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Terms of Reference

Mid-Term Review of the Gender-Based Violence Prevention and Response Phase II Project (2020-2024)

**United Nations Population Fund (UNFPA)
Kathmandu, Nepal**

January 2023

Background

Gender-based violence (GBV) is pervasive in Nepal. Women and girls continue to face various forms of violence throughout their life, regardless of their caste, ethnicity and socio-economic status. To address the problem of GBV, UNFPA launched the Gender-based Violence Prevention and Response Phase II (GBVPR II) project.

The overarching goal of the GBVPR II project is to reduce all forms of GBV and discrimination against women and girls in the targeted municipalities in Province 1 and Sudurpaschim Province. In pursuit of this goal, the project seeks to change discriminatory social and gender norms that uphold female subordination and violence against women and girls; to enhance access to quality, multi-sectoral services for GBV survivors; and to strengthen the policy environment and budget allocations for gender equality and GBV services. As a result, the project is working towards the following three outcomes:

- Outcome 1 (Prevention). Women and men, including girls and boys increasingly prevent, report and address gender-based violence.
- Outcome 2 (Response). Local governments, legal authorities and health facilities provide effective multi-sectoral and survivor-centered responses to gender-based violence.
- Outcome 3 (Strategic and policy engagement). Local, provincial, and federal governments adopt and implement policies and budgets for the promotion of gender equality and the empowerment of all women and girls.

The results framework of the project is included in Annex I.

Activities

To achieve these three outcomes, the project implements prevention activities that target risk factors at individual, interpersonal and community levels. This includes: (1) gender-transformative dialogues with couples and their family members; (2) group discussions with members of community-based organizations; (3) reflective dialogues with traditional, religious and democratically constituted leaders; and (4) the delivery of an adapted version of the *Rupantaran* life skills program to adolescent boys and girls in schools.

The project also implements a series of activities to improve the response to GBV across multiple sectors, with a particular emphasis on psychosocial support for GBV survivors. In particular, the project provides support to: (1) improve shelter services for GBV survivors by enhancing the capacity of safe houses and long-term shelters to provide quality services, information and activities to promote healing, wellbeing and empowerment; (2) strengthen the capacity of OCMCs and peripheral health facilities to provide quality, survivor-centered health care (incl. services for sexual and intimate partner violence) to reduce the effects of violence and/or prevent future violence; (3) enhance case management and psychosocial counselling to facilitate GBV survivors' navigation through available response services and promote their healing and recovery; (4) increase community outreach to identify GBV survivors, raise awareness of

available response services, and enhance access to basic psychosocial support and referral services at the local level through the mobilization of CPSWs; (5) build the capacity of judicial committee members and community mediators to resolve GBV cases in a survivor-centered way that protects the rights of GBV survivors and promotes their access to redress; and (6) strengthen GBV referral mechanisms and coordination to ensure GBV survivors can access appropriate, multi-sectoral services in a safe and timely manner.

The prevention and response activities are complemented by capacity development, advocacy and policy dialogue with provincial and local governments to adopt policies, budgets, plans, protocols, and guidelines for gender-responsive services. These activities include: (1) learner-centered training and mentoring of elected representatives at local, provincial and federal levels on gender-responsive policies, plans, and budgets; (2) technical assistance to draft plans, policies, and legislation related to GEWE in collaboration with the Provincial and Local Governance Support Program (PLGSP) and the State Support Programme (SSP); (3) support of local governments to develop guidelines for horizontal (inter-municipal) and vertical (municipal-provincial) collaboration on shared GBV response services; (4) support to strengthen GBV administrative data management; (5) promoting coherence, learning, and coordinated response across multi-sectoral GBV service providers.

Finally, the project conducts research activities to generate evidence on what works and why in GBV prevention and response to ensure continuous adaptation and learning for effective implementation.

Partners

The project works closely with the Government at the federal (Ministry of Women, Children and Senior Citizens, Ministry of Health and Population, Ministry of Home Affairs, Nepal Police and National Women's Commission), provincial (provincial ministries of social development, development committees of provincial parliaments, and hospitals/OCMCs), and local levels (mayors, deputy mayors, local government officials, judicial committees, community mediators, safe houses and shelter homes, and courts). Under the framework of the project, support is provided to government and non-government service providers at provincial and local (district, municipality and ward) levels.

UNFPA implements the project in partnership with the following national and international non-governmental organizations: Voluntary Services Overseas (VSO) Nepal; Ipas Nepal; Prevention Collaborative; and Emory University.

The project is funded jointly by the Swiss Agency for Development and Cooperation (SDC), the Royal Norwegian Embassy in Nepal (RNE) and UNFPA.

Time Frame and Geographic Scope

The project is implemented for a period of four years from August 2020 to August 2024 in a total of 19 municipalities within eight districts in Province 1 and Sudurpaschim Province.

Province 1		Sudurpaschim Province	
Morang	Biratnagar Metropolitan City	Kailali	Dhangadhi Sub-Metropolitan City
Okhaldhunga	Siddhicharan Municipality	Achham	Mangalsen Municipality
	Manebhanjyang Rural Municipality		Kamalbazar Municipality
	Molung Rural Municipality		Sanfebagar Municipality
	Chisankhugadi Rural Municipality	Baitadi	Patan Municipality
Udayapur	Katari Municipality		Dasarathchand Municipality
	Triyuga Municipality	Bajhang	Jaya Prithwi Municipality
	Chaudandigadhi Municipality		Bitthadchir Rural
	Belaka Municipality	Bajura	Badimalika Municipality
	Budhiganga Municipality		

Purpose, Objectives and Scope

The purpose of the mid-term review (MTR) is two-fold: (1) to establish accountability to stakeholders on the performance of the project and the invested resources; and (2) to support learning and evidence-based adaptations of the project to ensure the achievement of the intended outputs and outcomes and their sustainability.

Objectives

The objectives of the MTR are:

- To provide an independent assessment of the relevance, coherence, efficiency, effectiveness, and sustainability of the GBVPR II project, with a particular focus on the interventions under the third outcome of the project (strategic and policy engagement).
- To assess if the project is on track to achieve the intended outputs and outcomes and to suggest necessary amendments to the theory of change (ToC) and results framework of the project in the context of the emerging federalization of Nepal.
- To examine the project's relevance under Nepal's evolving federal government system and its contribution to the strengthening, consolidation and implementation of the existing policy framework, government structures and systems to prevent and respond to GBV at federal, provincial and local levels. This will include an assessment of the mandates and cost-sharing responsibilities between the three tiers of government, and how the project promotes a

harmonized approach to GBV prevention and response among government stakeholders, UN agencies and development partners.

- To assess the extent to which the project has promoted gender equality and social inclusion by addressing the multiple and intersecting forms of discrimination that adolescents and youth, women and men in the targeted municipalities face due to caste, ethnicity, disability status and other factors.
- To provide a set of clear, forward-looking and actionable recommendations on the approach (strategy) and implementation (programming) of the project to improve the delivery of the project and accelerate the achievement of results in the remaining project period.

Scope

The MTR will cover all the interventions implemented under the GBVPR II project in a sample of municipalities in Province 1 and Sudurpaschim Province. It will focus on the implementation of the project in the period January 2021 to December 2022. The MTR will be closely coordinated with the operational research planned under the GBVPR II project to ensure that complementary data and information is collected.

Intended audience

The main audience and intended users of the MTR report are the decision-makers and programme managers in UNFPA, the staff of implementing partners delivering the GBVPR II project, government stakeholders at federal, provincial and local levels, and the project donors (SDC and RNE). The results of the MTR will be disseminated as appropriate, using traditional and digital channels of communication.

Evaluation Criteria and Questions

The MTR will examine the following OECD/DAC evaluation criteria: relevance; coherence; efficiency; effectiveness; and sustainability. The MTR will not focus on the impact of the project in terms of the intended and unintended long-term effects of the project due to challenges in attributing impact, the prioritization of learning to improve project implementation, and the relatively short time that has passed since the launch of the project interventions, especially the prevention interventions. The MTR will also use the evaluation criterion of gender equality and social inclusion to assess the extent to which the project adopted an intersectional lens and contributed to enhanced access to essential GBV services for vulnerable and marginalized groups in line with the commitments enshrined in the policy framework of Nepal.

Evaluation questions

The MTR will provide answers to the evaluation questions that are derived from the evaluation criteria mentioned above. A list of preliminary evaluation question is presented below. Based on these questions, the consultants are expected to develop a final set of evaluation questions, in consultation with the M&E

Specialist of UNFPA and the reference group. The consultants will review and refine the preliminary evaluation questions and include the final questions in the design report of the MTR.

Relevance

1. To what extent have the strategic entry points for programming, the intervention strategies and the planned and implemented activities proven to be relevant to achieve the intended outputs and outcomes of the GBVPR II? Are the modalities of engagement with the different beneficiaries and target groups under the three outcome areas (prevention, response and strategic and policy engagement) adequate to achieve the project's intended outputs and outcomes, especially the intensity and frequency of their exposure to the project interventions?

Coherence

2. To what extent has the GBVPR II project built on the existing policy framework, government structures and systems to prevent and respond to GBV and worked towards addressing their limitations and gaps? What are persistent bottlenecks that need to be addressed by the project to achieve its third outcome (strategic and policy engagement)?
3. What interlinkages and synergies has the GBVPR II project created with other projects that UNFPA, as well as other UN agencies, development partners and government implement to advance gender equality and women's empowerment in the targeted municipalities and provinces of the project? Are there any strategies, approaches or interventions that are duplicated and would benefit from coordination?
4. Has the coordination among UNFPA and its implementing partners and within the implementing partner consortia been sufficient to facilitate the achievement of the intended outputs? To what extent have UNFPA and the implementing partners contributed to integrating interventions across the three outcome areas of the GBVPR II project (prevention, response, and policy and strategic engagement)?

Efficiency

5. To what extent has the GBVPR II project made efficient use of its human, financial and administrative resources to implement activities and deliver the intended outputs of the project, and adopted a functioning approach to identify and mitigate strategic and programmatic risks that affect project implementation and the achievement of results, including fraud and corruption, the COVID-19 pandemic, natural disasters and political changes?
6. How has the governance structure of the GBVPR II project, including the division of labor between the different implementing partners and the various project steering mechanisms, affected the achievement of the project's intended outputs? What are the advantages and disadvantages of the current governance structure and set up of the project?

Effectiveness

7. Is the GBVPR II project on track to achieve the intended outputs and outcomes within the set timeframe? What are the challenges and barriers that impede the implementation of the project and the achievement of results?

8. To what extent has the GBVPR II contributed to the establishment, functioning and consolidation of coordination mechanisms between multi-sectoral GBV service providers and succeeded in strengthening referral pathways to ensure that the various needs of GBV survivors are met in a timely, safe and confidential manner?
9. To what extent has the GBVPR II project been effective in influencing agenda-setting, budgeting and prioritization of GBV prevention and response issues among government at federal, provincial and local levels and laid the foundation for creating an enabling policy environment for GBV prevention and response at federal, provincial and local levels?

Sustainability

10. To what extent has the GBVPR II project been able to anchor results in government systems and build capacity and ownership among government institutions and their governing bodies responsible for GBV prevention and response at provincial and local levels to achieve and sustain the intended outputs and outcomes of the project? Are any further activities required to ensure the durability of the project's results or is there a need to revise some of the activities?

Gender Equality and social inclusion

11. To what extent has the GBVPR II project contributed to increased access to quality, multi-sectoral GBV response services and information on harmful social and gender norms to prevent GBV for vulnerable and marginalized populations (adolescents and youth, people with disabilities, disadvantaged caste/ethnic groups, etc.)? To what extent has the project been effective in reducing barriers that those populations face to access multi-sectoral GBV response services and in reducing their risk factors for GBV?

The evaluation questions will complement the questions that the operational research that is planned as part of the GBVPR II project will explore. The operational research is conducted by Emory University which will be represented in the reference group of the MTR. The UNFPA M&E Specialist will facilitate coordination between the MTR team and the research team of Emory University to ensure that synergies and leveraged and avoid duplication and overlap.

Approach and Methodology

The MTR will be implemented in line with decentralized evaluation practice in UNFPA, as described in the Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA (UNFPA Evaluation Handbook). The Handbook provides practical guidance for managing and conducting evaluations within UNFPA in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.

The consultants are strongly encouraged to refer to the UNFPA Evaluation Handbook throughout the entire review process and use the provided tools and templates to conduct the MTR.

Theory-based approach

The MTR will adopt a theory-based approach that builds upon the ToC underlying the project. The consultants will use the ToC to determine whether changes at output and outcome levels occurred or not and to test the assumptions underlying the causal links articulated in the ToC. The analysis will also consider assumptions about contextual factors that affect the achievement of the intended outputs and outcomes of the GBVPR II project. By using a theory-based approach, the MTR will be able to generate insights on what worked, what did not, and why.

As part of the theory-based approach, the consultants will use contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms pathway of change described by the ToC, and seek out evidence on the influence that other factors may have had in achieving intended results

Participatory approach

The MTR will follow an inclusive, transparent and participatory approach, involving a broad range of stakeholders at federal, provincial and local levels. The consultants will pay particular attention to ensuring the participation of vulnerable and marginalized groups (adolescents and youth, people with disabilities, disadvantaged caste/ethnic groups, etc.).

Mixed-method approach

The MTR will adopt a mixed method approach that combines qualitative and quantitative data. Qualitative data will be obtained mostly through primary data collection, while quantitative data will be collected primarily from secondary sources.

The MTR will collect data through semi-structured interviews with key informants at federal, provincial and local levels (government officials, UNFPA staff, representatives of implementing partners, civil society organizations, donors, other stakeholders, etc.), as well as focus group discussions with different beneficiaries and target groups (multi-sectoral GBV service providers, adolescents, women and men who completed or are engaged in prevention interventions, etc.) and direct observation during visits to selected sites. In addition, the MTR will conduct a desk review of documents, websites and online databases to collect both quantitative and qualitative data on the project, including monitoring data, financial data and other data relevant to key indicators of the project measuring change at output and outcome levels.

The MTR 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 consultants are expected to develop a robust methodology for the MTR in line with the approach outlined above and the guidance provided in the UNFPA Evaluation Handbook. The MTR will be conducted in accordance with the UNEG Norms and Standards for Evaluation, Ethical Guidelines for Evaluation, and

Guidance on Integrating Human Rights and Gender Equality in Evaluations. The consultants are required to sign the UNEG Code of Conduct when contracted by UNFPA.

The methodology that the consultants will develop will include the following elements: (1) ToC; (2) strategy for collecting and analyzing data; (3) tailor-made tools for data collection and analysis; (4) evaluation matrix; and (5) detailed evaluation work plan and agenda for the field work.

Evaluation matrix

The evaluation matrix is centerpiece to the methodology of the MTR (see UNFPA Evaluation Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160). The matrix contains the core elements of the MTR. It outlines (1) *what will be evaluated*: evaluation questions for all evaluation criteria and key assumptions to be examined; and (2) *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 is the essential tool that the MTR team should use before, during and after data collection.

Sampling

UNFPA will provide an initial overview of the interventions under the GBVPR II project, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, UNFPA will prepare an initial stakeholder map to identify the range of government and non-government stakeholders at federal, provincial and local levels that are directly or indirectly involved in the implementation, or affected by the implementation of the project. The initial stakeholder map will be shared with the MTR team upon their recruitment.

Building on the initial stakeholder map and based on information gathered through document review, the consultants will develop the final stakeholder map. From this final stakeholder map, the consultants will select a sample of stakeholders at federal, provincial and local levels who will be consulted through interviews and/or focus group discussions during the field phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report of the MTR. In the design report, the MTR team should also make explicit what groups of stakeholders were not included and why. The MTR team should aim to select a sample of stakeholders that is as diverse as possible.

The consultants will 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 presentation of the approach and methodology of the review. UNFPA will provide the consultants 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 contexts in which the GBVPR II project is implemented.

The final sample of stakeholders and sites will be determined in consultation with the M&E Specialist of UNFPA and the reference group.

Reference group

The MTR will be managed by the M&E Specialist of the gender unit in the UNFPA Country Office in Nepal adviser, in consultation with a reference group that will follow the entire process. The reference group will consist of representatives of UNFPA, implementing partners and the donors of the GBVPR II project and serve as advisory body to support quality assurance. It will be involved in the review of the draft design report of the MTR, as well as the draft of the MTR report. Upon completion of the MTR report, the MTR team will also present the key results and recommendations of the review to the reference group.

Upon completion of the MTR, UNFPA will develop a management response that addresses the recommendations and outlines action plans for each recommendation (see UNFPA Evaluation Handbook, Template 12: Management Response, pp. 266-267). The final MTR report and the management response will be shared with the reference group, including the project donors (SDC and RNE).

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): (1) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (2) the final stakeholder map; (3) the evaluation matrix (incl. the evaluation questions, indicators, data sources and data collection methods); (4) data collection tools and techniques (incl. interview and group discussion protocols); and (5) a work plan for the evaluation, and a detailed agenda for the field work. For guidance on the outline of the design report, see Annex II.
- **PowerPoint presentation of the final design report.** The PowerPoint presentation will be delivered at the inception meeting for data collection to present the final approach, methodology, and work plan (incl. agenda for the field work) of the evaluation to UNFPA staff in the UN House in Kathmandu. The presentation will be based on the final design report that incorporates the written comments and feedback of the reference group and the M&E Specialist of UNFPA.
- **PowerPoint presentation for the debriefing meeting with UNFPA and the reference group.** The presentation provides an overview of key emerging findings of the MTR at the end of the field phase. It will serve as the basis for the exchange of views between the MTR team, UNFPA staff and the reference group which will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft MTR report.** The draft review report will present findings, conclusions and recommendations, based on the evidence generated during the field work. It will undergo review by the reference group of the mid-term review. Based on the comments and feedback provided by the reference group, the MTR team will develop a final review report. A proposed structure for the report is included in Annex III.

- **Final MTR report.** The final review report (*maximum 40 pages, including an executive summary of maximum 3 pages but excluding annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the implementation of the project during its remaining period. A proposed structure for the report is included in Annex III.
- **PowerPoint presentation of the key results and recommendations of the MTR.** 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.

The MTR deliverables will be in English language and submitted in electronic format to the M&E Specialist of UNFPA.

Composition of the Mid-term Review Team

The MTR will be conducted by a team of two independent, external consultants. The team will consist of a team leader with overall responsibility for carrying out the review and a team member with competencies, skills and experiences that complements those of the team leader. The consultants will work under the overall oversight of the GBV Programme Coordinator and under the direct supervision of the M&E Specialist of the gender unit of UNFPA.

The team leader will have primary responsibility for the timely delivery of a quality MTR and the coordination of the review process, as well as provide methodological guidance in conducting the MTR and thematic knowledge on GBV prevention and response. The team leader will supervise the national team member and will be responsible for the quality assurances of all the deliverables. The team leader will also collect data, conduct desk reviews of relevant documents and hold interviews and focus group discussions. In addition, the team leader will lead the drafting of the design report (incl. the evaluation matrix, the work plan and detailed agenda for field work) and the MTR report and will be responsible for communication with the M&E Specialist of UNFPA who manages the MTR, as well as the reference group.

The team member will contribute to the methodological design of the MTR and take part in the data collection and analysis work, with overall responsibility of thematic contributions in the area of GBV prevention and response and governance. The team member will support the team leader in the development of the design report (incl. the work plan and detailed agenda for field work) and the MTR report, as well as participate in meetings with the UNFPA M&E Specialist, UNFPA staff and the reference group together with the team leader. The team member will undertake desk reviews of relevant documents and hold interviews and focus group discussions, as guided by the team leader.

The team leader will be recruited internationally, while the team member will be recruited locally to ensure adequate knowledge of the country context and facilitate data collection. The MTR team should have the requisite level of knowledge to conduct a human rights- and gender-responsive review.

The MTR team will be accompanied by an observer from SDC. The arrangements for the inclusion of the observer during the MTR process, in particular the field work, will be agreed with the MTR team upon their recruitment.

Qualifications and experience of the mid-term review team

The team leader and the team member are expected to have the following competencies, skills and experiences.

Team Leader

- Master's degree in public health, social sciences, law, development studies or a related field.
- 7-10 years of experience in conducting or managing reviews, assessments, evaluations or research studies in the field of international development.
- Strong experience in leading reviews or evaluations of complex projects implemented by UN organizations or other international organizations and NGOs, preferably projects with a social norms and behavior change component.
- Substantive knowledge on gender equality and the empowerment of women and girls, with a particular focus on the prevention and response to GBV and harmful practices, the engagement of men and boys, and social inclusion.
- Robust understanding of federal government systems and gender-responsive budgeting and policy-making.
- Strong knowledge of quantitative and qualitative data collection methods and the UNEG norms and standards for quality evaluation.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Demonstrated ability to ensure ethics and integrity of the review process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the review process.
- Excellent communication and report writing skills.
- Work experience in or good knowledge of South Asian contexts, working experience in Nepal is an asset.
- Fluent in English language (written and spoken).

Team Member

- Master's degree in public health, social sciences, law, development studies or a related field.
- 5-7 years of experience in conducting reviews, assessments, evaluations or research studies in the field of international development.
- Robust knowledge on gender equality and social inclusion in Nepal, as well as the prevention and response to GBV and harmful practices.

- Strong understanding of the federal government system in Nepal, challenges and opportunities in the devolution of power, and the functioning of local and provincial governments, including government capacity for gender-responsive budgeting and policy-making.
- Solid knowledge of review and evaluation processes, approaches and methodologies and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Strong analytical skills.
- Excellent communication and report writing skills.
- Fluent in Nepali language (written and spoken). Fluency in other local languages spoken in the project sites is desirable.

Time Frame and Estimated Working Days

The MTR will take place from February 2022 to April 2022. The table below lists all the activities that will be undertaken throughout the review process, as well as the indicative timelines for key milestones, including the main deliverables of the MTR (in bold). Alternative deadlines for deliverables may be suggested by MTR team and agreed upon during the design phase.

A final work plan for the MTR will be included in the design report that the MTR team will prepare.

MTR Phases and Activities	Deliverables	Tentative Dates/Duration
Design Phase		
Review kick-off meeting between the UNFPA M&E Specialist and the MTR team (virtual)		1 February 2023
Desk review of background information and documents of the GBVPR II project		2-9 February 2023
Drafting of the design report (incl. approach and methodology, theory of change, final evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field work)	Draft design report	9 February 2023
Review of draft design report by UNPFA M&E Specialist and reference group		10-15 February 2023
Revision of draft design report and circulation of final version to UNFPA M&E Specialist for approval	Final design report	17 February 2023
Field Phase		
Inception meeting for data collection with UNFPA staff (meeting between MTR team and UNFPA staff in Kathmandu, led by UNFPA M&E Specialist)	PowerPoint presentation of the final design report	20 February 2023

Individual meetings with relevant UNFPA and implementing partner (IP) staff		20-21 February 2023
Data collection (incl. field visit, interviews, focus group discussions, etc.)		22 February-8 March 2023
Debriefing meeting with UNFPA staff and reference group to present emerging findings and preliminary conclusions after data collection	PowerPoint presentation for the debriefing with UNFPA staff and reference group	9 March 2023
Reporting Phase		
Drafting of MTR report and circulation to UNFPA M&E Specialist and reference group	Draft MTR report	31 March 2023
Review of draft MTR report by UNFPA M&E Specialist and reference group		3-10 April 2023
Drafting of final MTR report (incl. annexes) and circulation to UNFPA M&E Specialist for approval	Final MTR report (incl. annexes)	19 April 2023
Dissemination and Facilitation of Use Phase		
Development of presentation on key results and recommendations of MTR	PowerPoint presentation of the key results and recommendations of the MTR	21 April 2023
Presentation of key results and recommendations of MTR to reference group and other stakeholders		25 April 2023

The MTR team (international consultant and national consultant) will receive a daily fee according to the UNFPA consultancy scale based on their 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 submission of a draft MTR report of satisfactory quality	40%
Upon approval of the final MTR report and the PowerPoint presentation of the MTR results	40%

UNFPA may withhold payment if the deliverables are not considered of satisfactory quality and release payment only upon confirmation of satisfactory quality. The MTR manager of UNFPA (M&E Specialist of the gender unit) will determine the satisfactory quality of the deliverables.

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

The tentative allocation of workdays among the MTR team members will be the following:

	Team leader (international consultant)	Team member (national consultant)
Design Phase	10	5
Field Phase	18	18
Reporting Phase	20	15
Dissemination and Facilitation of Use Phase	2	2
TOTAL (days)	50	40

Please note that the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be agreed with UNFPA during the design phase.

Reference Documents

The following documents will be made available to the MTR team upon recruitment:

- Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA. Available at: https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_Evaluation_Handbook_FINAL_spread.pdf.
- Project Document (incl. logical framework, theory of change and beneficiary reach table) and Agreement
- Draft revised logical framework and beneficiary reach table of the GBVPR II project
- All Yearly Plans of Operation and semi-annual and annual reports of the GBVPR II project
- Formative research report of the project
- Baseline study report of the GBVPR II project
- UNFPA Country Programme Document (2018-2022)
- UNFPA Country Programme Document (2023-2027)

- UNFPA Strategic Plan (2018-2021)
- UNFPA Strategic Plan (2022-2025)
- Swiss Cooperation Strategy Nepal (2018-2022)
- Swiss Cooperation Programme Nepal (2023-2026)
- Nepal's Gender-based Violence and Gender Equality-related Funds: The Path to Effective Implementation. UN Women, 21 August 2021. Available at: https://www.un.org.np/sites/default/files/doc_publication/2021-11/GBV%20GE%20Fund%20study%20design-Final%20for%20web%20page.pdf.
- Nepal Gender Equality and Social Inclusion Analysis 2020. USAID, April 2020. Available at: https://pdf.usaid.gov/pdf_docs/PA00Z96G.pdf.
- Project completion reports of the GBVPR Phase I projects (SDC and RNE)
- Capitalization document of the GBVPR Phase I project (SDC)
- LISA assessments of all the 19 municipalities targeted by the GBVPR II project
- M&E tools of the GBVPR II project
- Initial stakeholder map of the GBVPR II project
- All annual work plans and quarterly work plan progress reports of the implementing partners of the GBVPR II project
- Other documents, as required

Annexes

Annex 1. Logical Framework

Results	Indicators	Baseline	Target (Y1)	Target (Y2)	Target (Y3)	Target (Y4)	Phase Target (2020-2024)	Means of Verification (MoV)	Remarks
Goal: All forms of gender-based violence and discrimination against women and girls are reduced in 2 provinces in Nepal.									
Goal	Proportion of women and girls who have experienced any form of discrimination and/or violence - Physical, Sexual, Emotional (Verbal), Economic and Cultural - in previous 12 months	TBD after baseline assessment	17% reduction from baseline value				17% reduction from baseline	Survey (baseline and endline assessments)	Baseline assessment in 2021 and endline assessment in 2024 Rationale for target calculation: NDHS data shows 2% annual decline in lifetime experience of physical or sexual violence (2011 to 2016), and 4.3% annual decline in experience of physical or sexual violence by spouse in the past 12 months. Annual decline related to experience of spousal violence in the past 12 months is used as reference for target calculation. A decline of 17% is expected over the project period. Target setting will be adjusted once baseline value has been established.
	Proportion of reporting women survivors who return to report repeated/continued violence	64.4%	64.4%	61.6%	57.4%	51.8%	51.8%	OCMC, Safe Houses, Police, Health Facilities, CPSWs, and formal and informal justice system	Rationale for target calculation: Baseline calculation: (204/317 from 2 districts of P1, Jul-Dec.19) No increment expected in Year 1 due to the COVID-19 pandemic. As it is not clear how the COVID-19 pandemic affected reporting (due to increased incidence of GBV during the pandemic more incidents may have been reported but it is also possible that fewer incidents were reported due to barriers in seeking help), it is assumed that the proportion remained at least stable (same as baseline value).

Results	Indicators	Baseline	Target (Y1)	Target (Y2)	Target (Y3)	Target (Y4)	Phase Target (2020-2024)	Means of Verification (MoV)	Remarks
									NDHS data (2011 and 2016) shows 6.5% annual decline in women who often experienced physical or sexual violence by their spouse. A 19.5% decline from the baseline value is expected over the project period (Year 2 to Year 4). It is expected that there will be less decrease in Year 2 and Year 3.
Outcome 1: Women and men, including girls and boys increasingly prevent, report and address gender-based violence.									
Outcome 1	Percent (%) of women and girls reporting cases on GBV as survivors	14.4% (NDHS 2016, reporting to doctors, police, lawyers and social organizations)	14.4%	15%	15.8%	16.9%	16.9%	OCMC, Safe Houses, Police, Health Facilities, formal and informal justice system and periodic surveys (NDHS and MICS for province level)	<p>Rationale for target calculation:</p> <p>Timing of MICS and NDHS will be aligned to match with the reporting timeline for province level data</p> <p>VAW survey could not be conducted in 2020 due to the COVID-19 pandemic and baseline data could not be updated. VAW survey has been postponed indefinitely.</p> <p>Baseline data is from NDHS 2016, but yearly data will be used using GBV cases reporting from the administrative data (numerator) and estimated number of women who would have suffered from GBV based on the NDHS prevalence rate (denominator).</p> <p>No increment expected in Year 1 due to the COVID-19 pandemic. As it is not clear how the COVID-19 pandemic affected reporting (due to increased incidence of GBV during the pandemic more incidents may have been reported but it is also possible that fewer incidents were reported due to barriers in seeking help), it is assumed that the proportion remained at least stable (same as baseline value).</p> <p>NDHS (2011 and 2016) shows 5.7% annual increment in reporting to doctors, police, lawyers and social organizations. A 17.1% increase from the baseline value is expected</p>

Results	Indicators	Baseline	Target (Y1)	Target (Y2)	Target (Y3)	Target (Y4)	Phase Target (2020-2024)	Means of Verification (MoV)	Remarks
									over the project period (year 2 to Year 4). It is expected that there will be less increase in Year 2 and Year 3.
	Percent (%) of men and boys increasing their share in household chores	2.9% (KAP Survey 2019)	2.9%	3.1%	3.5%	4%	4%	Sample interviews and focus group discussions with girls (i.e. daughters and sisters) in schools	Baseline figure calculated from KAP survey 2019. No increment expected in the first year as no prevention activities (in particular Rupantaran sessions) were implemented. These activities will start in the second half of Year 2 only. Project expects at least 40% increase from the baseline value over the project period (Year 2 to Year 4). It is expected that there will be less increase in Year 2 and Year 3.
Output 1.1. Community facilitators have the capacities to conduct reflective sessions with target groups on social norms	Percent (%) of facilitators trained with increase understanding on social norm and social norm change	48% (SMs, Rupantaran Fs & CSE teachers & PEER educators in 2019)	N/A	80%	80%	80%	80%	Training/orientation report with pre- and post-training evaluation	Project expects that at least 80% of the trained facilitators have increased understanding on social norms and social norms change and their score on post-test be 80% or above. Training of master trainers who will conduct training of community facilitators starts in Year 2 only due to the protracted inception period (delays in contracting new IPs). Accordingly, community facilitators will not be trained before Year 2. Similarly, training of Rupantaran teachers and peer facilitators was shifted to Year. Target in for Year 1 is not applicable as no facilitators were trained in Year 1.
Output 1.2. Individual and groups of men, women, boys and girls have enhanced capacity to	Percent (%) of individuals trained in each target groups who are able to identify discriminatory social norms	33.5% (KAP survey 2019) (average score)	N/A	67%	67%	67%	67%	Training/orientation report with pre- and post-training evaluation	Project expects that at least two thirds (67%) of the trained target groups have increased understanding who are able to identify discriminatory social norms. This is lower than the expected increment among facilitators as the trainings to the target groups will be cascaded by either facilitators or local trainers trained by master trainers and there will be wide variation in the knowledge and types of

Results	Indicators	Baseline	Target (Y1)	Target (Y2)	Target (Y3)	Target (Y4)	Phase Target (2020-2024)	Means of Verification (MoV)	Remarks
challenge discriminatory social norms									<p>target groups in terms of their education level and other socio-demographic aspects.</p> <p>Training of master trainers who will conduct training of community facilitators starts in Year 2 only due to the protracted inception period (delays in contracting new IPs). As a result, community facilitators will start to hold couple discussions and family dialogues only in Year 2. Similarly, training of Rupantaran teachers and peer facilitators was shifted to Year 2. As a result, the Rupantaran sessions for the adolescents in the targeted schools will start in Year 2 only. Target in Year 1 is not applicable as the facilitators who will reach the target groups with prevention interventions could not be trained in Year 1 and no individuals in the target groups were reached.</p>
	Number of instances of follow up by CBOs with the justice system	<p>292 (146 in 6 districts of P1& P7 in the period Jul-Dec 2019)</p> <p>(This is based on follow up by IPs, need verification to identify # followed up by CBOs)</p>	N/A	307	337	371	1,015	Record keeping by IPs	<p>Training of master trainers who will conduct training of community facilitators starts in Year 2 only due to the protracted inception period (delays in contracting new IPs). As a result, community facilitators will start to hold group discussions with male and female members of CBOs only in Year 2. While CBOs may conduct follow-up with the justice system without exposure to prevention interventions in Year 1, no target is set as CBOs cannot be expected to take action without direct involvement in the prevention interventions.</p> <p>A 5% increase from baseline value in Year 2 is expected as members of CBOs will be reached in the second half of Year 2 only. 10% increment from the previous year in Year 3 and another 10% increment from the previous year in Year 4.</p>

Results	Indicators	Baseline	Target (Y1)	Target (Y2)	Target (Y3)	Target (Y4)	Phase Target (2020-2024)	Means of Verification (MoV)	Remarks
	Number of cases referred by influential leaders	90 (45 in 6 districts of P1 & P7 in the period Jul-Dec 2019)	N/A	N/A	104	114	218	Record keeping by IPs/case studies based on records from service providers	Community facilitators will start training influential leaders in Year 3 and Year 4 only due to prioritization of couple discussions/family dialogues and group discussions with members of CBOs. While influential leaders may refer cases without exposure to prevention interventions in Year 1 and Year 2, no target is set as influential leaders cannot be expected to take action without direct involvement in the prevention interventions. A 5% increase from the the baseline value in Year 3 is expected as influential leaders will be reached in Year 3 only and 10% increment from the previous year in Year 4.
Outcome 2. Local governments, legal authorities and health facilities provide effective (multi-sectoral) survivor-centred responses to gender-based violence.									
Outcome 2	Percent (%) of GBV survivors reporting satisfaction with services received from OCMC	82% (2019)	90%	90%	95%	95%	95%	Exit interview report from OCMC	Baseline data from P7, 2019. Target for Year 2 reduced to 90% because training of OCMC staff will take place in Year 2 only due to the protracted inception phase (delays in contracting new IPs). Following completion of training, the OCMC staff is expected to delivery better quality (more survivor-centred) services.
	Percent (%) of GBV survivors reporting satisfaction with services received from shelter homes	89% (2019)	90%	90%	95%	95%	95%	Exit interview report from Shelter Home	Baseline data from P7, 2019. Target for Year 2 reduced to 90% because training of safe house/shelter home staff will take place in Year 2 only due to the protracted inception phase (delays in contracting new IPs). Following completion of training, the safe house/shelter home staff is expected to delivery better quality (more survivor-centred) services.
Output 2.1. Government and	Number of GBV survivors who	815 (2019)	896	986	986	986	3,854	Shelter homes report by IPs	10% annual increment in Year 1 and Year 2, but steady in Year 3 and Year 4. It is expected that

Results	Indicators	Baseline	Target (Y1)	Target (Y2)	Target (Y3)	Target (Y4)	Phase Target (2020-2024)	Means of Verification (MoV)	Remarks
non-governmental actors have enhanced capacities for the provision of quality services through temporary shelter homes for survivors	received services at a set standard from shelter homes								due to prevention interventions, there will be a reduced number of GBV survivors.
Output 2.2. The health sector has enhanced capacities for the provision of quality services through one-stop crisis management centers, health posts and network of female community health workers	Number of GBV survivors who received minimum standard services from OCMC	1,280 (2019)	1,408	1,549	1,549	1,549	6,055	OCMC report by IPs	10% annual increment in Year 1 and Year 2, but steady in Year 3 and Year 4. It is expected that due to prevention interventions, there will be a reduced number of GBV survivors.
Output 2.3. Local governments have enhanced capacities to provide	Number of GBV survivors referred by CPSWs along referral pathway (disaggregated by type)	207 (2 districts of P1, Jul-Dec. 2019)	870	870	870	870	3,480	CPSW referral and outreach reports (triangulated by OCMC and shelter	10 GBV survivors per CPSWs at least per year.

Results	Indicators	Baseline	Target (Y1)	Target (Y2)	Target (Y3)	Target (Y4)	Phase Target (2020-2024)	Means of Verification (MoV)	Remarks
community-based psycho-social services which are institutionally linked through the referral pathways	of service - shelter, OCMC, police)							reports on referral), quarterly	
Output 2.4. Informal and quasi-justice systems are strengthened to mediate GBV cases through a gender-transformative approach	Number of community mediators and Judicial committee trained on GTA	35 JCs 0 CMs	0	57 JCs 19 CMs	57 JCs 19 CMs	0	114 JCs, 38CMs	Training, mentoring report, progress reports, events reports	All JCs and CMs will be trained in Year 2 due to the protracted inception phase (delays in contracting new IPs). Refresher training for the 57 JCs and 19 CMs will take place in Year 3, as originally planned. Elections are expected to be held in 2022 and there will be a reshuffle of the JCs. As it is assumed that all JCs may not be-re-elected, the total target is 114 rather than 57. Similarly, it is assumed that all CMs could be replaced, which is why the total target is 38 rather than 19.
Outcome 3: Local, provincial and federal governments adopt and implement policies and budgets for the promotion of gender equality and the empowerment of all women and girls.									
Outcome 3	Number of provincial and local governments formulated/updated GEWE policies that are consistent with federal GEWE framework	0	3 LG 0 PG	6 LGs 1 PG	9 LGs 2 PGs	9 LGs 2 PGs	9 LGs 2 PGs	Policy documents, official records ¹ , qualitative review by UNFPA	Annual targets were made cumulative. It is expected that the overall target will already be reached by the end of Year 3. No more LGs will be expected to formulate updated GEWE policies in Year 4.

¹ Metadata needs to define what is considered a GEWE policy and what type of legislation will be counted.

Results	Indicators	Baseline	Target (Y1)	Target (Y2)	Target (Y3)	Target (Y4)	Phase Target (2020-2024)	Means of Verification (MoV)	Remarks
	Percent (%) of budget allocated for GE and WE in governments' plans at local, provincial and federal level	TBD after baseline	10% increase from baseline	10% increase from Yr1	10% increase from Yr2	10% increase from Yr3	40% increase from baseline	Annual budget and programme of federal, provincial and local governments ²	10% increase from the baseline value in Year 1 and subsequently 10% increase from the value for each year. At least 40% increase over the project period is expected.
Output 3.1. Local and provincial governments have improved capacities to implement gender-responsive plans, policies, legislation and budgets	Number of LGs and Provincial governments (elected and staff members) trained on GTA	0	0	50	150	0	200	Progress reports, event reports	Inaccurate overall target included in the project document. Budget was allocated for the training of 200 elected representatives and government officials at provincial and local levels only in the project document. It was missed to align the targets in the logical framework with the final budget. Groups of 25 government representatives will be trained per province. Province 1: 2 elected representatives/palika and 7 MoSD officials; Province 7: 2 elected representatives/palika and 5 MoSD officials. Training of elected representatives and government officials will start in Year 2 only due to the protracted inception phase (delays in contracting new IPs). A group of 25 government representatives from each province will be trained in Year 2, and 6 groups of
	Percent (%) of local government that allocate budget for GBV programme	26% of LGs (2019)	36% of LGs	46% of LGs	56% of LGs	56% of LGs	56% of LGs	Palikas' official report	Of the 19 local governments, 5 had partial funding for the GBV programme in 2019.
	Number of Palikas and wards that adopt ESP protocols for effective	0	0	17 Wards	52 Wards	87 Wards	87 Wards of 19 Palikas	Official documents, meeting minutes, draft policies and	Annual targets are cumulative. No work on the ESP was conducted in Year 1 due to the protracted inception phase (delays

² This data will be disaggregated by categories: GRB direct, indirect and neutral.

Results	Indicators	Baseline	Target (Y1)	Target (Y2)	Target (Y3)	Target (Y4)	Phase Target (2020-2024)	Means of Verification (MoV)	Remarks
	multi-sectoral coordination/response			of 19 Palikas	of 19 Palikas	of 19 Palikas		qualitative review from UNFPA	in contracting new IPs). The ESP protocol will be finalized in the first half of Year 2. For this reason, it is expected that only 17 wards adopt the ESP protocol in Year 2. 35 more are expected to adopt the ESP in Year 3 and Year 4 respectively to reach the overall target.
Output 3.2. Local and provincial governments have improved collaboration and coordination on shared multi-sectoral services on GBV	GEWE indicators are incorporated in the LISA ³	No	No	No	No	Yes	Yes	LISA database	
	Number of coordination meetings are held as per standard (ESP) protocol	0	0	19	38	38	95	Evaluation of coordination meeting reports, quarterly (by IPs)	No coordination meetings were held as per the ESP protocol in Year 1. The ESP protocol will be introduced to the local governments in Year 2 only due to the protracted inception period (delays in contracting new IPs). In Year 1, only one meeting per palika is expected as the final ESP protocol will be available by the end of the first half of Year 2 only. In the following years (Year 3 and Year 4), two meetings per palika are expected.

³ The LISA database is a self-reporting mechanism for local government units. It is not yet operational, but the project will liaise with other UN agencies and development partners to ensure that GBV indicators are included.

Annex 2: Structure of Design Report

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Overview of MTR team and reference group members (half page)

Mid-Term Review Team	
Name	Title/function in the team

Reference Group	
Name	Title/function and organizational affiliation

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1.2	UNFPA response to GBV: Overview of the GBVPR II project (incl. objectives, intervention strategies, activities, geographic scope, time frame, financial structure, and partners)
1.3	Purpose, objectives and scope of the MTR
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2.1	MTR approach (incl. theory of change)
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Annex 3: Structure of the MTR Report

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Overview of MTR team and reference group members (half page)

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Disclaimer

The analysis and recommendations in this report represent the views of the authors and do not necessarily reflect the views of the United Nations Population Fund.

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1.2	UNFPA response to GBV: Overview of the GBVPR II project (incl. objectives, intervention	

	strategies, activities, geographic scope, time frame, financial structure, and partners)	
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