



Terms of Reference

United Nations Population Fund (UNFPA) Cambodia 6th Country Programme 2019-2023

Country Programme Evaluation (CPE)

February 202

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Acronyms

APRO	UNFPA Asia and Pacific Regional Office
CO	Country office
CDHS	Cambodia Demographic and Health Survey
CP	Country programme
CP6	6 th Country Programme
CPAP	Country programme action plan
CPD	Country programme document
CPE	Country programme evaluation
CSE	Comprehensive Sexual Education
DSA	Daily subsistence allowance
EmONC	Emergency Obstetrics and Neonatal Care
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
HCT	Humanitarian Country Team
ICPD	International Conference on Population and Development
M&E	Monitoring and evaluation
MoEYS	Ministry of Education, Youth and Sports
MoWA	Ministry of Women's Affairs
NAPVAW	National Action Plan on Violence Against Women
NGOs	Non-Governmental Organisations
NSDP	National Strategic Development Plan
OECD/DAC	Organisation for Economic Cooperation and Development/Development Assistance Committee
RCG	Royal Government of Cambodia
SDGs	Sustainable Development Goals
SP	Strategic Plan
SRHR	Sexual and reproductive health and rights
ToC	Theory of Change
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality.”¹ In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular good health and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one is left behind and that the furthest behind are reached first.

UNFPA established the Cambodia Country Office (CO) in 1994 at the request of the Royal Government of Cambodia (RGC) following the UN-sponsored national elections in 1993. Ever since, UNFPA has provided technical and financial assistance to Cambodia through its successive programmes of assistance. For almost 20 years, UNFPA has developed and implemented six country programmes in the areas of population and development, including generating and using population data for policy development, family planning and SRHR, ensuring that every pregnancy is wanted, every birth is safe, adolescents and youth have the rights and participation, and every girl and woman is treated with dignity and respect.

Currently, UNFPA Cambodia is implementing its sixth Country Programme (CP6) 2019-2023, which supports the Royal Government of Cambodia (RGC) in its pursuit of meeting the goals of the ICPD and the relevant Sustainable Development Goals (SDGs) through Cambodia's National Strategic Development Plan (NSDP) 2019-2023, Cambodian sustainable development goals framework 2016-2030 (CSDGs), the National Population Policy (NPP) 2016-2030 and the United Nations Development Framework (UNDAF) 2019-2023 and other sectoral strategies and plans. The year 2022 marks the penultimate year of the five-year Country Programme with its timeframe aligned with the UNDAF 2019-2023 and the NSDP 2019-2023.

In accordance with the 2019 UNFPA Policy, UNFPA Cambodia is planning to conduct an independent exercise in order to generate evidence to: (a) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (b) support evidence-based decision-making; and (c) contribute important lessons learned to the knowledge base of the organization as a whole. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle- 2024-2028.

The evaluation will be implemented in line with the *Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA* (UNFPA Evaluation Handbook), which is available at <https://www.unfpa.org/EvaluationHandbook>. The Handbook provides practical guidance for managing and

¹ UNFPA Strategic Plan 2018-2021, p. 3. The document is available at: https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf.

conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers a step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the evaluation manager perform during the different evaluation phases.

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

The CPE will be managed by the evaluation manager within the UNFPA Cambodia CO, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the APRO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

2. Background and Context

A total population of Cambodia was 15.5 million in 2019², which was increased from 11.4 million in 1998 and 13.4 million in 2008. People aged 24 and below comprised of 46.6%³ of the total population while young people aged 10-24 make up approximately 17% of the total population. The total fertility rate (TFR) or the average number of children per woman was declined from about 3.1 children⁴ in 2008 to 2.5 children in 2019 with a trend of decrease in the coming years. In 2008, life expectancy for Cambodians were 60.5 years and 64.3 years⁵ for males and females respectively. There is an improvement one decade later. In 2019, the average life expectancy⁶ was 76 years. Women (77 years) live longer than men (74 years).

Over the past 20 years, Cambodia's economy has undergone significant growth and transition, reaching lower-middle-income status in 2015 and aspiring to attain an upper-middle-income level by 2030. Driven by garment exports and tourism, Cambodia's economy has sustained an average real growth rate of 7.7 percent⁷

² Cambodia Population Census 2019

³ Ibid

⁴ Cambodia Population Census 2008

⁵ Ibid

⁶ Cambodia Population Census 2019

⁷ World Bank Cambodia

between 1998 and 2019, making it one of the fastest-growing economies in the world. Cambodia has made remarkable progress in reducing poverty and improving health over the past two decades. The proportion of Cambodians living in poverty fell from 47.8% in 2007 to 13.5% in 2014⁸.

The global shock triggered by the COVID-19 pandemic significantly impacted Cambodia's economy when Cambodia also faces the partial suspension of preferential access to the EU market under the "Everything but Arms" initiative. The outbreak caused sharp deceleration in most of Cambodia's main engines of growth—tourism, manufacturing exports, and construction—which together accounted for more than 70 percent of the country's growth in 2019 and almost 40 percent of paid employment. The economy in 2021 registered negative growth of 2.3 percent⁹, a decline in Cambodia's recent history. As a result, about 45 percent of households continued to experience income losses in the first quarter of 2021¹⁰.

In addition to the impact of COVID-19 pandemic, Cambodia has sometimes been hit with disasters. For instance, in 2020 several provinces, including the suburbs of the capital city, were flooded for a couple of months. This disaster destroyed livelihoods and housing of the people in the areas. It has exacerbated the economic situation of the country and the community.

Despite several challenges, Cambodia successfully reduced the maternal mortality ratio (MMR) from 472 in 1990 to 170 in 2015 and to 141 in 2019¹¹. The under-five mortality rate decreased from 83 per 1,000 live births in 2005 to 35 per 1,000 live births in 2014; and infant mortality rate decreased from 66 per 1,000 live births in 2005 to 28 per 1,000 live births in 2014¹².

Modern contraceptive use increased from 19% in 2000 to 39% in 2014¹³. The HIV/AIDS prevalence decreased from 2.6% to 0.5% among the population aged 15-49¹⁴. This MMR ratio is still high in comparison with many countries in the region. In the meantime, the percentage of unmet need for contraception was 12.5% in 2014¹⁵.

The findings from a recent research on Youth Situation in Cambodia led by UNFPA in partnership with the National Youth Development Council (NYDC), UNICEF, WFP and UNAIDS show that 20% of male respondents reported that they had never received information from any source on such topics, whereas only 9% of females reported not receiving information from any sources on these topics. 41% of all respondents aged 15-24 from perceived that they have enough knowledge, and they do not want to get more information related to this topic. However, the results further revealed that comprehensive knowledge of young people aged 15-24 on sexual or reproductive health is still limited. Only 50% of the respondents understood the possibility of a

⁸ ADB Cambodia

⁹ World Bank Cambodia

¹⁰ Ibid

¹¹ Ministry of Health Cambodia

¹² Ibid

¹³ CDHS 2014

¹⁴ Ministry of Health Cambodia

¹⁵ CDHS 2014

woman getting pregnant after the first time she had sexual intercourse, and only 35% had basic knowledge on the menstrual cycle and possibility of pregnancy¹⁶.

Though most participants are aware of modern birth control methods and the importance of family planning and contraception, use of modern contraceptives is still limited. None of the single female survey respondents who had sexual intercourse reported using a contraceptive method. Around one-third of single male respondents who had had sexual intercourse reported that they had only used condoms and never used other contraceptive methods, and around two-thirds reported that they had never used any contraceptive method.

Gender inequality, violence against women and sexual harassment remain as one of the most pervasive human rights violations, and is now viewed as a global public health and clinical problem of epidemic proportions. It has prevented women and girls not only from accessing economic, educational and social resources, but also from exercising their sexual reproductive health rights and living free of violence. Gender-Based Violence (GBV) is a scourge affecting Cambodia like many other countries across the globe.

In Cambodia, over 30 per cent of women have ever experienced physical, sexual or emotional intimate partner violence in their lifetime, and about 49 per cent of these GBV survivors and victims reported that they never talked about it to anyone¹⁷. Particularly, the female factory workers and young people are the most vulnerable population that are facing violence including harassment. According to the Cambodia Youth and Adolescent Report in 2020, 39 percent of young people aged 15 to 24 reported having witnessed physical violence in their community in the past 12 months, and 12 per cent reported having experienced some forms of abuse¹⁸.

In addition, the escalation of violence against women and children during the COVID-19 pandemic is another urgent concern. Survivors are now more seeking for help, the number of calls to violence hotlines have increased 7 times higher¹⁹ in March 2021 when the national lockdown started compared to before November 2020. People are actively searching the information for GBV survivors through internet, the number of searches increased by 52 per cent compared to last year before the COVID-19 community outbreak in Cambodia. On the other hand, not all GBV survivors are able to access the services they need. In Cambodia, a number of laws, policies and strategies have been introduced and various GBV response services have been established. However, only 24 percent of women who have experienced physical or sexual intimate partner violence seek help from formal service providers²⁰.

Over the past 10 years, the government and development partners have made great strides in addressing SRHR and gender-based violence problems faced by Cambodian people. The government has put in place and implemented many policies in order to improve sexual reproductive health of Cambodian people. The 3th Health Strategic Plan 2016-2020 and National Strategy for Sexual and Reproductive (2017-2020) and the National Guidelines on Adolescents and Youth Friendly Health Services (2016) were developed and

¹⁶ Youth Situation Analysis 2020, UNFPA Cambodia

¹⁷ CDHS 2014

¹⁸ Youth Situation Analysis 2020, UNFPA Cambodia

¹⁹ <https://www.khmertimeskh.com/50871484/abuse-of-women-and-children-increasing-during-covid-19-crisis/>

²⁰ CDHS 2014

implemented²¹. In 2011-2015, through UNFPA Country Programme, the Ministry of Education, Youth and Sports (MoEYS) initiated and implemented Comprehensive Sexuality Education (CSE) curriculum in schools from pre-school to Grade 12 in seven provinces. The CSE curriculum incorporates basic SRH issues as part of overall life skills for the peer education programme and it will be a compulsory topic in public schools. In 2014, the Minister of MoEYS agreed to have the basic SRH into the core curriculum as part of the new Education Strategic Plan (ESP) 2014-2018²². The implementation of the new national curriculum was scheduled to start in 2022.

At the same time, with development partners' support, RCG has developed and implemented numerous policies to address the GBV issues in Cambodia. Some of them are the constitutional law, Law on Prevention of Domestic Violence and Protection of Victims, draft national policy on gender equality, Neary Ratanak (MoWA), National Action Plan on Violence against Women (NAPVAW). While laws and policies are in place to achieve gender equality, dominant social norms support male authority and patriarchal structures and tolerance of violence against women have contributed to impunity and hinder gender equality. Gender inequality and violence against women have prevented women not only from accessing available services, but also from exercising their rights, including reproductive rights and the right to live a life free of violence in the country.

Besides, the capacity of the RCG in producing and analyzing data has been strengthened gradually because the National Institute of Statistics (NIS) under the Ministry of Planning continues to receive training and on-going technical support from various development partners in Cambodia. However, with increased demand in real-time data to respond to immediate to respond to crisis situation such as COVID-pandemic, skills and capacity in producing data have to be enhanced.

Although the key policies and laws on issues of reproductive health, population and gender are in place, the challenge is a gap between the policy and its implementation. The CP6 continues to support policy development and effective implementation to address inequalities, particularly among ethnic minority communities, and develops policy approaches to address emerging vulnerabilities, especially for young people, the poor, the marginalised groups, women experiencing violence, people affected the COVID-19 pandemic, and populations at risk from climate change. This is to ensure that “No one is left behind”. Within the lower middle-income country context, UNFPA is focusing on achieving universal access to sexual and reproductive health, particularly for young people, addressing gender-based violence and harmful practices, strengthening data generation and analysis capacity, and evidence-based policy advocacy-in line with the National Strategic Development Plan (2019-2023), the SDGs and national normative frameworks. UNFPA will address inequalities and emerging vulnerabilities, and follow a human rights-based approach throughout the cycle. (see the CP6's ToC of annex A).

While UNFPA needs financial resources to accomplish the task of “delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled”, the donor environment has been changing with many of the large bilateral and multilateral donors withdrawing assistance from Cambodia or providing concessional loans rather than grants. The funding environment has been severely affected by the COVID-19 pandemic and donors have diverted some resources to focus on COVID-19 response. This will also have an impact on UNFPA's resource mobilization efforts and will require a greater commitment from the

²¹ Ministry of Health Cambodia

²² Ministry of Education, Youth and Sports, Cambodia

Government to both jointly mobilize resources and to allocate an increased proportion of the national budget for social sector development plans.

3. UNFPA Strategic Response (6th Country Programme)

The sixth Country Programme, 2019–2023, grounded in human rights and gender equality principles, reflects the comparative advantage of UNFPA; it is aligned with national priorities, as reflected in the Cambodian NSDP 2019–2023, the UNFPA strategic plan, 2018–2021, and UNDAF priorities. The five-year duration of the Country Programme is to allow alignment with the UNDAF 2019-2023 and the five-year NSDP 2019-2023.

This Country Programme reflects the principles of the ICPD Programme of Action as it emphasizes the value of investing in women and girls including the most marginalized both as an end in itself and as a key to improving the quality of life for everyone. This Country Programme has three outcomes and each outcome has an output. The gender equality and gender based violence has been integrated into outcome one as UNFPA has focused more on health sector response to GBV.

UNFPA Transformative Agenda (Three Zeros)		
Zero preventable maternal deaths	Zero unmet need of family planning; and	Zero gender-based violence and all harmful practices, including child marriage
High level CPD commitment: By 2023, 275,000 safe deliveries will be performed at health facilities equipped with skilled health personnel, especially midwives, who provide high quality life-saving interventions based on national standards, across high maternal health needs provinces targeted by UNFPA in Cambodia.		
Output 1: Strengthened national and sub-national capacities to provide high quality integrated sexual and reproductive health and rights information and services particularly for the marginalized and vulnerable including in emergencies.	Output 2: Young people, including the marginalized and those in vulnerable situations, are empowered with knowledge and skills to make informed choices for sexual and reproductive health and reproductive rights and their well-being in an enabling environment	Output 3: Strengthened institutional capacities to produce and use data to map out inequalities and emerging population dynamics to inform policies and programmes and improve emergency preparedness

Outcome 1 (Sexual and Reproductive Health): The CPAP Outcome 1 statement directly links and reflects the UNFPA strategic plan priority which states: **SP Outcome 1: Sexual Reproductive Health** There is one output. The main strategies are to provide policy support and strengthening capacities of health sector to deal with SRH needs of the vulnerable population including GBV survivors. In addition, it is also in line with SP Outcome 3 as

the strategies also aim to achieve the results through provision of technical advice and capacity building support for the development of primary prevention of violence programs which could be implemented at sub/national levels and scaled up as part of the Ministry of Women's Affairs' (MoWA) national programme and priorities set out in national policy frameworks – National Action Plan on Violence Against Women (NAPVAW) Phase III This strategy will also involve advocacy, raising the awareness among rights holders of their rights and of the universality of rights.

Outcome 2 (Adolescent and Youth): The CPAP outcome 2 statement directly links and reflects the UNFPA strategic plan priority which states: **SP Outcome 2: Adolescents and Youth**. There is one output under this outcome. The main strategies to achieve the results will be through provision of technical advice for the revision of the health education curriculum and syllabus frameworks and training strategies for teachers in line with international guidance and UN frameworks for Comprehensive Sexuality Education (CSE). This will provide opportunities for young people to develop their health knowledge and health seeking behaviours, reducing the risk of unwanted pregnancies, disease including HIV and promoting positive relationships, respect and gender equality.

Outcome 4 (Population Dynamics): The CPAP outcome 4 statement directly links and reflects the UNFPA strategic plan priority (2018-2021) which states: **SP Outcome 4: Population Dynamics**. There is one output under this outcome. The main strategies to achieve the results include the provision of technical support to design and conduct the population census in 2019 adhering to international standards and guidelines. The strategy also involves building the technical capacity of the NIS and different line ministries and subnational planning bodies to analyse and disseminate disaggregated data including the CDHS 2020/2021. *However, this outcome has become one of the outputs under the new strategic plan (2022-2025)* <https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>, which consists of three outcomes below:

- 1- *Reduction in the unmet family planning accelerated*
- 2- *Reduction in preventable maternal deaths accelerated*
- 3- *Reduction in the gender-based violence and harmful practices accelerated.*

The UNFPA Cambodia CO also takes part in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. Beyond the UNCT, the UNFPA Cambodia CO participates in the Humanitarian Country Team (HCT) to ensure that inter-agency humanitarian action is well-coordinated, timely, principled and effective, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crisis.

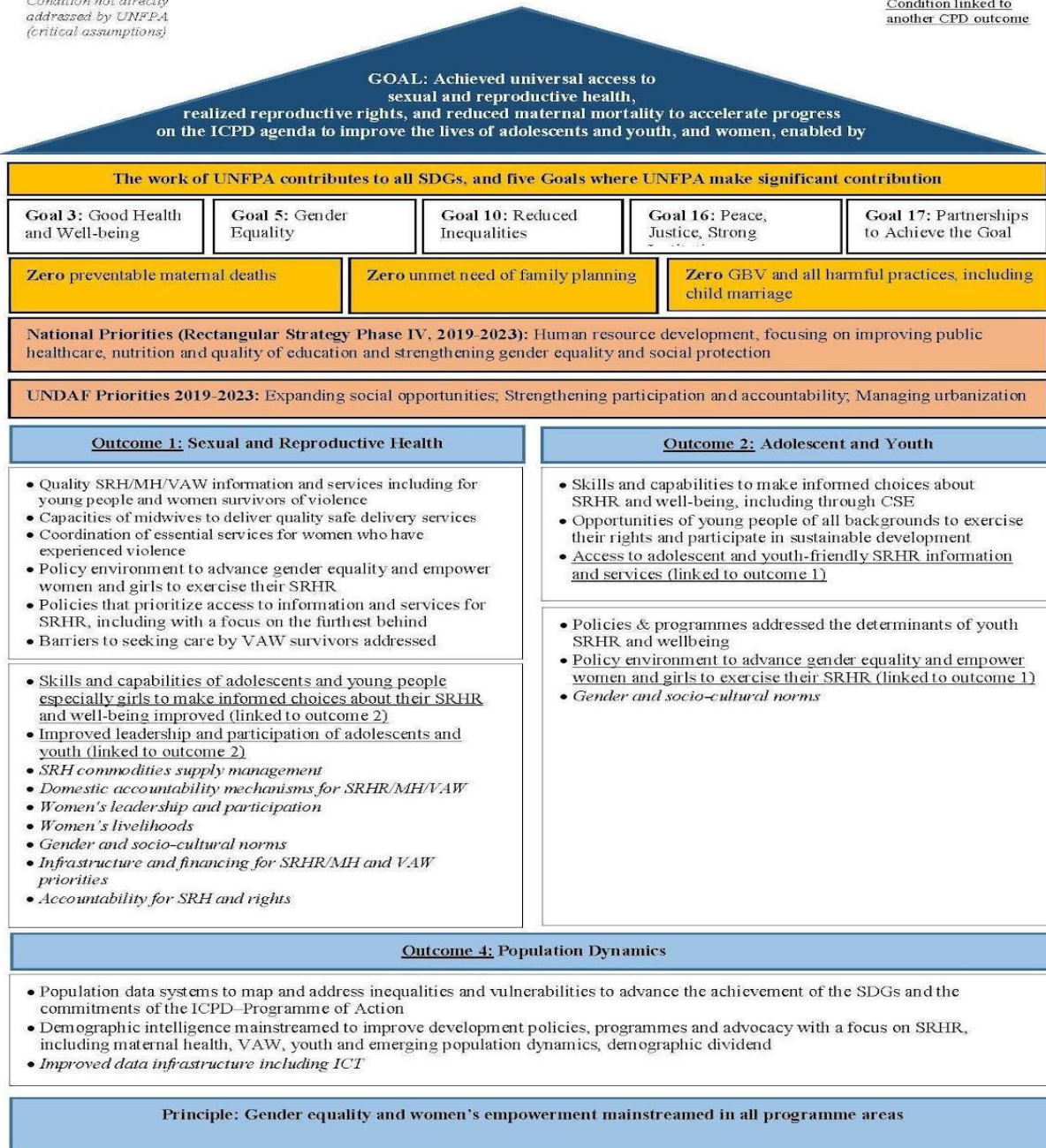
The process of geographic prioritization at subnational level involved an in depth evaluation and analysis of several key indicators across the country with updated different data sources. They are locations that are performing poorly in comparison to the national averages; respond to the CPE recommendations; where existing partnerships and resources can be leveraged; and where thematic convergence is possible.

The result of this analysis and following in depth discussions with government partners during CPAP planning workshops is the selection of a total of 8 provinces for joint interventions across the three outcome areas. Below is the schematic view of the 6th country programme.

Country Programme Linkage: Schematic View

Italicized phrases:
Condition not directly addressed by UNFPA (critical assumptions)

Underlines phrases:
Condition linked to another CPD outcome



To better manage the programme implementation, resources (in millions of USD) for CP6 has been allocated as stated in the table below:

Outcome areas		Regular	Other	Total
Outcome 1	Sexual and reproductive health	5.70	2.35	8.05
Outcome 2	Adolescent and youth	0.80	1.00	1.80
Outcome 3	Population dynamics	1.30	1.35	2.65
Programme coordination and assistance		0.50	0	0.50
Total		8.30	4.70	13.00

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following three main purposes, as outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Cambodia CO, national stakeholders and rights-holders, the UNFPA APRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA CP6-2019-2023
- ii. To broaden the evidence base to inform the design of the next programme cycle.

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

- i. To provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the ability of UNFPA to connect immediate support during COVID-19
- iii. To provide an assessment of the role played by the UNFPA Cambodia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
- iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

Geographically, the Evaluation will cover UNFPA's work at both the national level and priority locations which include the provinces of **Kampong Cham, Kratie, Monduliri, Oddar Meanchey, Preah Vihear, Ratanakiri, Stung Treng, Tboung Khmum, and in the capital city of Phnom Penh for specific interventions** as defined by the Country Programme. The Evaluation will look at both interventions implemented by UNFPA Country Office and implementing partners.

Thematic Scope

The evaluation will cover the following thematic areas of the CP6: Sexual Reproductive Health and Rights, Gender-Based Violence (GBV), Comprehensive Sexual Education among adolescents and youth and population dynamics and cross-cutting issues, such as disability and migration. In addition, the evaluation will also look at coordination, coverage and connectedness.

Temporal Scope

The Evaluation will cover the time period of 2019 to May 2022 (CP6 2019-2023). Given that the CP6 period covers 2019-2023, the final achievements and results of the CP6 are most likely not seen within the scope of the exercise.

The Evaluation shall make the best use of the UNEG and UNFPA guidelines, to the extent possible, especially the UNFPA Handbook “EVALUATION HANDBOOK HOW TO DESIGN AND CONDUCT A COUNTRY PROGRAMME EVALUATION AT UNFPA” in informing the whole evaluative process.

5. Evaluation Criteria and Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.²³ Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across the humanitarian-peace-development nexus and contribute to building resilience.

<p>Relevance</p>	<p>The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.</p> <p>To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, entailed by the crisis triggered by the COVID-19 pandemic?</p>
<p>Coherence</p>	<p>The compatibility (complementarity, harmonization and coordination) of the Country Programme with other interventions in a country in areas of UNFPA’s mandate and with international norms and standards; and co-ordination and the extent to which the intervention is adding value while avoiding duplication of effort</p>

²³ The full set of OECD/DAC evaluation criteria, their adapted definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/reviced-evaluation-criteria-dec-2019.pdf>.

Effectiveness	<p>The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.</p> <p>To what extent were the UNFPA country programme intended results achieved, taking into account potential changes made to the initial results framework due to the COVID-19 crisis?</p>
Efficiency	<p>The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).</p> <p>To what extent was the mix of resources, procedures and implementation modalities used by the country office adapted to the COVID-19 context?</p>
Sustainability	<p>The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.</p>
Coverage	<p>The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.</p>
Connectedness	<p>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.</p>

5.2. Preliminary Evaluation Questions

The evaluation of the CP will provide answers to the evaluation questions (related to the above criteria), which determine the thematic scope of the CPE.

The evaluation questions presented below are indicative and preliminary. Based on these questions, the evaluators are expected to develop a final set of evaluation questions, in consultation with the evaluation manager at the UNFPA Cambodia CO and the ERG.

The consultants will answer all those questions, which will thereafter lead to conclusion, findings and recommendations.

RELEVANCE

1. To what extent did the programme (i) adapt to the needs of the population (in particular, the needs of vulnerable groups), (ii) align with government priorities (iii) align with the priorities and strategies of UNFPA, and (iv) align with the UNDAF during 2019-2023?

2. To what extent was the country office able to respond to changes in the national development context and priorities?

COHERENCE:

3. To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT?
4. To what extent have issues pertaining to sexual and reproductive health and rights (SRHR) and GBV, been adequately integrated and addressed in joint COVID-19 response and recovery programming with UNFPA's leadership?

EFFECTIVENESS

5. To what extent have the expected outputs and outcomes of the programme been achieved or likely to be achieved? What were unintended results of the programme?
6. To what extent were gender equality, equity and human rights and disability dimensions effectively incorporated into the CP design, implementation and monitoring

EFFICIENCY

7. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the outcomes defined in the UNFPA country programme in a timely manner?
8. To what extent did UNFPA systems, processes and procedures (particularly in terms of finance, partnerships, logistics, procurement and human resources) foster or, on the contrary, impede the adaptation and efficiency of the country programme to changes triggered by the COVID-19 pandemic?

SUSTAINABILITY

9. To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects across the development-humanitarian continuum, including during the COVID-19 pandemic?
10. To what extent has UNFPA been successful in mitigating the threats to the sustainability of results caused by the COVID-19 crisis?

Coverage

11. To what extent have UNFPA humanitarian interventions systematically reached the affected populations, especially the most vulnerable and marginalized groups (including young people and women with disabilities; those of racial, ethnic, religious and national minorities; LGBTQI populations)

Connectedness

12. To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises?

The generic questions listed above are only indicative; the final set of questions will be determined during the design phase, after a discussion with the UNFPA CO and ERG.

The evaluator should organize the questions into an matrix (see template #5 in the Handbook) that indicates the: questions, the assumptions to be assessed, its respective indicators (both qualitative and quantitative), proposed data sources and tools for data collection (document evaluation, key informant interviews, field visit, etc.) to address each of the questions. Evaluators must use it throughout the data collection process with a view to structuring and recording all collected information. At the design phase, the matrix displays the data requirements (sources and collection methods) to respond to the questions while at the field phase evaluators shall organize the data and information collected with a view to responding to the questions. The completed matrix shall be included in the final report as an annex.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

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

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Cambodia CO's CP6-2019-2023 (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA Cambodia CO was during the period of the CP6.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Cambodia CO's CP6 made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Cambodia CO has developed an initial

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

The evaluation manager in the UNFPA Cambodia CO has established an ERG comprised of key stakeholders of the CP, including: Members of this **ERG** are: 1) UNFPA Assistant Representative (**Chair of ERG**); 2) Representative of Council for the Development of Cambodia; 3) Representative of National Working Group on Monitoring and under Ministry of Planning; 4) Representative of UNDAF Monitoring and Group (currently chaired by UNICEF); 5) An Academic Institution; 6) A representative from a CSO, 7) UNFPA APRO Monitoring and Advisor; and 8) UNFPA Monitoring and Officer (**Secretary**). The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

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

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

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook “How to Design and Conduct Country Programme Evaluations”. The Handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA Cambodia CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA.

The CPE will be conducted in accordance with the *UNEG Norms and Standards for Evaluation*,²⁴ *Ethical Guidelines for Evaluation*,²⁵ *Code of Conduct for Evaluation in the UN System*²⁶, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations and the UNFPA Guidance on Disability Inclusive Evaluation*.²⁷ When contracted by the UNFPA Cambodia CO, the evaluators will be requested to sign the *UNEG Code of Conduct*²⁸ prior to starting their work.

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

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

The evaluation matrix

The evaluation matrix is centerpiece to the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 as well as the evaluation matrix template in Annex C). The matrix contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions for all evaluation criteria and key assumptions to be examined; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated key assumptions. By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected (for each evaluation question) and is presented in an organized manner. At the end of the field phase, the matrix is useful to ensure that sufficient evidence has been collected to answer all evaluation questions or, on the contrary, to identify gaps that require additional data collection. In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to support their analysis (or findings) for each evaluation question.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the evaluation manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the

²⁴ Document available at: <http://www.unevaluation.org/document/detail/1914>.

²⁵ Document available at: <http://www.unevaluation.org/document/detail/102>.

²⁶ Document available at: <http://www.unevaluation.org/document/detail/100>.

²⁷ Document available at: <http://www.unevaluation.org/document/detail/980>.

²⁸ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

annexes of the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and related assumptions

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

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

Sampling strategy

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

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

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

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

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and rights-holders (notably women, adolescents and youth) and direct observation during visits to selected sites.

Secondary data will be collected through document review, primarily focusing on annual work plans, quarterly work plan progress reports, monitoring data and donor reports for projects of the CO, evaluations and research studies (incl. previous CPEs, mid-term reviews of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations, etc.), population data, and records and data repositories of the CP and its implementing partners, such as health clinics/centres. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Cambodia CO during the period of CP6-2019-2023.

The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 5 weeks for data collection in the field. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, checklists for direct observation at sites visited or a protocol for document review, shall be presented in the design report. If the COVID-19 situation in the country does not allow travel within the country, remote interviews and groups discussions will need to replace face-to-face interviews and group discussions.

Data analysis

The evaluation matrix will be the major framework for analyzing data. The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and each assumption. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help to answer the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, sections 5.1 and 5.2, pp. 115-117).

The following methods of data analysis and synthesis are encouraged to be used:

- Descriptive analysis - to identify and understand the contexts in which the programme has evolved, and to describe the types of interventions and other characteristics of the programme.
- Content analysis - to analyze documents, interviews, group discussions and focus groups notes to identify emerging common trends, themes and patterns for each key evaluation question, at all levels of

analyses. Content analysis can be used to highlight diverging views and opposing trends. The emerging issues and trends provide the basis for preliminary observations and evaluation findings.

- Comparative analysis - to examine evidence on specific themes or issues across different areas of programme implementation. It can be used to identify good practices, innovative approaches and lessons learned.
- Quantitative analysis - to interpret quantitative data, in particular data emerging from programme annual reports, studies and reports, and financial data.
- Contribution analysis - to assess the extent to which the country programme contributed to expected results. The team is encouraged to gather evidence to confirm the validity of the theory of change, and to identify any logical and information gaps that it contained; examine whether and what types of alternative explanations/reasons exist for noted changes; test assumptions, examine influencing factors, and identify alternative assumptions for each pathway of change.

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77). These mechanisms include (but are not limited to):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2, pp. 94-95);
- Regular exchange with the evaluation manager at the CO;
- Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and
- The debriefing meeting with the CO and the ERG at the end of the field phase, when the evaluation team present the emerging findings of the evaluation.

A validation workshop with a wider group of stakeholders, not limited to Implementing Partners and the ERG, will be conducted to discuss evaluation findings, conclusions and recommendations before the final report is submitted. This opportunity will allow integrating comments from stakeholders into the final evaluation report. ERG members will review draft reports and participate in validation meetings.

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).

The validation mechanisms will be presented in the design report.

7. Evaluation Process

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

7.1. Preparatory Phase

The evaluation manager at the UNFPA Cambodia CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase.
- Drafting the terms of reference (ToR) for the CPE with support from the regional M&E adviser in UNFPA APRO and in consultation with the ERG, and submission of the draft ToR (without annexes) to the UNFPA Evaluation Office for review and approval.
- Publication of the call for the evaluation consultancy.
- Completion of the annexes to the ToR with support of the CO staff, I.
- Pre-selection of consultants by the CO in consultation with APRO M&E Adviser, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.

7.2. Design Phase

In the design phase, the evaluation manager will lay the foundation for communications around the CPE. All other activities will be carried out by the evaluation team, in close consultation with the evaluation manager and the ERG. This phase includes:

- Evaluation kick-off meeting between the evaluation manager and the evaluation team.
- Development of an initial communication plan (see Template 16 in the Handbook, p. 279) by the evaluation manager, in consultation with the communication officer in the UNFPA Cambodia CO to support the dissemination and facilitation of use of the evaluation results. The initial communication plan will be updated during each phase of the evaluation, as appropriate, and finalized for implementation during the dissemination and facilitation of use phase.
- Desk review of background information and documentation on the country context and CP, as well as other relevant documentation.
- Review and refinement of the theory of change underlying the CP (see Annex A).
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a final stakeholder map and a sampling strategy to select sites to be visited and stakeholders to be consulted in Cambodia through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete and feasible evaluation work plan and agenda for the field phase (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, related assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the evaluation manager and the ERG and submit it to the regional M&E adviser in UNFPA APRO for review. The template for the design report is provided in Annex E.

7.3. Field Phase

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 5-weeks for data collection is planned for this evaluation. However, the evaluation manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Meeting with the UNFPA Cambodia CO staff to launch the data collection.
- Meeting of the evaluation team with relevant programme officers at the UNFPA Cambodia CO.
- Data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the emerging findings from the data collection. The meeting will serve as a mechanism for the validation of collected data and information and the exchange of views between the evaluators and important stakeholders. It will enable the evaluation team to refine the findings, which is necessary so they can then formulate their conclusions and develop credible and relevant recommendations.

7.4. Reporting Phase

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, taking into account the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

Prior to the submission of the draft report to the evaluation manager, the evaluation team must perform an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (see Annex E). The evaluation manager and the regional M&E adviser in UNFPA APRO will subsequently review the draft evaluation report, using the same criteria (defined in the EQA grid). If the quality of the report is satisfactory (in form and substance), the draft report will be circulated to the ERG members for review. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a second draft.

The evaluation manager will collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the evaluation manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation.

Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

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

At the end of the reporting phase, the evaluation manager and the regional M&E adviser will jointly prepare an internal EQAA of the final evaluation report and the Regional M&E Advisor will submit the final report and the draft EQAA to EO to conduct the external quality assessment of the evaluation report. The Evaluation Office will subsequently conduct the final EQAA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase

In the dissemination and facilitation of use phase, the evaluation team will develop a **PowerPoint presentation of the evaluation results** that summarizes the key findings, conclusions and recommendations of the evaluation in an easily understandable and user-friendly way.

At a minimum, the final evaluation report will be accompanied by a Powerpoint presentation of the evaluation results (prepared by the evaluation team) and an evaluation brief (prepared by the evaluation team).

The evaluation manager will share the evaluation results with the CO staff (incl. senior management), implementing partners, APRO, the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final **management response** document. In a last step, The UNFPA Cambodia CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

The evaluation will also develop an **evaluation brief**. This concise note will present the key results of the CPE, thereby making them more accessible to a larger audience.

The final evaluation report, along with the management response and the final EQAA will be included in the UNFPA evaluation database.²⁹ The final evaluation report will also be circulated to the UNFPA Executive Board. Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA Cambodia CO website.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final

²⁹ The UNFPA evaluation database can be accessed at the following link:

<https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa>.

stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); and (v) a detailed evaluation work plan and agenda for the field phase. For guidance on the outline of the design report, see Annex E.

- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Cambodia CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present findings, conclusions and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.
- **Final evaluation report.** The final evaluation report (*maximum 70 pages, excluding annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G.
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.
- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation Office produces for centralized evaluations. This will be supported by the Evaluation Manager and Communication Officer.

All the deliverables will be developed in English language and Khmer for executive summary of the final evaluation report and the evaluation brief

9. Quality Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation reports are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation manager is primarily responsible for quality assurance of the deliverables of the evaluation in each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQAA grid (Annex E)³⁰ before submission to the evaluation manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

<p>1. Structure and Clarity of the Report</p> <p>Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office (see Annex I).</p>
<p>2. Executive Summary</p> <p>Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main conclusions; and recommendations.</p>
<p>3. Design and Methodology</p> <p>Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)</p>
<p>4. Reliability of Data</p> <p>Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. documents) data collected and make limitations explicit.</p>

³⁰ The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

5. Analysis and Findings

Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.

6. Validity of Conclusions

Ensure conclusions are based on credible findings and convey the evaluators’ unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.

7. Usefulness and Clarity of Recommendations

Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).

8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality

Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women³¹ and UNEG guidance on integrating human rights and gender perspectives in evaluation.³²

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

³¹ Guidance on the SWAP Evaluation Performance Indicator and its application to evaluation is available at: <http://www.unevaluation.org/document/detail/1452>.

³² The *UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations* is available at <http://www.uneval.org/document/detail/980>.

10. Proposed work plan

Below is an indicative timeline for the Evaluation. However, some flexibility is expected in order to respond to actual situation.

Phases	Key activities/deliverables	Timeframe: 2022									Responsibility	# of paid days for evaluator
		February	March	April	May	Jun	July	Aug	Sept	Oct		
Preparation	<ul style="list-style-type: none"> Establish Evaluation Reference Group Drafting of the ToR Approval of the ToR Recruitment of consultant <p>(Output: evaluator recruited)</p>	x	x	x							<ul style="list-style-type: none"> Evaluation Manager UNFPA CO ERG 	N/A
Design	<ul style="list-style-type: none"> Develop design report and present to UNFPA CO and ERG for feedback Finalize design report <p>(Output: Evaluation design report completed)</p>				x						<ul style="list-style-type: none"> Evaluator Evaluation Manager UNFPA CO ERG 	10 days
Field	<ul style="list-style-type: none"> <u>Primary data</u>: key informant interviews and Focused Group Discussions <u>(two-week in-country mission)</u> <u>Secondary data</u>: desk evaluation of previous s and relevant documents Present preliminary findings and conclusions to ERG for feedback <p>(Output: field data collection completed)</p>					x	x				<ul style="list-style-type: none"> Evaluator 	25 days

<p>R e p o r t i n g p h a s e</p>	<ul style="list-style-type: none"> Write 1st draft Evaluation report and submit to UNFPA CO ERG to provide feedback (by email) Finalize Evaluation report (list recommendations in the Handbook template in priority order and strategic and programmatic levels) Prepare an evaluation brief <p>(Output: Final Evaluation report completed)</p>									<p>x</p> <p>x</p> <p>x</p>	<ul style="list-style-type: none"> Evaluator Evaluation Manager ERG UNFPA CO APRO M&E Advisor 	<p>17 days</p>
<p>D i s s e m i n a t i o n a n d f o l l o w u p</p>	<ul style="list-style-type: none"> Conduct national level dissemination of the Evaluation report, findings and recommendations Provide management responses against the Evaluation recommendations Develop evaluation brief Reflect lessons learnt and recommendations as appropriate in the new draft Country Programme to the UNFPA Executive Board <p>(Output: Management responses completed)</p>									<p></p>	<ul style="list-style-type: none"> Evaluation Manager UNFPA CO APRO M&E Advisor Communication Officer 	<p>3 days</p>
<p>Total paid days for consultant</p>											<p>55 days</p>	

11. Management arrangements

UNFPA Representative: Overall guidance will be provided by the UNFPA CO Representative who will ensure that the Evaluation could be conducted in an independent and impartial manner that is in line with the UNFPA Policy.

Evaluation Manager: A UNFPA CO evaluation manager (Monitoring and Officer) will be assigned to interact on a day-to-day basis with the evaluator and who will ensure that all the necessary aspects of Evaluation are well taken into account in line with UNFPA Handbook. Acting as the secretary to the Evaluation Reference Group, the Manager will make all necessary documents available to enable effective desk evaluation exercise, and set up appointments with key informants for interviews and focused group discussions. Local transport will be arranged by UNFPA Cambodia to afford the evaluator with conducting meetings with key informants at national and sub-national levels. A translator will be provided to assist the evaluator during meeting with KII and FGD.

Evaluation Reference Group (ERG): The ERG, whose composition is indicated below and **Chaired by UNFPA Assistant Representative**, will be tasked with the following activities:

- Evaluation and provide feedback on draft Terms of Reference **(in meeting)**
- Evaluation and provide feedback on draft design report **(in meeting)**
- Provide feedback on initial findings **(by email)**
- Evaluation and provide feedback on draft Evaluation report, findings, conclusion and recommendations to be used as lessons learnt for new Country Programme **(by email)**
- Facilitate access of the evaluator to relevant information and key informants

Members of this **ERG** are: 1) UNFPA Assistant Representative (**Chair of ERG**); 2) Representative of Council for the Development of Cambodia; 3) Representative of National Working Group on Monitoring and (under Ministry of Planning); 4) Representative of UNDAF Monitoring and Group (currently chaired by UNICEF); 5) An Academic Institution; 6) A representative of CSO, 7) UNFPA APRO Monitoring and Advisor; and 9) UNFPA Monitoring and Officer (**Secretary**)

12. Composition of Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). In addition to his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the UNFPA CP6 in Cambodia.

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

11.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. S/he will provide expertise on gender and gender-based violence, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV, such as child, early and forced marriage. The evaluation manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the evaluation manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the CP described below.

Evaluation team member: SRHR

The SRHR Expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health and family planning. S/he will also provide expertise on youth development, particularly in the areas of SRHR of adolescents and youth. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Cambodia CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, transcribing the interviews and discussions as agreed with the evaluation team leader. In addition, s/he will be interpreting and translating the interview/FGD transcripts, question guides, executive summary of the final evaluation report and evaluation brief.

Evaluation team member: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, and national statistical systems. S/he will also provide [expertise on youth development, youth leadership and participation](#). S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Cambodia CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader. In addition, s/he will be interpreting and translating the

interview/FGD transcripts, question guides, executive summary of the final evaluation report and evaluation brief.

Evaluation team member: Young and emerging evaluator

The young and emerging evaluator will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will also participate in data collection (site visits, interviews, group discussions and document review) and contribute to data analysis and the drafting of the evaluation report, as agreed with the evaluation team leader. In addition, s/he will provide administrative support throughout the evaluation process and participate in meetings with the evaluation manager, UNFPA Cambodia CO staff and the ERG. S/he will be interpreting and translating the interview/FGD transcripts, question guides, executive summary of the final evaluation report and evaluation brief.

The modalities for the participation of the evaluation team members in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report and evaluation brief will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

11.2. Qualifications and Experience of the Evaluation Team

Team leader - international consultant

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

- Master's degree in public health, social sciences, gender studies, women/gender studies, human rights law, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development with experience in humanitarian settings as an asset.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Substantive knowledge on gender equality and the empowerment of women and girls, and youth development, including GBV, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

- Ability to consistently integrate human rights and gender perspectives and disability inclusion in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Cambodia
- Fluent in written and spoken English

SRHR/ASRHR Expert - national consultant

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

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development with experience in humanitarian setting as an asset.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning, adolescent and youth development, in particular SRHR of adolescents and youth.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of [name of country].
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Khmer

Population dynamics expert - national consultant

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

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.

- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development with experience in humanitarian settings as an asset.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Substantive knowledge on population policies, including youth development policies
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Cambodia
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Khmer.

Young and emerging evaluator

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

- Bachelor's degree in public health, demography or population studies, social sciences, statistics, development studies or a related field.
- Certificate in evaluation or equivalent qualification.
- At least one year of work experience in conducting evaluation or M&E in the field of international development.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage.
- Fluent in written and spoken English and Khmer.

13. Budget payment and modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

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

Upon approval of the design report	20%
Upon completion of field data collection	20%
Upon submission of a draft evaluation report of satisfactory quality	30%
Upon submission and approval of the final evaluation report, the PowerPoint presentation of the evaluation results and evaluation brief	30%

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

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

	Team leader	SRHR Expert	PD Expert	YEE
Design phase	10	6	5	5
Field phase	25	24	21	20
Reporting phase	17	17	16	14
Dissemination and facilitation of use phase	3	3	3	3
TOTAL (days)	55	50	45	42

14. Ethical consideration

The work of the evaluator will be guided by the Norms and Standards established by the United Nations Group (UNEG). Ethical Code of Conduct for UNEG/UNFPA s is provided in the annex for reference. The evaluator will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluator will be requested to sign the Code of Conduct prior to engaging in the exercise.

http://uneval.org/papersandpubs/documentdetail.jsp?doc_id=102

http://uneval.org/papersandpubs/documentdetail.jsp?doc_id=100

15. Bibliography and Resources

LIST OF EVALUTIONS AND ASSESSMENTS

UNFPA Cambodia:

- UNFPA Country Programme 2016-2018
- Mid-term evaluation of 2019-2023
- EmONC assessment 2020
- Study on Adolescents and Youth Situation and Youth Situation Analysis 2020
- Assessment of COVID-19 Impact on Returning Migrants 2020
- Evaluation of Emergency Obstetric and Neonatal Care (EmONC) Improvement Plan 2016-2020

LIST OF STRATEGIC AND PROGRAMMATIC DOCUMENTS

UNFPA Headquarters

- UNFPA Family Planning Strategy 2012-2020
- UNFPA Strategic Plan 2018-2021
- UNFPA Strategic Plan 2022-2025

UNDAF Cambodia

- UNDAF 2019-2023
- UNDAF Joint Annual Report 2019
- UNDAF Joint Annual Report 2020

UNFPA Cambodia

- UNFPA Cambodia Country Programme Document (2019-2023)
- UNFPA Cambodia Country Programme Action Plan 2019-2023 (including Results and Resources Framework; Planning Matrix for Monitoring and; Partnership Plan; Monitoring and Calendar; CP6 Geographic Locations; CP6 Map with Priority Setting; Weighted Criteria)
- 2019 UNFPA Country Office Annual Report
- 2020 UNFPA Country Office Annual Report
- 2021 UNFPA Country Office Annual Report
- 2019 CPAP Annual Evaluation Meeting
- 2020 CPAP Annual Evaluation Meeting
- 2021 CPAP Annual Evaluation Meeting
- UNFPA field monitoring visit reports

RELEVANT NATIONAL AND SECTORAL DOCUMENTS

- National Strategic Development Plan 2019-2023
- Mid-term evaluation report 2022 of National Strategic Development Plan 2019-2023
- Health Strategic Plan 2016-2020
- Fast Track Initiative Roadmap for Reducing Maternal and Newborn Mortality for 2016 – 2020
- EmONC Improvement Plan 2016-2020
- National Strategy for Reproductive and Sexual Health 2017 – 2020
- Strategic Plan for Cambodian Midwives Council 2015-2020
- Cambodian sustainable development goals (CSDGs) framework 2016-2030
- National Population Policy (NPP) 2016-2030
- National Population Policy and Action Plan 2019-2023
- National Gender Strategy (Neary Ratanak V) 2019-2023
- National Action Plan on Violence Against Women III-2019-2023
- National Programme for Sub-national Democratic Development 2021-2030 and Implementation Plans

Annex A: Theory of Change
Annex B: Stakeholder map
Annex C: Evaluation Matrix Template
Annex D: List of Interventions (ATLAS Projects)
Annex E: Outline of Design Report
Annex F: Evaluation Quality Assessment grid
Annex G: Outline of Evaluation Report
Annex H: UNFPA Evaluation Office editorial guidelines
Annex I Management response (Handbook template)