1. **ABOUT UNFPA**

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

The goals of UNFPA - achieving universal access to sexual and reproductive health (including family planning), promoting reproductive rights, reducing maternal mortality and accelerating progress on the ICPD agenda and MDG 5 - are inextricably linked. UNFPA also focuses on improving the lives of youths and women by advocating for human rights and gender equality and by promoting the understanding of population dynamics. Population dynamics, including growth rates, age structure, fertility and mortality and migration have an effect on every aspect of human, social and economic progress. And sexual and reproductive health and women's empowerment all powerfully affect and are influenced by population trends.

2. **Mandate**

The role of the Evaluation Branch at the Division for Oversight Services (DOS) is to: (1) support the Executive Director’s accountability towards the executive board and wider public; (2) support the accountability of UNFPA Country Offices towards stakeholders and partners at country level; (3) provide quality assurance on UNFPA interventions both at the global and country levels; (4) contribute to learning at the corporate, regional and country levels.

The Evaluation Branch is planning to conduct the independent evaluation of the UNFPA 3rd Country Programme of Assistance to the Government of Lebanon in 2013, as part of its annual work plan.
3. **CONTEXT**


Lebanon is a middle income country with an estimated population of 4.259 million people in 2011. The GDP per capita (2005 PPP $) is 11,868. Lebanon’s human development index (HDI), which rose from 0.716 in 2005 to 0.739 in 2011, gives the country a rank of 71 out of 187 countries with comparable data. The percentage of deprived households dropped from 30.9 percent (6.8 percent of those living in extreme deprivation) in 1998 to 24.6 percent in 2004/05 and whereby 5.2 percent of the latter live in extreme deprivation. Still, social and economic regional disparities exist, with poverty pockets including urban poor. These are manifested in terms of educational attainment, gender disparities, health status, fertility behaviour, unemployment, child labour, purchase power, and participation issues particularly as it relates to women, youth and other vulnerable groups.

In spite of solid achievements in Gender Equality, Equity and Empowerment of Women, much remains to be pursued building on achievements and lessons learned. In education, 83.3 percent of women are literate and school enrolment ratios of girls to boys at primary levels is equal. Access of Lebanese women to national decision-making and their participation in political life remains weak. Lebanon has not yet lifted its reservations on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the existing family laws still discriminates against women. Though recently there has been an increased number of victims of violence who have sought support, still women rarely request adequate legal or other protection against the different forms of violence.

Government spending in the social sector is relatively moderate, where approximately 8.1 percent of the GDP goes to the health sector. Contraceptive prevalence rate is estimated at 58 percent, of which 34 percent modern contraceptives, primarily IUDs, pills and condoms. Antenatal care and attended deliveries in Lebanon are universal. Almost 96 percent of pregnant women received care during pregnancy, and attended birth was almost 98 percent of deliveries (Pan Arab Project for Family Health, Lebanon, 2004) though some regional disparities still exist. However, only about 52 percent of women received post-natal care. Maternal mortality ratio dropped from the observed level of 140 and 107 per 100,000 live births in 1990 and 1993 respectively to 86.3 in 2004.

Awareness of STI/HIV/AIDS prevention is very high in Lebanon (91 percent) although 20 percent of students had never heard of HIV/AIDS. Despite the fact that Lebanon is considered a low prevalence country, still there are indications of clearly defined pockets of concentrated epidemic with population at risk thus representing major challenge to be addressed in order to halt potential rapid spread of epidemic.

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3. Ibid.
4. Living Conditions of Household Survey, Lebanon, 2004
5. Ibid.
6. WHO Global Health Observatory for 2009
7. Pan Arab Project for Family Health, Lebanon, 2004
8. Ibid.
9. National AIDS Programme, Lebanon
10. Global School-Based Health Survey, Lebanon, 2005
In this context, UNFPA decided to commit a total of USD 10 million over the 5 years of its third programme of assistance to the Government of Lebanon (2010-2014). The programme consists of three components: (a) reproductive health and rights (allocated with USD 5.5 million); (b) population and development (allocated with USD 2.0 million); and (c) gender equality (allocated with USD 2.0 million).

The reproductive health and rights component aims at increasing access to health services and improving their quality, particularly in underserved areas and with focus on vulnerable groups. The population and development component is intended to improve effective and accountable governance of state institutions and public administrations. Under the gender equality component, two objectives are pursued: (a) integrating gender equality and the human rights of women and adolescent girls in pertinent national and sectorial laws, policies, strategies, and plans; and (b) prevention and protection from, and response to, gender-based violence improved at the national level.

4. OBJECTIVES AND SCOPE OF THE EVALUATION:

The overall purpose of the exercise is to produce an independent and useful evaluation report, with a view to contributing to the elaboration of the next UNFPA country programme for Lebanon.

The specific objectives of the independent evaluation of the UNFPA 3rd country programme for Lebanon are:

- to provide the UNFPA country office in Lebanon, national programme stakeholders, the UNFPA Arab States regional office, UNFPA headquarters as well as the wider audience with an independent assessment of the relevance and performance of the UNFPA third country programme for Lebanon;
- to provide an analysis of how UNFPA has positioned itself to add value in an evolving national development context;
- to draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

The evaluation will cover all activities (including soft aid activities) planned and/or implemented during the period 2010-2013 within each programme component (reproductive health and rights, population and development and gender equality). Besides the assessment of the intended effects of the programme, the evaluation also aims at identifying potential unintended effects.

As a complement to the assessment of the three programme components, the evaluation team will also conduct an assessment of the programme monitoring and evaluation system.
5. EVALUATION CRITERIA AND EVALUATION QUESTIONS

In accordance with the methodology for CPEs as set out in the Evaluation Branch Handbook on How to Design and Conduct Country Programme Evaluations (2012)\(^1\), the evaluation will be based on a number of questions (limited to a maximum of ten) covering the following evaluation criteria:

**Relevance**
- To what extent are the objectives of the programme (i) adapted to the needs of the population (in particular the needs of vulnerable groups), (ii) aligned with government priorities (iii) as well as with policies and strategies of UNFPA?
- To what extent is the UNFPA country programme aligned with the UN strategy (UNDAF) in Lebanon?
- To what extent was the country office able to respond to changes in the national development context?

**Effectiveness**
- To what extent have the expected results of the programme been achieved?

**Efficiency**
- To what extent were programme resources (funds, expertise, time, etc.) converted into results?

**Sustainability**
- To what extent are the results of UNFPA supported activities likely to last after their termination?

Besides the above standard evaluation criteria, the programme will also be assessed against the two following specific criteria, with a view to characterizing the strategic positioning of UNFPA within the UN system in Lebanon:

**Coordination**
- To what extent did UNFPA contribute to coordination mechanisms in the UN system in Lebanon?

**Complementarity**
- To what extent did UNFPA contribute to complementarity (i.e. avoiding overlap and duplication of activities / seeking synergies) among UN agencies in Lebanon?

The questions listed above are only indicative; the final set of evaluation questions will be determined during the design phase, after a discussion with the evaluation reference group.

6. EVALUATION METHODOLOGICAL APPROACH

**Data Collection**

The evaluation will use a multiple-method approach including documentary review, group and individual interviews, focus groups and field visits as appropriate.

\(^1\) [http://www.unfpa.org/public/home/about/Evaluation/Methodology](http://www.unfpa.org/public/home/about/Evaluation/Methodology)
Validation mechanisms

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the CO programme managers.

Stakeholders participation

An inclusive approach, involving a broad range of partners and stakeholders, will be taken. The evaluation team will perform a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the Government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

7. EVALUATION PROCESS

The evaluation will unfold in three phases, each of them including several steps.

1) Design phase

This phase will include:

- a documentary review of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined: 2010-2013;
- a stakeholder mapping – The evaluation team will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- a reconstruction of the intervention logic of the programme, i.e. the theory of change meant to lead from planned activities to the intended results of the programme;
- the finalization of the list of evaluation questions;
- the development of a data collection and analysis strategy as well as a concrete workplan for the field phase.

At the end of the design phase, the evaluation team will produce a design report, displaying the results of the above-listed steps and tasks.

2) Field phase

After the design phase, the evaluation team will undertake a three-week in-country mission to collect and analyze the data required in order to answer the evaluation questions as agreed upon at the design phase.

At the end of the field phase, the evaluation team will provide the CO with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

3) Synthesis phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the CO at the debriefing meeting. This first draft final report will be submitted to the evaluation reference group for comments (in writing). Comments made by the reference group will then allow the evaluation team to prepare a second draft of the final evaluation report.
This second draft final report will form the basis for an in-country dissemination seminar, which should be attended by the CO as well as all the key programme stakeholders (including key national counterparts). The final report will be drafted shortly after the seminar, taking into account comments made by the participants.

8. **INDICATIVE TIMEFRAME**

<table>
<thead>
<tr>
<th>Phases/deliverables</th>
<th>Dates</th>
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<tbody>
<tr>
<td>1. Drafting of the ToR</td>
<td>March 2013</td>
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<tr>
<td>2. Scoping mission</td>
<td>March 2013</td>
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<tr>
<td>3. Finalization of the ToR and recruitment of experts</td>
<td>March 2013</td>
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<tr>
<td>4. Design phase</td>
<td>April 2013</td>
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<tr>
<td>Submission of the design report</td>
<td>end of April 2013</td>
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<tr>
<td>5. Field Phase</td>
<td>6 May–24 May 2013</td>
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<tr>
<td>- 1st draft final report</td>
<td>July 2013</td>
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<tr>
<td>- 2nd draft final report</td>
<td>August / 2013</td>
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<tr>
<td>- Dissemination seminar (in Beirut)</td>
<td>September 2013</td>
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<tr>
<td>- Final report</td>
<td>October 2013</td>
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</table>
9. COMPOSITION OF THE EVALUATION TEAM

The evaluation team will consist of:

- the **team leader** (Evaluation Adviser at the Evaluation Branch, UNFPA), with overall responsibility for the evaluation process, from the preparation of the ToR to the production of the final report. He will lead and coordinate the work of the evaluation team and will also be responsible for the quality assurance of all evaluation deliverables.

- a **reproductive health expert** (consultant) will support the team leader and provide expertise in reproductive and maternal health (including family planning, emergency obstetric and newborn care). She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to reproductive health and rights.

- a **population and development expert**, also **expert in monitoring & evaluation systems** (consultant) will support the team leader and provide expertise in population and development issues (including census, democratic governance, population dynamics, legal reform processes, national and local capacity development and national statistical systems) as well as in the assessment of the monitoring and evaluation systems. She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to population and development and the assessment of the monitoring and evaluation system. At the synthesis phase, she/he will be responsible for putting together the first comprehensive draft of the evaluation report, based on inputs from other evaluation team members.

- a **gender expert** (consultant) to support the team leader and provide expertise on gender equality issues (women and adolescents reproductive rights, prevention of discrimination and violence against women, etc.). Besides her/his technical expertise, the gender expert should have a good knowledge of the Lebanese national development context and be fluent in Arabic. She/he will take part in the data collection and analysis work during the design and field phases. Thanks to her/his knowledge of the national development context, she/he will act as a facilitator for the organization and implementation of the field work. She/he will also assist other evaluation team members in the analysis of the documentation in Arabic. She/he will be responsible for drafting key parts of the design report and the final evaluation report, including (but not limited to) sections relating to the national context and gender equality. The gender expert will also be responsible for the quality control and editing of the translation of the final report in Arabic (this translation will be performed by a professional translator.)

The team will be assisted by an interpreter, during the field phase, for the conduct of focus groups with final beneficiaries.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.
10. **DELIVERABLES**

The evaluation team will produce the following deliverables:

- a design report including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and the corresponding judgement criteria and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase;

- a debriefing presentation document (*Power Point*) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of the field phase;

- a draft final evaluation report (potentially followed by a second draft, taking into account potential comments from the evaluation reference group);

- a powerpoint presentation of the results of the evaluation for the dissemination seminar to be held in Beirut

- a final report, based on comments expressed during the dissemination seminar in Beirut.

All deliverables will be drafted in *English*. The powerpoint presentation for the dissemination seminar and the final report will be translated in *Arabic*.

11. **MANAGEMENT OF THE EVALUATION**

The team leader will also be the manager of the evaluation.

He will be assisted by a **reference group** composed of representatives from the UNFPA country office in Lebanon, the national counterpart, the UNFPA Arab States regional office as well as from UNFPA relevant services in headquarters.

The main functions of the reference group will be:

- to discuss the terms of reference drawn up by the Evaluation Branch of UNFPA;
- to provide the evaluation team with relevant information and documentation on the programme;
- to facilitate the access of the evaluation team to key informants during the field phase;
- to discuss the reports produced by the evaluation team;
- to advise on the quality of the work done by the evaluation team;
- to assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

The team leader and the reference group will communicate mostly via e-mail, although “virtual” meetings (via tele or videoconference) may also be convened.
ANNEX I : Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business.

Evaluation Team /Evaluators:

1. To avoid conflict of interest and undue pressure, evaluators need to be independent, implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future.

Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. Should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time, and: respect people’s right not to engage. Evaluators must respect people’s right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.

3. Evaluations sometimes uncover evidence of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.

4. Should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders’ dignity and self-worth.
5. They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

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

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21
ANNEXE II : Management response

<table>
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<tr>
<th>UNFPA Management response</th>
<th>Country Programme Evaluations (from-to): ……….(name of the country)</th>
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Note: The following management response lists the recommendations as they appear in the evaluation report. Please refer to the report for more details on each recommendation. Recommendations may be organized by clusters, e.g.: strategic recommendations, recommendations associated with the country programme, recommendations associated with cross-cutting issues. Within each cluster, recommendations should be ranked by priority levels (from 1 to 3).

Instructions for completing the management response:
1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year later.

Cluster 1: Strategic recommendations

<table>
<thead>
<tr>
<th>Recommendation #</th>
<th>To ………. (e.g Executive Director’s Office)</th>
<th>Priority Level …. (from 1 to 3)</th>
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Management response - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:……………………………………………………………………………………………………………………………
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<th>Annual implementation status updates</th>
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### TERMS OF REFERENCE – LEBANON CPE (2013)

#### Recommendation #

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#### Cluster 2: Recommendations associated with the programme

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### Clusters 3: Recommendations associated with cross-cutting issues

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**Management response** - *Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:*……………………………………………………………………………………………………………………………………………

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