humanitarian crises.

A14. UNFPA responses systematically reaches demographic populations of vulnerability and marginalization (i.e. women, girls, and youth with disabilities; those of ethnic, religious, or national minority status; LGBT populations etc.).

EQ6: (Efficiency) To what extent do UNFPA inputs (financial and human resources) and internal systems, processes, policies and procedures support efficient and effective humanitarian response?

A15. UNFPA (at country, regional, and global levels) is able to mobilise appropriate resources in a timely fashion for humanitarian action including from RR / OR / HFT / multi-year, and pooled resources.

A16. UNFPA has provided the appropriate level of staffing at county, regional and global levels (right people in right positions on right contracts with right support) in a timely manner for humanitarian response (including surge support).

A17. UNFPA has the right fast-track procedure systems in place which are understood and appropriately utilized in a timely manner for humanitarian response, specifically FTP, Surge, Commodity Procurement/Supply, Financial & Reporting.

A18. UNFPA maximizes strategic partnerships at country, regional, and global levels to leverage comparative strengths of different agencies/actors and promotes humanitarian principles across partnerships

EQ7: (Coordination) To what extent does the UNFPA formal leadership of the GBV AoR (at international, hub, and country levels) and informal leadership of RH WGs (at hub and country levels) and youth WGs (at hub and country levels) contributed to an improved SRH, GBV, and youth-inclusive response?

A19. UNFPA support to and use of coordination within the GBV AoR at global level and the GBV Sub-Clusters at country levels has resulted in improved effectiveness of GBV programming across humanitarian responses.

A20. UNFPA support to and use of coordination within RH WGs at country levels has resulted in improved effectiveness of SRHR programming across humanitarian responses.

A21. UNFPA support to and use of coordination within youth coordination forums at country level has resulted in improved effectiveness of youth engagement and empowerment programming across humanitarian responses.

EQ8: (Connectedness) To what extent does UNFPA humanitarian programming take account of and align with longer-term needs and root causes of crises and development and peace programming (both by UNFPA and partners and other actors) and work to enhance the capacity of national and local actors (particularly women and youth civil society organizations)?

A22. UNFPA seeks sustainability in humanitarian programming by linking across the humanitarian-development-peace nexus internally.

A23. UNFPA seeks sustainability in humanitarian programming by connecting with external development and peace actors.

A24. UNFPA seeks sustainability in humanitarian programming by seeking to increase funding and capacity support to local and national actors (particularly women and youth civil society organizations) where possible.

Specific Commodities Responses

Specific Human Resources Responses

Annex Ib: Focus Group Discussion Template

UNFPA Humanitarian Capacity Evaluation Focus Group Discussion Methodology

Community Focus Group Discussions (FGDs) should take place in sex and age disaggregated groups:

- Male Adolescents/Youth: 15-24 (collect ages)
- Female Adolescents/Youth: 15-24 (collect ages)⁶
- Male Adults: 25+ (do not collect ages)
- Female Adults: 25+ (do not collect ages)

FGDs should have between 8 and 15 people; in a safe space; *with a gender-appropriate translator who is familiar with the materials before the FGD starts*; and should last for no longer than one hour.

The general purpose of the FGD methodology within the UNFPA Response Evaluation is:

- a) To understand community needs with respect to sexual and reproductive health (SRH) and gender based violence (GBV) programming, and if responses have been adapted over time addressing changing priorities and needs, against which UNFPA responses can be mapped – aligning with relevance / appropriateness – evaluation question 1 (EQ1);
- b) To get a sense of demographic coverage (EQ5)
- c) To gain an understanding of community perspectives of the quality of UNFPA supported services – aligning with effectiveness (EQ4)
- d) To get a sense of AAP and community engagement (EQ3)

Introductions:

- The team should introduce themselves (all facilitators within the group, including the translators) and a summary of what we would like to talk about, and how the data will be used. The following to be included:
 - the FGD is voluntary and nobody will be forced to answer any question they are uncomfortable with (although we encourage everyone to tell us what they would like to tell);
 - everything is confidential – participants are also urged to keep the responses of others confidential;
 - we cannot promise any further services or programming based on responses today (not raising expectations).

Introductions: participants to introduce themselves (for younger cohorts, ask for names and ages; for older cohorts ask just for names).

- Record ages for 15-18 and 19-24-year-old groups but no need to record names for either group.

⁶ 15-24 is UN 'youth definition' and it is important to allow young people the opportunity to speak honestly which normally cannot be done in front of the older generation. It is generally considered appropriate to engage adolescents aged 15 and above: CPIE Minimum Standards and other ethical guidelines strongly dissuade interviewing younger children unless there is no other way that particular information can be obtained due to the very high risk of doing harm, and then only by evaluators highly experienced in child protection issues.

WHO Scientific and Research Group ethics of child participation: Parents and guardians have a legal and ethical responsibility to protect very young and dependent adolescents and to provide them with preventative and therapeutic care. If the results of an assessment will lead to an improvement in preventative and therapeutic care then parents/guardians should not oppose assessment. Parents / guardians generally do not have the legal power to overrule older (mature/competent) adolescents who wish to participate. (but local law and parents' understanding of parental rights should be respected). The goal of the assessment must be to obtain information that is relevant to adolescents' health needs and well-being and it must relate to information that could not reliably or accurately be gained from adult sources. The risk of conducting assessment must be considered low in comparison with benefit that will be obtained with the information.

Question Areas:

(1) General Situation / Priority Concerns

Suggested prompts – how are things here right now? Are there specific concerns for women and girls? Do men / boys have the same concerns? How have things changed over the last few years?

(2) RH services

Suggested prompts – what access do you have to health services? So, for example, how about services for pregnant women, and when women give birth? Do you have access to family planning? Are there services available for HIV? What type of services do you want / need? – NOTE CHECK WITH LOCAL COLLEAGUES RE SENSITIVITY OF FP, HIV/STIs/ACCESS TO MISCARRIAGE ABORTION/POST-ABORTION CARE SERVICES

Is there anyone who is left out / can't access?

(3) GBV issues – prevention and response

Suggested prompts – how safe is it here for women / girls / men / boys? Is there family member violence within the home? What types (probe for sexual violence) Is there anyone helping people stay safe from this type of violence? What services are available for those who experience this type of violence (clinical, PSS, legal, justice, shelter, economic)? How has this changed since the crisis began? What type of services do you want / need?

Is there anyone who is left out / can't access?

(4) Accountability

Suggested prompts – how much have our views been taken into account? - Did you make suggestions as to what services are needed? Are you kept informed? How can you provide feedback? How can you make complaints? Do you feel listened to?

Annex 1c: List of Key Informants

Name (Interviewee)	Job Title	Agency	Duty Station	Country
Jeffrey Bates	Media Specialist	UNFPA	New York	USA (HQ)
Omar Gharzeddine	Media Specialist	UNFPA	New York	USA (HQ)
Hanno Ranck	Online Communications Manager	UNFPA	New York	USA (HQ)
Benoit Kalasa	Director, Technical Division	UNFPA	New York	USA (HQ)
Sarah Reis	Special Assistant, Technical Division	UNFPA	New York	USA (HQ)
Iva Goricnik	Chief, Resource Planning and Budgeting Branch	UNFPA	New York	USA (HQ)
Klaus Simoni-Pederson	Chief, Resource Mobilization Branch	UNFPA	New York	USA (HQ)
Letizia Montecalvo	Technical Specialist, Resource Mobilization Branch	UNFPA	New York	USA (HQ)
Daniel Baker	Humanitarian Advisor	UNFPA	New York	USA (HQ)
Fabrizia Falcione	GBV Capacity Development Specialist	UNFPA	New York	USA (HQ)
Ramiz Alakbarov	Director, Policy and Strategy Division	UNFPA	New York	USA (HQ)
Yann Lacayo	Health Financing Specialist, Commodity Security Branch	UNFPA	New York	USA (HQ)
Dr. Akinyele Eric Dairo	Chief, Non-Core Funds Management Unit, Office of the Executive Director	UNFPA	New York	USA (HQ)
Tim Sladden	Senior Advisor, HIV and Key Populations	UNFPA	New York	USA (HQ)
Daniela Andries	Inventory Associate	UNFPA	Copenhagen	Denmark (PSB)
Christian Nielsen	Inventory Associate	UNFPA	Copenhagen	Denmark (PSB)
Roberto Mena	Procurement Specialist	UNFPA	Copenhagen	Denmark (PSB)
Seloi Mogatle	Technical Specialist	UNFPA	Copenhagen	Denmark (PSB)
Stephane Arnaud	Senior Emergency Supply Manager	UNICEF	Copenhagen	Denmark (PSB)
Udara Bandera	Deputy Chief, PSB	UNFPA	Copenhagen	Denmark (PSB)
Frisner Pierre	Program Analyst	UNFPA	Port-au-Prince	Haiti
Jean-François Jacob	Population and Development Officer	UNFPA	Port-au-Prince	Haiti
Marie Josée D. Salomon	Gender and Youth Programme Manager	UNFPA	Port-au-Prince	Haiti
Vavita Leblanc	SRH Programme Manager	UNFPA	Port-au-Prince	Haiti
Rachelle Mian Djangone	Deputy Representative	UNFPA	Port-au-Prince	Haiti

Vario Serant	Communications Officer	UNFPA	Port-au-Prince	Haiti
Robbés Pierre	Head of External Cooperation	Ministry of Planning	Port-au-Prince	Haiti
Vanessa Alexis	Analyst	Ministry of Planning	Port-au-Prince	Haiti
Salima Mokrani	Head of Office	OCHA	Port-au-Prince	Haiti
Daniel la Doucer	Protection Advisor	OCHA	Port-au-Prince	Haiti
Miriam Narcisse	Executive Director	HAGN	Port-au-Prince	Haiti
Alande Paul	Project Coordinator	Profamil	Port-au-Prince	Haiti
Dr. Gianni Decastro	Executive Director	Profamil	Port-au-Prince	Haiti
Dr. Jean Bernard Février	Director of Department	Ministry of Health, South	Les Cayes	Haiti
Pierre Rose Magaline	Reproductive Health Focal Point	Ministry of Health, South	Les Cayes	Haiti
Dr Fredny Martin	Doctor	Hôpital Saint Louis du Sud	Saint Louis	Haiti
Fabiola Jean	Midwife	Hôpital Saint Louis du Sud	Saint Louis	Haiti
Laulette Noel	Nurse	Hôpital Saint Louis du Sud	Saint Louis	Haiti
Kathia Muacadin	Nurse	Hôpital Saint Louis du Sud	Saint Louis	Haiti
Vivie Soumon	Administrator	Hôpital d'Arniquet	Arniquet	Haiti
Manette Samery	Nurse	Hôpital d'Arniquet	Arniquet	Haiti
Carine Fleurismond	Health and Nutrition Officer	UNICEF	Les Cayes	Haiti
Dr. Nerjuste	Doctor	Hôpital Cavaillon	Cavaillon	Haiti
Peslyne Saint Louis	Chief Nurse	Hôpital Cavaillon	Cavaillon	Haiti
Dr Cristelle Boussiquot	Administrator	GHEKIO	Port-au-Prince	Haiti
Tatiana Bell	UNFPA Programme Coordinator	GHEKIO	Port-au-Prince	Haiti
Marie-Frédérique Roche	First Minister (Development)	Canada Embassy	Port-au-Prince	Haiti
Sindie Frédéric	Gender / GBV Field Coordinator	UNFPA	Port-au-Prince	Haiti
Vardine Jean Baptiste	Midwife Advisor / Humanitarian Focal Point SRH	UNFPA	Port-au-Prince	Haiti
Marielle Sander	ICPD Coordinator [ex Haiti Country Representative]	UNFPA	New York	USA (HQ)
Dr Jacques Laroche	Director	MSPP	Paillant Maternity Centre	Haiti
Dr. Paillant	Doctor	MSPP	Paillant Maternity Centre	Haiti
Mme Bordeau	Midwife	MSPP	Paillant Maternity Centre	Haiti
Sr. Rose-Myrtha Evenou	Directrice Adjointe	INSFSF	Port-au-Prince	Haiti

Madere Daudier Denis	Responsable des stages	INSFSF	Port-au-Prince	Haiti
Georgie Maglouie Civil	Responsable des etudes	INSFSF	Port-au-Prince	Haiti
Stephanie Louis Sylfrin	Responsable academique	INSFSF	Port-au-Prince	Haiti
Dr. Lamartine	Head of Health Centre	MSPP	Belle-Anse	Haiti
Daniel Milbin	Directeur des Enquetes Nationales	INSH	Port au Prince	Haiti
Dr Josette Sanon	Doctor	MSPP	Maternité Jacmel	Haiti
Germaine Pierre-Lovis	Epidemiologist	MSPP	Maternité Jacmel	Haiti
Miss Fiefie	Nurse	MSPP	Maternité Belle Anse	Haiti
Jean Louis Kaulana	Nurse	MSPP	Maternité Belle Anse	Haiti
Jolecoeur Destin	Archivist	MSPP	Maternité Belle Anse	Haiti
Mme Mimosa Royal	Directrice Coordination des Bureaux Departementaux	MCFDF	Port-au-Prince	Haiti
Clementa Delice	Deputy Directrice	MCFDF	Port-au-Prince	Haiti
Gilles Champetier	MCH specialist	WHO/PAHO	Port-au-Prince	Haiti
Giliane Magloire	humanitarian prog specialist	WHO/PAHO	Port-au-Prince	Haiti
Solange KobiJackson	humanitarian prog specialist	WHO/PAHO	Port-au-Prince	Haiti
Shella Derise	Adolescent Girl Mentor	HAGN	Banane	Haiti
Yglene Francois	Adolescent Girl Mentor	HAGN	Banane	Haiti
Elene Delouis	Adolescent Girl Mentor	HAGN	Banane	Haiti
Fedia Lazarre	Adolescent Girl Mentor	HAGN	Banane	Haiti
Dr. Arold Scutt	Director	CDS Centre pour le Developpement et la Sante	Port-au-Prince	Haiti
Resia Pierre Pierre	Project Officer	CDS Centre pour le Developpement et la Sante	Port-au-Prince	Haiti
Dr. Risnick Andre	Medical director of Health Centre	MSPP	Marigot	Haiti
Darlyne Pascal	Midwife	MSPP	Marigot	Haiti
Dr. Reynaud Grand-Pere	Director, MSPP	MSPP	Port-au-Prince	Haiti
Djenane Ledan	Executive Director	CPFO	Port-au-Prince	Haiti
Marie Rita V. Jean-Charles	Health Programme Manager	CPFO	Port-au-Prince	Haiti
Dede Ekoue	Country Representative	UN Women	Port-au-Prince	Haiti
Leonard Kouadio	Chief Health and Nutrition	UNICEF	Port-au-Prince	Haiti
Dr Fritz Moise	Executive Director	FOSREF	Port-au-Prince	Haiti
Yafflo W. Ouattara	Country Representative (French: directeur pays)	UNAIDS	Port-au-Prince	Haiti

Jean Mary Casimir	Director	Community Health Centre	Anse d'Hainault	Haiti
Miss Lamarre	Medical Director/ Midwife	Maternity of Abricots	Abricots	Haiti
Michelle Lourdes	Nurse (trained and funded by UNFPA)	Maternity of Abricots	Abricots	Haiti
Marie-Therese Pacaud	Departmental Coordinator Grand'Anse	MCFDF	Jeremie	Haiti
Dr Angelo Duvelson	Departmental Director of MoH	DSGA	Jeremie	Haiti
Marie Eva Dutreil	Nuse Midwife	UNFPA	Beaumont	Haiti
Dr LaJean Nataneal	Medical Director	Maternity of Beaumont	Beaumont	Haiti
Kate Learmonth	ex-Humanitarian Coordinator	Independent	Remote	Haiti
Toskin Akibu	Project Director, Nigeria	FHI360	Abuja	Nigeria
Anna Hidayat and Alfred (2)	Humanitarian Team Leader +SRHR Project Lead	CARE	Abuja	Nigeria
Dr Asiat Yusufu	Nigerian Red Cross, Project Manager	Nigerian Red Cross	Abuja	Nigeria
Ada Pouye	Humanitarian Programme coordinator Head of Maiduguri Sub office	UNFPA	Maiduguri	Nigeria
Gloria Eneuze	Programme Associate, Logistics	UNFPA	Abuja	Nigeria
Olusoji Sogunro, Titilope Lawal (2)	Director & M&E Dept staff member	Royal Heritage Health Foundation	Abuja	Nigeria
Joy Michael	UNFPA RH Programme Analyst	UNFPA	Abuja	Nigeria
Fouzia Ismail & Handa Ali	Director & Programme Coordinator, Continuous Professional Development	Somaliland Nursing and Midwifery Association	SL - Hargeisa	Somalia
Siyaad Hassan Guled	Executive Director	ARD	Nairobi/Mogadishu	Somalia
Sirad Aden	National Health Officer	Somalia Red Crescent Society	Puntland	Somalia
Adam Haibeh Farah	Maternal and Reproductive Health Specialist	UNFPA	Somaliland - Hargeisa	Somalia
Ahmad Oweis	Maternal and Reproductive Health Specialist	UNFPA	Mogadishu	Somalia
Mohamed Mursal Abdi	GBV Coordinator and Youth Focal person	UNFPA	Mogadishu	Somalia
Su'udi Hamid	RH Manager, MOH, Puntland State	MOH Puntland	Puntland	Somalia
Jihan Salad	RH/MH Programme Specialist	UNFPA	Puntland	Somalia
Ridwaan Abdi	Humanitarian Coordinator	UNFPA	Mogadishu	Somalia
Martha Lucia Rubio	Deputy Representative UNFPA	UNFPA	Bogota	Colombia
AIDA MILENA GUTIÉRREZ ÁLVAREZ	Directora Promoción y Prevención, Ministerio de Salud y Protección Social	Government	Bogota	Colombia

Mónica Galeano Velasco	Consultant on Gender, Rights and Intercultural	UNFPA	Bogota	Colombia
Gerard Gomez	Head of OCHA Colombia	OCHA	Bogota	Colombia
Lealou Reballos	International Advisor on Emergencies World Health Organization (Latin America region: Pan American Health Organization, PAHO)	WHO/PAHO	Bogota	Colombia
Alejandra Mendoza	National Advisor on Emergencies World Health Organization (Latin America region: Pan American Health Organization, PAHO)	WHO/PAHO	Bogota	Colombia
Erika García Roa	Coordinadora CERF, UNFPA Colombia	UNFPA	Bogota	Colombia
Adriana Carpintero	Gerente de Proyectos/Program manager	PLAN - NGO	Bogota	Colombia
Juanita Sanchez	Directora de coordinación/ Grant writer	PLAN - NGO	Bogota	Colombia
Allam	Field Logistics Officer	UNFPA	Poso	Indonesia
Cahyo	Male Involvement Officer, Gender Unit	UNFPA	Jakarta	Indonesia
Doni, Dave & Wahyu	Humanitarian Response Specialists	IFRC and IOM	Jakarta	Indonesia
Farhan	CCCM sub-cluster co-coordinator	IOM	Jakarta	Indonesia
Annette Sach Robinson, Ibeth, Ari	Rep, Hum Coordinator; Gender specialist	UNFPA	Jakarta	Indonesia
Mr. Hermawan Agustina	Data Office, Head of Data	BNPB	Jakarta	Indonesia
Iwan	PD associate	UNFPA	Poso	Indonesia
Ms Jumriani, Ms Uwis	Section head of Nutrition & RH/Field Coordinator, Head of Family Health and Nutrition Section	Dept of Health (Dinkes)	Poso	Indonesia
Lina Sofiani	Humanitarian Coordinator	UNICEF	Jakarta	Indonesia
Lilly and Tina	Midwives, Sibalaya IDP Camp	IBI	Poso	Indonesia
Nur, Nuvira, Mia, Nyoman, Emilyya	Midwives, Petobo IDP Camp	IBI	Poso	Indonesia
Vinie Puspaningrum	Data Analyst	Plan Indonesia (Skype)	Jakarta	Indonesia
Yolanda Piliang	(Former) UNFPA Hum Coordinator for NTB	UNFPA	Jakarta	Indonesia
Titi Moejtijasih, Mindaraga Rahardja	Humanitarian Affairs Analysts, OCHA,.	OCHA	Jakarta	Indonesia
3 x PKBI staff	?	PKBI	Poso	Indonesia

Maria	Info and Communications for Humanitarian Officer,	UNFPA	Jakarta	Indonesia
Mr. Narwawi Pramudhiarta (Awan)	Humanitarian Data specialist	UNFPA	Poso	Indonesia
Mela Hidayat	Assistant Rep and RH national officer (temporary),	UNFPA	Jakarta	Indonesia
Nyimas Alliah	Assistant Deputy for Protection of Women's Right in Special Situation	MOWECP	Jakarta	Indonesia
Ms Tetty and Mr. Aryago	Data Specialists	BPS	Jakarta	Indonesia
Dr Rim Kwang	Technical Oficer	WHO	Jakarta	Indonesia
Titi Moejtijasi, Mindaraga Rahardja	Humanitarian Affairs Analysts, OCHA, Field Coordination	OCHA	Jakarta	Indonesia
Dr. Sabine Machi	UN Women Representative and Liaison to ASEAN	UN Women	Jakarta	Indonesia
Yospina Liku La'bi and Jalpine	Executive Director/Youth Manager	IPPA	Palu	Indonesia
Challein K. Bunga (on screenshot)	Program Officer	Youth Centre Salara PKBI	Palu	Indonesia
Zikriana Setyaini	RH Tent Midwives	RH Tent Midwives/ Tenda Kespro Wani I	Palu	Indonesia
Dian Oktavina	RH Tent Midwives	RH Tent Midwives/ Tenda Kespro Wani I	Palu	Indonesia
Mardiam Mangum (On screenshot)	SSIT, MPH	Midwives Assocation	Palu	Indonesia
Dosen Poptekkar (On screenshot)			Palu	Indonesia
Ketua Ikatam (On screenshot)		Government	Palu	Indonesia
Dr. Kirana Pritarari	Director General of Public Health	MOH	Jakarta	Indonesia
Dr. Lovely Daisy (On screenshot)	Deputy Director of Reproductive Health	MOH	Jakarta	Indonesia
Dr. Ratna Sari, Indah Mardhika	Officers of Subdirectorate of Reproductive Age Health	MOH	Jakarta	Indonesia
Pengurin Puvat	Ikatar Bidan Indimesia, Bidang Pendidkam, Koordinator Palu Sisoskr Reafarn	IBI (Midwives Association)	Palu	Indonesia
Louis Henry	Disaster Risk Management Portfolio	DFAT	Jakarta	Indonesia
Ibeth Sidabutar	UNFPA Humanitarian Programme Analyst	UNFPA	Jakarta	Indonesia
Margherita Sittanggang	Programme Analyst Adolescent Sexual RH and Youth	UNFPA	Jakarta	Indonesia

Ms. Tetrie	Co-Coordinator of National Cluster on Protection and Displacement	MOSA	Jakarta	Indonesia
Owldie	HIV Officer	UNFPA	Jakarta	Indonesia
Mukhemi	Senior Officer for Humanitarian Response	PKBI	Jakarta	Indonesia
Riysa Kori	Programme Specialist for Gender	UNFPA	Jakarta	Indonesia
Annette Sach Robinson	Representative	UNFPA	Jakarta	Indonesia
Mr. Hidayat	Executive Director	PKBI	Skype/NTB	Indonesia
	IFRC and UNICEF Community Engagement Working Group	IFRC/UNICEF	Palu	Indonesia
Dina	GBV Coordinator Consultant	UNFPA	Palu	Indonesia
Soraya and Ramla	Community Organizers for Women Friendly Spaces	KPKSD/Women Friendly Tent Manager	Palu	Indonesia
Midwives	RH Tent Midwives	RH Tent Midwives / Dongalla	Palu	Indonesia
Mrs. Sukarti	Coordinator of Protection of Women's Rights Sub-Cluster	DP3A	Palu	Indonesia
Allan	UNFPA Palu Team	UNFPA	Palu	Indonesia
	UNFPA Humanitarian Team for Youth and GBV	UNFPA	Jakarta	Indonesia
Ibu Emi	Director/Head	National Indonesia Midwives Association	Jakarta	Indonesia
Lily Widya Puspa		UN Women	Jakarta	Indonesia
Dr Sayed Rubayet	Country Director	IPAS	Dhaka	Bangladesh
Chuluundorj Oyuntsetseg	M&E Specialist	UNFPA	Dhaka	Bangladesh
Jefarson Chakma	M&E Officer	UNFPA	Dhaka	Bangladesh
Amelie Tobbin	M&E Intern	UNFPA	Dhaka	Bangladesh
Ward Jacobs	SRHR IM Specialist	UNFPA	Cox's Bazaar	Bangladesh
Bimal Chandra Dey Sarker	Chief Executive	Mukati	Dhaka	Bangladesh
Daniel Hossain	Country Director	Partners for Health Development (PHD)	Dhaka	Bangladesh
Sarah Katherine Baird	GBVIE Specialist	UNFPA	Cox's Bazaar	Bangladesh
Fathema Sultana	GBVIE Specialist	UNFPA	Cox's Bazaar	Bangladesh
Abdus Salam	Chief Executive	Gana Unnayan Kendra (GUK)	Dhaka	Bangladesh
Saimun Farhana	Project Manager	HOPE	Dhaka	Bangladesh
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SECONDARY BIDDING

Evaluation of UNFPA's humanitarian capacity

Evaluation Office

August 2018

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A. Introduction

1. Evaluation at the United Nations Population Fund (UNFPA) serves three main purposes: (a) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (b) support evidence-based decision-making; (c) contribute key lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD).⁷
2. The Evaluation Office (EO) will conduct an independent evaluation of UNFPA's capacity in humanitarian action, as per the UNFPA quadrennial budgeted evaluation plan 2018-2021⁸, approved by the UNFPA Executive Board in 2018.
3. The primary intended users of the evaluation are: (i) the UNFPA Humanitarian and Fragile Contexts Branch (HFCB); (ii) UNFPA Regional and Country Offices (iii) UNFPA senior management and (iv) UNFPA business units at headquarters, especially those providing support to humanitarian interventions (PSB, RMB, DHR, etc.). The results of the evaluation should also be of interest to a wider group of stakeholders such as: (i) UNFPA Executive Board members; (ii) Inter-Agency Standing Committee (IASC) Principals and Directors; (iii) UNFPA partners in the field of humanitarian assistance, including implementing partners, stand-by partners and other UN organisations; (iv) beneficiaries of UNFPA supported humanitarian interventions and affected populations.
4. The preparation of these terms of reference was based on a document review and initial consultations with key stakeholders and the Evaluation Reference Group (ERG). The evaluation team will conduct the evaluation in conformity with the terms of reference, under the management of the UNFPA Evaluation Office and guidance of the ERG.

B. Background and context

5. Humanitarian crises are on the rise, they are happening more frequently and growing in number, length, scale and complexity. Today, more than 135 million people are currently facing humanitarian needs around the world⁹, of those, around 34 million are women and girls of reproductive age. An unprecedented 68.5 million people around the world have been forced from home. Among them are nearly 25.4 million refugees, over half of whom are under the age of 18.¹⁰
6. During conflicts, natural disasters, and other emergencies, women and girls are disproportionately affected and face heightened risks of sexually transmitted infections including HIV, unintended pregnancy, maternal and neonatal mortality and morbidity, and sexual and gender-based violence.
1. Every year UNFPA responds to an average of 60 emergencies¹¹, and addressing these challenges requires innovative, flexible, and agile modes of engagement in humanitarian and fragile contexts. Implementing

⁷ See UNFPA [Evaluation Policy](#) – DP/FPA/2013/5

⁸ [DP/FPA/2018/1](#)

⁹ UN OCHA, [Global Humanitarian Overview 2018](#)

¹⁰ UNHCR, [Figures at a glance, 2018](#)

¹¹ [UNFPA Humanitarian Action Overview 2018](#)

UNFPA's mandate in emergency situations helps to ensure that reproductive health and rights of the affected population are met and decreases the risks of sexual violence and exploitation.

7. UNFPA, in close collaboration with its global, regional and national partners, plays a critical role in ensuring that sexual and reproductive health and rights, prevention (SRHR) and mitigation of gender-based violence (GBV) prevention of HIV are integrated into emergency humanitarian preparedness, response, and recovery phases. UNFPA's humanitarian action focuses on providing life-saving integrated SRH and GBV services. UNFPA also provides support to the assessment of humanitarian needs and to the planning of evidence-based responses, with data disaggregated by age and sex.
2. At the global level, UNFPA is a full member of the Inter-Agency Standing Committee (IASC) - the mechanism for coordinating humanitarian assistance involving United Nations and non-United Nations partners. It is a member of IASC's Global Health Cluster and usually convenes Reproductive Health Working-Groups (RHWG) under the Health Cluster. UNFPA is also a member of the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises Steering Committee and has been managing the Inter-Agency Reproductive Health Kits for Crisis Situations, on behalf of IAWG, since 1998.
8. Since 2017, UNFPA has taken the sole lead of the gender-based violence (GBV) area of responsibility (AoR) within the global protection cluster¹², which oversees the humanitarian community's response to gender-based violence. As such, UNFPA is the designated chair of the GBV sub-cluster at the country level.
9. Between 2012 and 2017 earmarked contributions for UNFPA humanitarian response have increased over 500 percent, from \$23 million to \$151 million. In 2017, UNFPA reached 16 million people affected by humanitarian crises across 58 countries, and in 2018, UNFPA is targeting 30 million people with humanitarian assistance, including 5 million pregnant women. For 2018, UNFPA is appealing for \$463 million to provide life-saving services to approximately 30 million women and girls of reproductive age who are estimated to be impacted by humanitarian crises.¹³

C. Purpose, Objectives and Scope

10. The purpose of the evaluation is to provide an independent, external and objective assessment of UNFPA's capacity in humanitarian action, both in terms of preparedness and response.
11. The specific objectives of the evaluation are:
 - a. To assess the **relevance** of UNFPA's humanitarian programming;
 - b. To assess the extent to which UNFPA's internal systems, processes, policies and procedures related to humanitarian programming allow for **efficient** and timely humanitarian action, at all levels of the organization (global, regional and national)

¹² From 2005 until 2017, the GBV area of responsibility was co-led by UNFPA with UNICEF

¹³ UNFPA, [Humanitarian Action, 2018 Overview](#)

- c. To assess the **effectiveness** as well as the **coverage** of UNFPA’s humanitarian action, in terms of preparedness, response to and recovery from humanitarian crises;
 - d. To assess the extent to which UNFPA’s humanitarian interventions are **connected** with UNFPA longer-term vision and strategic plan in order to ensure a continuum between humanitarian, development, and sustaining peace efforts (addressing the humanitarian-development-peace nexus);
 - e. To analyse the extent to which **humanitarian principles** (humanity, neutrality, impartiality, independence), **humanitarian minimum standards**, **human rights** and **gender equality** are integrated in UNFPA’s humanitarian action;
 - f. To draw lessons from UNFPA’s past and present humanitarian work and propose recommendations for the future organization of the humanitarian function as well as for future humanitarian programming at UNFPA; in particular, the evaluation findings and recommendations should inform the implementation and enhancement of the UNFPA humanitarian response action plan;¹⁴
12. The evaluation will cover the period since the adoption of UNFPA’s Second Generation Humanitarian Strategy, in 2012, for the assessment of the relevance and the efficiency of UNFPA’s humanitarian action (objectives a. and b.). The assessment of the effectiveness, coverage and connectedness of UNFPA’s humanitarian interventions (objectives c. and d.) will focus on the period since 2014, with the adoption of the UNFPA Strategic Plan, 2014-2017, which called for the mainstreaming of humanitarian programming in all country programme documents.
13. The geographic scope of the evaluation is global, with a focus on all countries considered as “priority countries” by UNFPA since 2014.¹⁵
14. The evaluation will consider all types of humanitarian settings/contexts, including L1, L2, and L3 emergencies; rapid onset emergencies; protracted crises as well as specific contexts such as small island developing states (SIDS), both in terms of preparedness and response.
15. The determination of the scope will be finalized at inception phase, with a view to complementing the information provided by several relevant studies recently conducted by UNFPA. In particular, the evaluation scope will take due account of the results of the meta-analysis of the engagement of UNFPA in highly vulnerable contexts¹⁶ and of the evaluation of the response of UNFPA to the Syria crisis.¹⁷ The evaluation will also take into account the progress that has been done following the review of the Humanitarian Portfolio and outcomes of the 2016 Global Humanitarian Consultation where regional offices, in close consultation with country offices, have identified systematic operational bottlenecks faced by countries in humanitarian settings.

D. Evaluation criteria and preliminary evaluation questions

¹⁴ Currently under development.

¹⁵ See **annex 2** for the list of priority countries.

¹⁶ UNFPA, Evaluation Office, [Meta-analysis of the engagement of UNFPA in highly vulnerable contexts](#), 2018

¹⁷ UNFPA, Evaluation Office, [Evaluation of the UNFPA response to the Syria crisis](#) (ongoing)

16. The evaluation will be based on the following evaluation criteria: relevance, efficiency, effectiveness, coverage and connectedness, as defined in **annex 3**.
17. The below list of key questions and areas for enquiry will be further refined by the evaluation team at inception stage, leading to a final list of a maximum of ten evaluation questions. Based on this final list of questions, the evaluation team will prepare an evaluation matrix (see **annex 4**), linking evaluation questions with assumptions to be assessed, indicators, data sources and data collection tools.

Key questions	Areas of enquiry	Evaluation criteria considered
To what extent does UNFPA's humanitarian programming correspond to the identified needs of affected populations, while remaining aligned with UNFPA's mandate and strategic direction?	<ul style="list-style-type: none"> • Extent to which UNFPA's humanitarian programming is aligned with the objectives set out in the Second Generation Humanitarian Strategy , in UNFPA Strategic Plan 2014-2017, and if and where relevant in the UNFPA Strategic Plan, 2018-2021 • Extent to which UNFPA's humanitarian programming is aligned with the SDGs and with Grand Bargain commitments • Extent to which UNFPA's humanitarian interventions are aligned with humanitarian needs assessments (HNO) and humanitarian response plans (HRPs) • Extent to which UNFPA ensures that sexual and reproductive health and rights, as well as the prevention of and response to gender based violence are duly considered within the broader response to humanitarian crises • Extent to which UNFPA's programmes of response to humanitarian crises address the needs of affected populations, particularly those left furthest behind in humanitarian contexts • Extent to which humanitarian principles, human rights and gender equality are integrated into UNFPA's humanitarian programming 	Relevance
To what extent are UNFPA's internal systems, processes, policies and procedures conducive to an efficient and timely humanitarian action, at all levels of the organization (global, regional, national)?	<ul style="list-style-type: none"> • Extent of UNFPA's institutional arrangements (including policy guidance, governance/architecture, Fast Track Procedures (FTPs), etc) support the humanitarian programming in the field and 	Efficiency

Key questions	Areas of enquiry	Evaluation criteria considered
	<p>ensure a timely humanitarian response;</p> <ul style="list-style-type: none"> • Analysis of UNFPA’s funding mechanisms, the extent to which the resource mobilization strategy for humanitarian action is implemented, and the extent to which UNFPA is able to mobilize resources for humanitarian funding • Analysis of UNFPA’s humanitarian supply management chain in general, and procurement in particular; pros and cons of pre-positioning of humanitarian supplies; • Analysis of UNFPA’s human resources for humanitarian action and, in particular the surge mechanism, the roving team arrangement and relevant capacity building initiatives (both internal and external mechanisms • Assessment of whether UNFPA has the appropriate number and capacity of staff at global, regional and country office level to ensure effective humanitarian action • Analysis of the partnerships in which UNFPA engages with for planning, coordination, and implementation of humanitarian interventions • Analysis of UNFPA’s contribution to the coordination of humanitarian action, particularly within the framework of the cluster approach, as the leader of the gender-based violence area of responsibility, as well as in the field of sexual and reproductive health, within the health cluster 	
<p>To what extent is UNFPA achieving its objectives in terms of humanitarian action?</p>	<ul style="list-style-type: none"> • Extent to which the objectives pertaining to humanitarian action as set out in the UNFPA humanitarian strategy and the UNFPA Strategic Plan have been achieved • Extent to which UNFPA is implementing its commitments to the new way of working and grand bargain (incl: collective outcomes, comparative advantage, multi- 	<p>Effectiveness Coverage</p>

Key questions	Areas of enquiry	Evaluation criteria considered
	<p>year time frames, transparency, increased funding for local partners, etc)</p> <ul style="list-style-type: none"> • Extent to which UNFPA humanitarian interventions contribute to an increased access to and utilization of quality reproductive health, including family planning and maternal health services for affected populations • Extent to which UNFPA humanitarian interventions contribute to the prevention of and response to gender based violence for affected populations • Extent to which UNFPA humanitarian interventions contribute to the collection, analysis, dissemination and use of reliable disaggregated data and information for appropriate preparedness and response to emergency situations • Extent to which UNFPA humanitarian interventions benefit the most vulnerable and those left furthest behind • Extent to which humanitarian principles, human rights and gender equality are integrated in the implementation of UNFPA humanitarian interventions • Extent to which UNFPA is capable to deliver the MISP within 48 hours at the onset of all crises, following the commitment taken by UNFPA during the 2016 World Humanitarian Summit • Extent to which UNFPA, as GBV AoR leader, is capable to be the actor of last resort in crises where no other actor has the capacity to coordinate and deliver GBV-related humanitarian response. 	
<p>To what extent does UNFPA’s humanitarian action contribute to longer term development, across the humanitarian-development –peace continuum?</p>	<ul style="list-style-type: none"> • Extent to which UNFPA’s humanitarian interventions support, and plan for, longer-term (i.e., developmental and/or resilience-related) goals of countries affected by humanitarian crises 	<p>Connectedness</p>

Key questions	Areas of enquiry	Evaluation criteria considered
	<ul style="list-style-type: none"> • Extent to which UNFPA's humanitarian interventions contribute to capacity development and ownership at national and local level to strengthen the resilience of countries and communities 	

E. Methodology and approach

18. The evaluation will be based on mixed methods, combining quantitative and qualitative data collection methods and tools.
19. At a minimum, the methodological approach will comprise:
- a. A reconstruction of the **theory of change** of UNFPA's humanitarian action;
 - b. A thorough gender **responsive stakeholder analysis**, including a beneficiary typology;
 - c. A **document review** as well as an analysis of the available **programme, administrative and financial data** pertaining to UNFPA's humanitarian action;
 - d. The conduct of **key informant interviews, focus group discussions and surveys**;
 - e. Ten (10) **extended desk country reviews**;
 - f. Five (5) **country field visits**, with a view to illustrating UNFPA's humanitarian work in recent emergencies;
 - g. Two **thematic papers** focusing on two themes to be determined at inception stage (among potential themes are: (i) procurement/supply chain management; (ii) human resources for humanitarian response/surge capacity; (iii) funding of humanitarian action; (iv) leadership of the GBV area of responsibility; (v) significant contribution to the health cluster/working group, etc.).
20. The selection of extended desk review countries and of country field visits will be made at inception stage from the list of priority countries and using selection criteria which will be determined with the evaluation reference group.
21. Particular attention will be paid to triangulation of information, both in terms of data sources and methods and tools for data collection.
22. The evaluation team will present a detailed evaluation methodology in the inception report.

F. Evaluation process

23. The evaluation will unfold in five phases and lead to the production of associated deliverables as follows:

1) Preparatory phase

This phase, which is led by the EO evaluation manager, includes: the initial documentation review; the drafting of terms of reference for the evaluation; supplier selection under the guidance of the Procurement Services Branch of UNFPA; the constitution of an evaluation reference group.

2) Inception phase

The evaluation team will conduct the inception phase, in consultation with the evaluation manager and the evaluation reference group. This phase includes:

- an **inception mission** (3 working days) in New York, during which the core evaluation team will meet with the Evaluation Manager, the Evaluation Reference Group and key stakeholders at UNFPA headquarters;
- a **document review** of all relevant documents available at UNFPA headquarters, regional office and country office levels;
- a **stakeholder mapping** to be developed by the evaluation team, and displaying the relationships between different sets of stakeholders;
- a **reconstruction of the theory of change** of UNFPA's humanitarian action;
- the development of the **list of evaluation questions**, the identification of the assumptions to be assessed and the respective indicators, sources of information and methods and tools for the data collection (cf. **annex 4**, outline of the evaluation matrix);
- the development of a **data collection and analysis strategy** as well as a concrete **workplan** for the field and reporting phases;
- the selection (in close consultation with the evaluation reference group) of the **themes** of the two thematic papers;
- the **selection** of the **5 country field visits** (including the pilot) and **10 extended desk country reviews**, based on selection criteria agreed upon with the evaluation reference group;
- the conduct of a **pilot in-country mission** (5 to 10 working days) to test and validate data collection tools for subsequent in-country missions.

The outputs of this phase are:

- the **inception report**, which will display the results of the above-listed steps and tasks, along the structure set out in **annex 5**;
- a **country note**, synthesizing findings and lessons learned from the pilot in-country mission.

The structure of the country notes and thematic papers will be determined during the inception phase.

The evaluation team will present a draft version of the inception report and the pilot country note to the evaluation reference group during a virtual meeting.

3) Data collection phase

During this phase, the evaluation team will conduct:

- an in-depth document review,
- interviews at UNFPA HQ (entailing a mission of **5 working days** in New York);
- remote interviews with key informants at regional and country level, potentially complemented by electronic surveys;
- 10 extended desk country reviews;
- 4 in-country field missions.

Each in-country mission will last **5 to 10 working days (maximum)**. At the end of each mission, the evaluation team will provide the country office with a debriefing presentation on the preliminary results of the mission, with a view to validating preliminary findings.

The evaluation team will present the results of the data collection, including preliminary findings and lessons learned from the two thematic papers, to the evaluation reference group (virtual meeting).

For each country visit, the evaluation team will proceed to prepare a **country note** (five in total, including the pilot mission).

The ten extended desk country reviews will lead to the production of corresponding **evidence tables**, using the template presented in **annex 11**. The evidence tables will be internal documents used to inform the evaluation report.

The evaluation team will draft the two **thematic papers**, building upon all data collected during the phase.

The five country notes and two thematic papers will be annexed to the final report.

4) Reporting phase

The reporting phase will open with a **3-day analysis workshop** bringing together the evaluation team and the evaluation manager to discuss the results of the data collection (in New York, or another location proposed by the bidder). The objective is to help the evaluation team to deepen their analysis with a view

to identifying the evaluation findings, main conclusions and related recommendations. The evaluation team then proceeds with the drafting of the **first draft final report**.

This first draft final report will be submitted to the evaluation manager for comments. The evaluation manager will control the quality of the submitted draft report. If the quality of the draft report is satisfactory (form and substance), the manager will circulate it to the reference group members. In the event that the quality is unsatisfactory, the evaluators will be required to produce a new version of the draft report.

The second draft final report, and in particular the tentative conclusions and recommendations, will be presented by the evaluation team during a stakeholder workshop (attended by the ERG as well as other relevant stakeholders), in New York (entailing a mission travel to New York for the whole evaluation team for **2 working days**) and circulated to UNFPA Executive Committee members.

On the basis of comments expressed, the evaluation team will make appropriate amendments to the report, finalize the recommendations and submit the **final report**. For all comments, the evaluation team will indicate how they have responded in writing (“trail of comments”).

The report is considered final once it is formally approved by the Director of EO in consultation with the evaluation manager and the reference group.

The final report will follow the structure set out in **annex 6**.

5) Dissemination phase

The evaluation team will assist the evaluation manager in dissemination activities. In particular, they will prepare a **PowerPoint** presentation and an **evaluation brief**.

The evaluation report, along with the management response (by UNFPA management), will be published on the UNFPA evaluation webpage.

A presentation of the evaluation results to the UNFPA Executive Board (requiring the presence of the team leader in New York for **1 working day**) may take place at the annual session of the Executive Board, in January 2020.¹⁸

24. All deliverables will be in English, except for the evaluation brief, which the firm/company will also need to provide in French and Spanish versions.
25. The final report, the PPT presentation and the evaluation brief should both be professionally copy edited; the layout should be professionally designed as by EO branding (using Adobe InDesign software) for both e-version and printing. Covers for the inception and final report should follow the indications provided in **annex 10**.
26. The table below recapitulates the phases, deliverables and timeline of the evaluation.

G. Management and governance

27. The responsibility for the management and supervision of the evaluation team will rest with the EO evaluation manager. The EO evaluation manager will have overall responsibility for the management of the evaluation

¹⁸ The exact date of the presentation, in case it is confirmed, will be communicated to the evaluation team in due course.

process. The evaluation manager is responsible for ensuring the quality and independence of the evaluation (in line with UNEG Norms and Standards and Ethical Guidelines – see **annex 7**). The main responsibilities of the evaluation manager are:

- prepare the terms of reference;
- participate in the procurement process conducted by the Procurement Services Branch of UNFPA as part of the technical evaluation committee;
- chair the reference group and convene review meetings with the evaluation team;
- supervise and guide the evaluation team all through the evaluation process;
- participate in selected steps of the data collection process (conduct interviews, facilitate group discussions and focus groups) both at inception and data collection phases including in selected field missions;
- review, provide substantive comments and approve the inception report;
- review and provide substantive feedback on the country notes and case study reports, as well as draft and final evaluation reports, for quality assurance purposes;
- recommend the approval of the final evaluation report to the EO Director;
- disseminate the evaluation results and contribute to learning and knowledge sharing at UNFPA.

28. The progress of the evaluation will be followed closely by the evaluation reference group consisting of members of UNFPA services who are directly interested in the results of this evaluation. The main responsibilities of the reference group are to:

- provide feedback and comments on the draft terms of reference of the evaluation;
- provide feedback and comments on the inception report;
- provide comments and substantive feedback from a technical expert perspective on the draft and final evaluation reports;
- act as the interface between the evaluators and key stakeholders of the evaluation, notably to facilitate access to informants and documentation;
- participate in review meetings with the evaluation team as required;
- play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the results of the evaluation as well as to the completion and follow-up of the management response.

H. Evaluation team

29. The core evaluation team is expected to be composed of 4-5 people, as follows:

- 1 experienced **team leader**, with at least 15 years of experience working in the humanitarian sector, including previous experience leading major evaluations of humanitarian assistance
- 2-3 **evaluators**, with at least 10 years of experience working in the humanitarian sector, as well as significant evaluation experience
- 1 **research assistant**, capable of organizing and analyzing large sets of data in support of the rest of the evaluation team.

30. The evaluation team will collectively bring the below expertise and experience:

- Extensive evaluation experience of humanitarian policies, strategies and programmes and of complex conflict situations, internal displacement, refugee programmes and transition settings;
- Experience with and institutional knowledge of humanitarian UN actors, the inter-agency mechanisms, such as OCHA and CERF funding, and the IASC;
- Familiarity with the Transformative Agenda (Leadership, Coordination, Accountability to Affected Populations);
- Familiarity with the 2016 World Humanitarian Summit, UNFPA's commitments and other WHS-related processes (New Way of Working, Grand-Bargain...)
- Familiarity with the Sendai Framework for Disaster Risk Reduction (DRR), Capacity for Disaster Reduction Initiative (CADRI);
- Extensive knowledge of humanitarian law and principles, and experience with using human rights and gender analysis in evaluations;
- Good understanding of UNFPA mandate and processes;
- Technical expertise in (i) sexual and reproductive health; (ii) gender equality; (iii) gender-based violence, (iv) population dynamics; (iv) emergency preparedness and response;
- Excellent analytical skills;
- Excellent communication skills (written, spoken) in English;
- Good communication skills (written, spoken) in languages spoken in the regions and countries covered is desirable.

31. The core evaluation team should be completed, as required, by local experts (in countries subject to in-country missions) and/or interpreters.

32. The core evaluation team is to be drawn from the profiles and from the approved experts included in the respective Long Term Agreement with UNFPA. Local experts are to be proposed at this stage and the CVs provided.

I. Quality assurance

33. The section on Quality Assurance in the respective LTA applies.

The evaluation team will conduct the first level of quality assurance for all evaluation products prior to their submission to the UNFPA Evaluation Office. For more details on the quality assurance please refer to the Long term agreement terms of reference.

J. Timeline and deliverables

34. The table below recapitulates the phases, deliverables and (tentative) timeline of the evaluation.

Phase/milestone	Deliverables	Location	Timing
<p>Preparatory phase</p> <ul style="list-style-type: none"> • <i>Drafting of ToR</i> • <i>Establishment of the evaluation reference group (ERG)</i> • <i>Procurement</i> • <i>Contract signature</i> 			Jul.-Sept. 2018
<p>Inception phase</p> <ul style="list-style-type: none"> • Inception mission, including 1st ERG meeting • Initial document review • Stakeholder analysis • Initial key informant interviews (KIIs) • Submission of 1st draft inception report • Pilot in-country mission • Debriefing meeting at the end of the pilot in-country mission • Submission of draft pilot country note • 2nd ERG meeting (virtual) • Submission of final inception report • Submission of final pilot country note 	<ul style="list-style-type: none"> • Powerpoint presentation for the 1st (kick-off) ERG meeting • First draft inception report • Powerpoint presentation for the debriefing of the pilot in-country mission • Draft pilot country note • Powerpoint presentation for the 2nd ERG meeting • Final inception report 	<ul style="list-style-type: none"> • Inception mission in New York (3 days) • Pilot in-country mission – location to be determined (5 to 10 working days) 	Sept.-Nov. 2018

Phase/milestone	Deliverables	Location	Timing
<p>Data collection phase</p> <ul style="list-style-type: none"> • Extended desk review • KIIs at UNFPA HQs • Remote KIIs at HQ, regional and country level • Electronic surveys • 10 extended desk country reviews • 4 in-country missions • Debriefing meetings at the end of each in-country mission visit • Submission of 10 evidence tables • Submission of 4 draft country notes • Submission of 2 draft thematic papers • 3rd ERG meeting (virtual) • Submission of 4 final country notes and 2 final thematic papers 	<ul style="list-style-type: none"> • 4 draft country notes • 2 draft case study reports • Powerpoint presentation for debriefing meetings at the end of each in-country mission (x4) • Powerpoint presentation of preliminary results of the data collection, including preliminary findings and lessons learned from the thematic papers – 3rd ERG • 4 final country notes • 2 final thematic papers 	<ul style="list-style-type: none"> • KIIs at HQ – 5 working days for the core evaluation team in New York • 4 in-country missions (locations to be determined) of 5-10 working days each 	<p>Nov. 2018 - Feb. 2019</p>
<p>Reporting phase</p> <ul style="list-style-type: none"> • Analysis workshop • Submission of draft final report • Stakeholder workshop (focusing on recommendations) • Submission of final evaluation report 	<ul style="list-style-type: none"> • 1st draft final report (with tentative conclusions and recommendations) • Powerpoint presentation for the stakeholder workshop • Final evaluation report 	<ul style="list-style-type: none"> • Analysis workshop: 3 working days in New York or other location proposed by the bidder • Stakeholder workshop in New York: 2 working days (evaluation team) 	<p>Feb.-May 2019</p>
<p>Dissemination and follow up phase</p> <ul style="list-style-type: none"> • Preparation of evaluation briefs in EN, FR and SP • Professional copy editing and design of the final report and the evaluation briefs • Presentation to the UNFPA Executive Board (TBC) 	<ul style="list-style-type: none"> • Evaluation briefs in EN, FR and SP • Professional copy edited and designed evaluation report (by July 2019) • Professional copy edited and designed evaluation briefs in EN, FR and SP (by July 2019) 	<p>New York: 1 working day (team leader)</p>	<p>May 2019 - January 2020</p>

Phase/milestone	Deliverables	Location	Timing
	<ul style="list-style-type: none"> Final Powerpoint presentation for the Executive Board (TBC) 		

K. Secondary bidding instructions and procedures

1. LTA holders are to submit their technical and financial quotations **in separate PDF files**. Total size of the email submission must not exceed 20 MB, including e-mail body, attachments, and headers.
2. **The separate PDF files are to be sent to UNFPA's secure e-mail address . Quotes submitted to other e-mail address will not be considered.**
3. **The following text is to be entered in the subject line: Secondary bidding, LTA XX-YYY, [Company name], [Evaluation title]. UNFPA is not responsible for quotes without this text.**
4. The quotes must reach the designated email inbox no later than **September 3, 2018, at 13:00 Copenhagen time.**
5. Any questions related to the Terms of Reference or the secondary bidding process should be sent to: Ms. Lilia Velinova, Procurement Services Branch, no later than **August 17, 2018.**
6. LTA holders are invited to provide a technical quote responding to the following 3 questions:
 - a) Data collection phase: Taking into consideration: (1) the tight timeframe of the evaluation process; (2) the 5 to 10-day in-country field mission for each of the 5 country case studies; (3) the 10 extended desk review countries (which will include remote interviews and document review); (4) the global and regional interviews; and (5) other tools (such as a survey) - please describe the overall approach and the specific operational modalities responding to "who does what, how and when" for the data collection phase (5 pages max)
 - b) Data protection and management: Considering the scope, size, complexity and sensitive nature of the information to be collected for this evaluation please present a data management system proposal. This proposal should describe in detail how the LTA holder will ensure that data is stored in an organized fashion, is easily accessible by all members of the evaluation team; protected and treated (readily available for data analysis) (2 pages max).
 - c) Data analysis: Given the ToR for the upcoming evaluation and the initial proposals for the LTA please provide a concrete proposal for the data analysis that is tailor made to this evaluation (3 pages max).

7. The technical quote must include the final team composition outlining the roles and responsibilities of each team member in each phase. Profiles for the core team are to be selected from the Long Term Agreement; proposed experts under each profiles must be selected from the ones listed in the LTA.
8. The technical quote will be evaluated using the following technical evaluation criteria:

	Criteria	[A] Maximum Points	[B] Points attained by Bidder	[C] Weight %	[B] x [C] = [D] Total Points
A	Overall approach and the specific operational modalities responding to “who does what, how and when” for the data collection phase	100		30%	
B	Data protection and management approach	100		20%	
C	Data analysis approach tailored made to this evaluation	100		20%	
D	Suitability of the expertise and qualifications collectively brought by the proposed evaluation team, including proposed local experts	100		30%	
	TOTAL TECHNICAL SCORE	400			

9. In addition to a technical quote, LTA holders are to provide financial quotes using the provided Excel template. Quoted rates may not exceed the ceiling rates in their respective LTAs. If quoted rates exceed the ceiling rates in the respective LTA, the quote will be disqualified. **If not using a particular profile/service for this evaluation, please leave the respective fields in the template blank.**
10. The financial quote will be evaluated on the basis of its responsiveness to the provide financial quote template in Excel. The maximum number of points for the financial quote is 100. This maximum number of points will be allocated to the lowest price. All other financial quotes will receive points in inverse proportion according to the following formula:

$$\text{Financial Score} = \frac{\text{Lowest quote}}{\text{Quote being scored}} \times 100 \text{ (Maximum Score)}$$

11. The final score will be the weighted sum of the technical score and the financial score. The maximum total score is 100 points.

$$\text{Total Score} = 70\% \text{ Technical Score} + 30\% \text{ Financial Score}$$

12. UNFPA intends to award a Purchase Order to the LTA holder that obtains the highest combined score of the technical and financial evaluation.

L. Annex 1: Reference documents

1. Agenda for Humanity
2. Sphere Standards : Minimum Standards in Humanitarian Response
3. Sendai Framework for Disaster Risk Reduction 2015 - 2030
4. United Nations Security Council resolution 2250 on youth, peace and security
5. United Nations Security Council Resolution 1325 (S/RES/1325), on women, peace, and security
6. UNFPA Strategic Plan (SP) 2018-2021
7. UNFPA Humanitarian Action Overview 2018
8. Operational Bottlenecks to Effective Humanitarian Response
9. [Meta-Analysis of the engagement of UNFPA in highly vulnerable contexts](#)
10. Minimum Initial Service Package (MISP)
11. UNFPA Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies
12. Annual Report of the UNFPA Executive Director, 2018

Annex 2: List of UNFPA priority countries for the period 2012-2018 (list of countries having received CERF funding)

Afghanistan
Angola
Antigua and Barbuda
Bangladesh
Bolivia
Burkina Faso
Burundi
Cameroon
Central African Republic
Chad
Colombia
Comoros
Congo
Congo, The Democratic Republic of the
Cote d'Ivoire
Cuba
Djibouti
Dominica
Ecuador
Eritrea
Ethiopia
Fiji
Gambia
Guatemala
Guinea
Haiti
Iraq
Jordan
Kenya
Korea, Democratic People's Republic of
Lebanon
Lesotho
Libya
Madagascar
Mali
Mauritania
Mongolia
Mozambique
Myanmar
Nepal
Niger
Nigeria
Pakistan
Papua New Guinea
Peru

Philippines
Republic of the Sudan
Rwanda
Serbia
Solomon Islands
Somalia
South Sudan
Sri Lanka
Syrian Arab Republic
Tanzania, United Republic of
Turkey
Uganda
Ukraine
Vanuatu
Yemen
Zambia
Zimbabwe

Annex 3: Humanitarian Action Evaluation Criteria

Criterion	Definition of criterion
Appropriateness	The extent to which humanitarian activities are tailored to local needs, increasing ownership, accountability and cost-effectiveness accordingly. (Replaces the relevance criterion used in development evaluations.)
Effectiveness	The extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs.
Efficiency	The outputs – qualitative and quantitative – achieved as a result of inputs.
Impact	The wider effects of the project – social, economic, technical, and environmental – on individuals, gender- and age-groups, communities and institutions. Impacts can be intended and unintended, positive and negative, macro (sector) and micro (household). (This is not exactly the same thing as ‘Impact’ in the results chain.)
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account. Replaces the sustainability criterion used in development evaluations.
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.
Coherence	The extent to which security, developmental, trade, and military policies as well as humanitarian policies, are consistent and take into account humanitarian and human rights considerations. (More focused on donor policy, but can also be applied to individual agencies on their own policy coherence.)
Coordination	The extent to which the interventions of different actors are harmonised with each other, promote synergy, avoid gaps, duplication, and resource conflicts. (Often folded into effectiveness.)

Source: Adapted from Buchanan-Smith, M., Cosgrave, J. and Warner, A. (2016) Evaluation of Humanitarian Action Guide. ALNAP. Pp.113-114.

Annex 4: Outline of the evaluation matrix

EQ1 : To what extent ...			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1 ...			
Assumption 2			

Annex 5: Outline of the inception report

Table of Contents
List of Acronyms
List of Tables (*)
List of Figures

1 Introduction

Should include: objectives of the evaluation; scope of the evaluation; overview of the evaluation process; purpose of the inception report

2 Background and context

Should include: a description of the context (e.g. key social, political, economic, demographic, and institutional factors) as well as the main programmes and interventions constituting the UNFPA response. Information on any relevant reviews, assessments, audits and/or evaluations previously conducted should be mentioned.

This section should detail strategies or approaches to programming as well as discuss cross-cutting issues, including particularly issues relating to human rights and gender equality.

3 Intervention logic

Should include: an in-depth analysis of the intervention logic, i.e., assumptions, causality links and risks underlying UNFPA interventions.

4 Methodology

Should include: rationale for methodological choices description of the methods and tools for data collection, analysis, as well as validation techniques. Detailed information on the instruments for data collection and analysis such as: interview protocols per type of informant; protocol for focus groups; structure and lines of enquiries for the case studies; etc. Description of how the data should be cross-checked and limitations of the exercise and strategies to mitigate them.

5 Proposed Evaluation Questions

Should include: a set of evaluation questions with explanatory comments (rationale; coverage of the issues raised in the ToR); detailed approach to answering the evaluation questions (including assumptions to be assessed, indicators, sources of information and associated data collection methods and tools) in the form of an evaluation matrix (cf. annex 2)

6 Next Steps

Should include: a detailed work plan for the next phases/stages of the evaluation, including detailed plans for the field visits, including the list of interventions for in-depth analysis in the field (explanation of the value added for the visits); team composition for the cases studies including distribution of tasks; logistics for the field phase; the contractor's approach to ensure quality assurance of all evaluation deliverables.

8 Annexes

Should include: portfolio of relevant interventions; evaluation matrix; stakeholder map; interview and focus group protocols; detailed structure of the case studies; bibliography; list of persons met; terms of reference

() Tables, graphs and diagrams should be numbered and have a title.*

Annex 6: Outline of the final report

Number of pages: 50-70 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

Executive Summary: 3-5 pages: objectives, short summary of the methodology and key conclusions and recommendations

1 Introduction

Should include: purpose of the evaluation; mandate and strategy of UNFPA in the response to the Syria crisis

2 Methodology

Should include: overview of the evaluation process; methods and tools used for data collection and analysis; evaluation questions and assumptions to be assessed; limitations to data collection; approach to triangulation and validation

3 Findings

Should include for each response to evaluation question: evaluation criteria covered; summary of the response; detailed response

4 Conclusions

Should include for each conclusion: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion

5 Recommendations

Should include for each recommendation: summary; priority level (very high/high/medium); target (business unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized; accompanied by timing for implementation; useful and operational

Annexes shall be confined to a separate volume

Should include: country notes; case study reports; evaluation matrix; portfolio of interventions; methodological instruments used (survey, focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference.

(*) *Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).*

The final version of the evaluation report shall be presented in a way that enables publication (professionally designed and copy edited) without need for any further editing (see section below). Please note that, for the final report, the company should share the files in Adobe Indesign CC software, with text presented in two columns with no hyphenation. Further details on design will be provided by UNFPA Evaluation Office in due course.

Annex 7: Code of conduct and norms for evaluation in the UN system

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous and evaluators must demonstrate personal and professional integrity. In particular:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**. The members of the evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject under evaluation, nor should they expect to be in the near future. Evaluators must have no vested interest and should have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. The evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. At times, evaluations uncover **evidence of wrongdoing**. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to, and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the dignity and self-worth of all stakeholders.
5. Evaluators are responsible for the **clear, accurate and fair** written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

A **declaration of absence of conflict of interest must be signed by each member of the team and shall be annexed to the offer**. No team member should have participated in the preparation, programming or implementation of UNFPA interventions on GBV during the period under evaluation.

[Please date, sign and write "Read and approved"]

See **Code of conduct for evaluation in the United Nations System** at:

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

See **Norms for evaluation in the United Nations System** at:

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

Annex 8: Evaluation quality assessment check-list

1. Structure and Clarity of the Report To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.
2. Executive Summary To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.
3. Design and Methodology To provide a clear explanation of the methods and tools used including the rationale for the methodological choice justified. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)
4. Reliability of Data To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit.
5. Findings and Analysis To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.
6. Validity of conclusions To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritised and clustered and include: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion.
7. Usefulness and clarity of recommendations To ensure recommendations flow logically from conclusions; are targeted, realistic and operationally-feasible; and are presented in priority order. Recommendations include: Summary; Priority level (very high/high/medium); Target (administrative unit(s) to which the recommendation is addressed); Origin (which conclusion(s) the recommendation is based on); Operational implications.
8. SWAP - Gender To ensure the evaluation approach is aligned with the SWAP.

Annex 9: Evaluation quality assessment grid

Organizational unit:

Year of report:

Title of evaluation report:

Overall quality of report:

Good

Date of assessment:

Overall comments:

[insert text]

Assessment Levels

Very good:

strong, above average, best practice

Good:

satisfactory, respectable

Fair:

with some weaknesses, still acceptable

Unsatisfactory:

weak, does not meet minimal quality standards

Quality Assessment Criteria	<i>Insert <u>assessment level</u> followed by main <u>comments</u>. (use 'shading' function to give cells corresponding colour)</i>		
1. Structure and Clarity of Reporting	Yes No Partial	Assessment Level:	Undefined
<i>To ensure the report is comprehensive and user-friendly</i>		Comment:	
1. Is the report easy to read and understand (i.e. written in an accessible language appropriate for the intended audience) with minimal grammatical, spelling or punctuation errors?	<Select one>		
2. Is the report of a reasonable length? (maximum pages for the main report, excluding annexes: 60 for institutional evaluations; 70 for CPEs; 80 for thematic evaluations)	<Select one>		
3. Is the report structured in a logical way? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned (where applicable)?	<Select one>		
4. Do the annexes contain – at a minimum – the ToRs; a bibliography; a list of interviewees; the evaluation matrix; methodological tools used (e.g. interview guides; focus group notes, outline of surveys) as well as information on the stakeholder consultation process?	<Select one>		
<i>Executive summary</i>			
5. Is an executive summary included in the report, written as a stand-alone section and presenting the main results of the evaluation?	<Select one>		
6. Is there a clear structure of the executive summary, (i.e. i) Purpose, including intended audience(s); ii) Objectives and brief description of intervention; iii) Methodology; iv) Main conclusions; v) Recommendations)?	<Select one>		
7. Is the executive summary reasonably concise (e.g. with a maximum length of 5 pages)?	<Select one>		

2. Design and Methodology	Yes No Partial	Assessment Level:	Undefined
<i>To ensure that the evaluation is put within its context</i>		Comment:	
1. Does the evaluation describe the target audience for the evaluation?	<Select one>		
2. Is the development and institutional context of the evaluation clearly described and constraints explained?	<Select one>		
3. Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change, and assess the adequacy of these?	<Select one>		
<i>To ensure a rigorous design and methodology</i>			
4. Is the evaluation framework clearly described in the text and in the evaluation matrix? Does the evaluation matrix establish the evaluation questions, assumptions, indicators, data sources and methods for data collection?	<Select one>		
5. Are the tools for data collection described and their choice justified?	<Select one>		
6. Is there a comprehensive stakeholder map? Is the stakeholder consultation process clearly described (in particular, does it include the consultation of key stakeholders on draft recommendations)?	<Select one>		
7. Are the methods for analysis clearly described for all types of data?	<Select one>		
8. Are methodological limitations acknowledged and their effect on the evaluation described? (Does the report discuss how any bias has been overcome?)	<Select one>		
9. Is the sampling strategy described?	<Select one>		

10. Does the methodology enable the collection and analysis of disaggregated data?	<Select one>	
11. Is the design and methodology appropriate for assessing the cross-cutting issues (equity and vulnerability, gender equality and human rights)?	Yes	

3. Reliability of Data	Yes No Partial	Assessment Level:	Undefined
<i>To ensure quality of data and robust data collection processes</i>		Comment:	
1. Did the evaluation triangulate data collected as appropriate?	<Select one>		
2. Did the evaluation clearly identify and make use of reliable qualitative and quantitative data sources?	<Select one>		
3. Did the evaluation make explicit any possible limitations (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues?	<Select one>		
4. Is there evidence that data has been collected with a sensitivity to issues of discrimination and other ethical considerations?	<Select one>		

4. Analysis and Findings	Yes No Partial	Assessment Level:	Undefined
<i>To ensure sound analysis and credible findings</i>		Comment:	
1. Are the findings substantiated by evidence?	<Select one>		
2. Is the basis for interpretations carefully described?	<Select one>		
3. Is the analysis presented against the evaluation questions?	<Select one>		
4. Is the analysis transparent about the sources and quality of data?	<Select one>		

5. Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted?	<Select one>	
6. Does the analysis show different outcomes for different target groups, as relevant?	<Select one>	
7. Is the analysis presented against contextual factors?	<Select one>	
8. Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights?	<Select one>	

5. Conclusions	Yes No Partial	Assessment Level:	Undefined
<i>To assess the validity of conclusions</i>		Comment:	
1. Do the conclusions flow clearly from the findings?	<Select one>		
2. Do the conclusions go beyond the findings and provide a thorough understanding of the underlying issues of the programme/initiative/system being evaluated?	<Select one>		
3. Do the conclusions appear to convey the evaluators' unbiased judgement?	<Select one>		

6. Recommendations	Yes No Partial	Assessment Level:	Undefined
<i>To ensure the usefulness and clarity of recommendations</i>		Comment:	
1. Do recommendations flow logically from conclusions?	<Select one>		
2. Are the recommendations clearly written, targeted at the intended users and action-oriented (with	<Select one>		

information on their human, financial and technical implications)?		
3. Do recommendations appear balanced and impartial?	<Select one>	
4. Is a timeframe for implementation proposed?	<Select one>	
5. Are the recommendations prioritised and clearly presented to facilitate appropriate management response and follow up on each specific recommendation?	<Select one>	

7. Gender	0 1 2 3 (**)	Assessment Level:	Undefined
<i>To assess the integration of Gender Equality and Empowerment of Women (GEEW) (*)</i>		Comment:	
1. Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected?	<Select one>		
2. Do evaluation criteria and evaluation questions specifically address how GEEW has been integrated into design, planning, implementation of the intervention and the results achieved?	<Select one>		
3. Have gender-responsive evaluation methodology, methods and tools, and data analysis techniques been selected?	<Select one>		
4. Do the evaluation findings, conclusions and recommendations reflect a gender analysis?	<Select one>		

(*) This assessment criteria is fully based on the UN-SWAP Scoring Tool. Each sub-criteria shall be equally weighted (in correlation with the calculation in the tool and totalling the scores 11-12 = very good, 8-10 = good, 4-7 = Fair, 0-3=unsatisfactory).

(**) Scoring uses a four point scale (0-3).

0 = Not at all integrated. Applies when none of the elements under a criterion are met.

1 = Partially integrated. Applies when some minimal elements are met but further progress is needed and remedial action to meet the standard is required.

2 = Satisfactorily integrated. Applies when a satisfactory level has been reached and many of the elements are met but still improvement could be done.

3 = Fully integrated. Applies when all of the elements under a criterion are met, used and fully integrated in the evaluation and no remedial action is required.

Overall Evaluation Quality Assessment

	Assessment Levels (*)			
Quality assessment criteria (scoring points*)	Very good	Good	Fair	Unsatisfactory
1. Structure and clarity of reporting, including executive summary (7)				
2. Design and methodology (13)				
3. Reliability of data (11)				
4. Analysis and findings (40)				
5. Conclusions (11)				
6. Recommendations (11)				
7. Integration of gender (7)				
Total scoring points				
Overall assessment level of evaluation report				
	Very good very confident to use	Good confident to use	Fair use with caution	Unsatisfactory not confident to use

- (*) **(a)** Insert scoring points associated with criteria in corresponding column (e.g. - if 'Analysis and findings' has been assessed as 'Good', enter 40 into 'Good' column).
- (b)** Assessment level with highest 'total scoring points' determines 'Overall assessment level of evaluation report'. Write corresponding assessment level in cell (e.g. 'Fair').
- (c)** Use 'shading' function to give cells corresponding colour.

If the overall assessment is 'Fair', please explain

- How it can be used?

- What aspects to be cautious about?

Where relevant, please explain the overall assessment Very good, Good or Unsatisfactory

Consideration of significant constraints

The quality of this evaluation report has been hampered by exceptionally difficult circumstances:

Yes

No

If yes, please explain:

Annex 10: Cover for the inception report and for the final report

UNFPA logo (there should be no other logo/ name of company)

Title of the evaluation:

Title of the report (example: Inception Report)

Evaluation Office

Date

The following information should appear on page 2:

- Name of the evaluation manager
- Names of the evaluation team

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Any enquiries about this report should be addressed to:

Evaluation Office, United Nations Population Fund, e-mail: evb@unfpa.org

For further information on the evaluation please consult the Evaluation Office webpage:

<http://www.unfpa.org/evaluation>

Editing: xxxx

Design: XXX

Cover photos provided by: XXXX

See examples of evaluation reports at: <http://unfpa.org/public/home/about/Evaluation>

Annex 11: Country evidence table template

COUNTRY NAME

Context	Document	Evidence from document review	Interviews Evidence
<i>Interventions</i>			
<i>Expenditure</i>			
<i>Implementing partners delivering</i>			

EQ 1 – Relevance	Document	Evidence from document review	Interview Evidence
Assumption 1			
...			
EQ 2 – Relevance	Document	Evidence from document review	Interview Evidence
EQ 3 –Efficiency	Document	Evidence from document review	Interview Evidence
EQ 4 – Efficiency and sustainability	Document	Evidence from document review	Interview Evidence
EQ 5 – Effectiveness	Document	Evidence from document review	Interview Evidence
EQ 6 – Effectiveness	Document	Evidence from document review	Interview Evidence
EQ 7 – Effectiveness	Document	Evidence from document review	Interview Evidence

EQ 8 – Coordination	Document	Evidence from document review	Interview Evidence

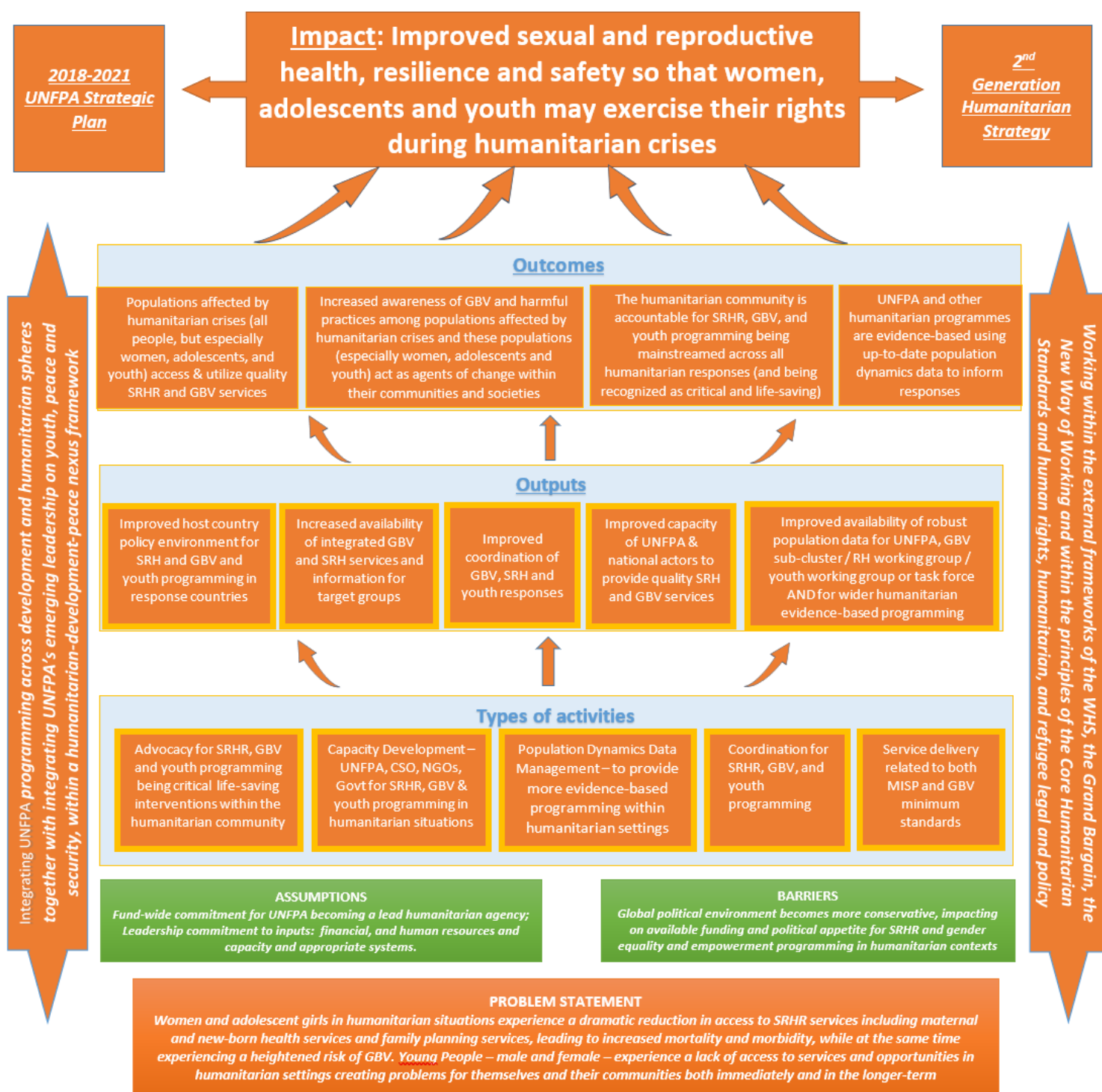
Important issues not included in the Assumptions	
1	.
2	
3	
...	

CONSIDERATIONS FOR THE OVERARCHING GLOBAL THEMATIC LEVEL

Consideration 1.
Consideration 2.
...

Interview respondents	
1	.
2	
3	
...	

Annex III: Reconstructed Theory of Change



Annex IV: Strength of Evidence of Findings

EQ	Finding	Strength of evidence	Comments and final strength
1	1. UNFPA humanitarian programming is well-aligned with the specific humanitarian sexual and reproductive health (SRHR) and gender-based violence (GBV) needs in different humanitarian contexts. This alignment is not a result of any organization-wide systematic mechanisms for ensuring relevance. There are no systematic or consistent mechanisms for assessing the needs of youth.		Strong – finding on inconsistency, and evidence shows both good and bad practices
	2. Across the sample of countries examined for this evaluation, there is evidence of an evolution of humanitarian response across different phases of a crisis, adapting to changing needs of affected populations.		Medium for country specific evidence Weak from country evidence for global evolution, but clear evidence from global 2012 / 2018 comparisons
	3. The UNFPA humanitarian response as a whole has significantly and positively evolved from 2012 to 2019.		
	4. Gender and inclusion analysis within UNFPA programme design is neither consistent nor adequate.		Strong. Limited references to G&A and a number of references specifically stating how weak G&A is
	5. UNFPA humanitarian programming remains aligned to the UNFPA mandate as articulated within the 2014-2017 and 2018-2021 strategic plans. This is explicit within humanitarian programming for SRHR and GBV but not for youth and data. There is less explicit reference to the second-generation humanitarian strategy which is itself outdated.		Medium

2	6. The adherence of UNFPA to humanitarian principles is generally limited to those specified in extant overarching humanitarian frameworks and can be complicated by linkages with governments that are not compliant with these principles.		Medium. But limited reference in itself provides evidence for the finding. = Strong
	7. UNFPA has an inherent modality of working closely aligned with government partners which reflects and reinforces the New Way of Working (NWOW) and also supports progress in achieving the Sustainable Development Goals (SDGs).		Strong
	8. UNFPA has successfully promoted the global minimum standard for SRHR – the MISP – across all contexts. However, GBV standards are inconsistently understood and utilized across different contexts. There are no overarching common standards for working with and for young people.		Strong, MISP Medium, GBV No references to youth standards so this itself clear. (note, youth standards not part of indicators against assumption)
3	9. There are many examples of accountability to affected populations (AAP) mechanisms in place to differing degrees across the sample of countries examined for this evaluation. However, these mechanisms have not been systematically incorporated within UNFPA programming. This has resulted in duplication of effort and missed opportunities for institutional synergy and consistency in approaching this important area. Knowledge of AAP – conceptually and pragmatically how to establish feedback mechanisms – across UNFPA staff is inconsistent.		Strong
	10. UNFPA has significantly increased focus on protection from sexual exploitation and abuse (PSEA) at the corporate level but this increased focus is recent and this is only slowly filtering through the organization with knowledge of concepts and practices on PSEA currently remaining basic at the country level. UNFPA does not provide clear corporate guidance on the boundaries between GBV and PSEA.		Strong evidence for overall lack of PSEA. Medium evidence for lack of understanding of GBV/PSEA – but this is a very important point given the number of countries

			within which UNFPA is taking leadership of PSEA task forces.
4	11. Across the sample of countries examined for the evaluation, there is evidence of clear output-level results of maternal and new-born health (MNH) services, but less evidence of clear results for the whole spectrum of SRHR services supported by UNFPA. There is also less evidence of consistent GBV service-delivery effectiveness. Youth programming (not coordination) is increasing, but still nascent, with examples across most countries of increased consideration for youth friendly/adolescent friendly services but with limited evidence of results.		MNH rather than full spectrum of SRHR – strong GBV inconsistent – strong Youth – limited references, so strong
	12. Awareness-raising and social norms change is generally more limited within a UNFPA humanitarian response compared to service-delivery results and monitoring of effectiveness is hampered by the absence of comprehensive humanitarian-specific outcome-level indicators.		Strong
	13. At the global level, both SRHR and GBV responses have become increasingly considered as life-saving within humanitarian interventions since 2012. For SRHR, this is still primarily limited to MNH services. At country level there has been mixed success within the sample of countries included in this evaluation in terms of UNFPA advocacy within the broad humanitarian community (United Nations agencies, donors, and non-governmental organizations (NGOs) among other humanitarian actors) to ensure SRHR and GBV response are understood as life-saving, but clear success with host governments across different contexts.		Strong
	14. UNFPA data systems are not adequate for monitoring outcome-level humanitarian results.		Medium: evidence is complicated as is very nuanced, at different levels, data used for different things.

	15. UNFPA inconsistently leverages population data for informing overall humanitarian responses.		Strong – inconsistent use of population data to inform overall response.
	16. There are many examples of UNFPA increasing resilience through working with service providers at the facility level or with government at the national level but more limited evidence of UNFPA programming changing resilience at individual or community level.		Medium: evidence is complicated as is nuanced at different levels
5	17. UNFPA humanitarian capacity has evolved significantly over the period of this evaluation. However, UNFPA is still considered a relatively small humanitarian actor by the international humanitarian community.		Strong
	18. There is clear evidence of geographical targeting based on highest need and limited only by challenges of resources and /or security and access. However, there is no systematic approach across the countries included within this evaluation for geographical targeting.		Strong
	19. In terms of demographic coverage, UNFPA has an increasing focus on programming for adolescent girls, often within a wider adolescent/youth humanitarian programme area as articulated in strategic documents such as the 2018-2021 Strategic Plan. There is limited implementation of inclusion of people with disabilities although most UNFPA country offices included in this evaluation report increasing inclusion of this vulnerable group. There is extremely limited programming for lesbian, gay, transgender, bisexual, and queer (LGBTQI) populations.		Strong, ado girls, medium for PwD, strong, lack of LGBTI programming
6	20. UNFPA has successfully increased access to other resources, particularly centralized pooled funding – such as country-based pooled funds and the central emergency response fund (CERF) – over the time period of this evaluation, 2012-2019. However, UNFPA does not have the flexibility within internal funding mechanisms at country or global level required for effective humanitarian response.		Strong for being perceived as small, strong for lack of flexibility, medium for increased centralised pooled funding – CERF reports back this up

	21. Despite positive progress in the past decade, UNFPA still struggles to get the right people in the right place for humanitarian response on the right contractual modality.		Medium
	22. Fast-track procedures (FTPs) are generally viewed by UNFPA staff as useful for humanitarian response where they are activated.		Medium
	23. The UNFPA aversion to financial risk undermines its overall performance as a humanitarian actor.		Medium: few references, but those made are very powerful and credible
	24. At country level, strong partnerships with government, sister agencies, NGOs and civil society organizations (CSOs) are a cornerstone of UNFPA development programming. Such robust partnerships can be a considerable advantage in humanitarian response. However, UNFPA has no standardized method of leveraging these partnerships across all humanitarian action areas, nor with other partners such as academic institutions or the private sector.		Strong
7	25. The GBV Area of Responsibility (AoR) at the global level has progressed positively since UNFPA assumed sole leadership in 2016 and is adequately resourced for the first time in 2019 but this has not been wholly based on core resource commitment from UNFPA.		Weak at country level (no knowledge) but medium at global level, few responses but those responses are highly credible
	26. At the country level, coordination by GBV subclusters has improved but there remains GBV subclusters which are under-resourced, with double-hatting coordinators, an absence of information management (IM) functions, and an over-reliance on surge.		Strong
	27. There is clear evidence of reproductive health (RH) working groups at the country level having a positive impact on health programming. However, RH working groups remain ad hoc with no systematic establishment, resourcing, or scope and function of RH working groups.		Strong in general No evidence on terminology this is evaluation team analysis
	26. UNFPA global commitment for youth coordination has not trickled down to country level.		Medium – but lack of evidence of youth coordination is evidence.

	27. There is evidence that UNFPA is successfully taking a continuum approach internally across humanitarian and development at many levels. However, UNFPA has not successfully bridged the humanitarian-development-peace nexus and has not systematically fulfilled its global obligations vis à visa SCR 2250 at country level.		Weak documentary evidence Mixed evidence from countries
	28. UNFPA global commitment for youth leadership through the Global Compact for Young People in Humanitarian Action has not trickled down to country level leadership or coordination.		Strong
	29. There is evidence that UNFPA is successfully taking a continuum approach across the humanitarian and development nexus at country, regional, and global levels. However, UNFPA has not successfully bridged the humanitarian-development-peace triple nexus and has not systematically fulfilled its global obligations vis-à-vis United Nation Security Council Resolution (UNSCR) 2250 at country level.		Strong
	30. There is significant evidence that UNFPA works closely with government as a national actor to build capacity for sustainability in humanitarian programming. At the same time, there is evidence in many of the countries examined for this evaluation that UNFPA works closely with local organizations for GBV work, particularly in the area of psychosocial support (PSS), but without systematically targeting women’s organizations.		Strong

Annex V: Evaluation Matrix

To access this annex, please contact Hicham Daoudi, Evaluation Manager (daoudi@unfpa.org), with a copy to evaluation.office@unfpa.org

Annex VI: Thematic Papers

Thematic Paper: Human resources for humanitarian action



Annex VIa Thematic
Paper HR.pdf

Thematic Paper: Supply chain management for humanitarian commodities



Annex VIb Thematic
paper Commodities.

Annex VIIa: Country Note - DRC

Annex VIIb: Country Note - Haiti

Annex VIIc: Country Note - Indonesia

Annex VIId: Country Note – Ukraine

To access the country notes, please contact Hicham Daoudi, Evaluation Manager (daoudi@unfpa.org), with a copy to evaluation.office@unfpa.org



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