Terms of Reference

United Nations Population Fund (UNFPA)

Developmental Evaluation (DE) of SRHR Programme

[August 2021]

Contents

Acronyms

APRO	UNFPA's Regional Office for Asia and the Pacific
CCA	Common country assessment/analysis
CO	Country office
CP	Country programme
CPAP	Country programme action plan
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
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
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
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 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, UNFPA seeks to ensure that no one is left behind and that the furthest behind are reached first.

UNFPA has been operating in Nepal since 1971. The support that the UNFPA Nepal Country Office (CO) provides to the Government of Nepal under the framework of the 8th Country Programme (CP) (2018-2022) builds on national and sub-national development needs and priorities articulated in the United Nations Development Assistant Framework (UNDAF) 2018-2022, Fourteenth (2016/17-2018/19) and Fifteenth (2019/20-2023/24) Development Plans, National Health Policy 2014, the National Health Sector Strategy (2016-2021), Safe Motherhood and Reproductive Health Right Act (2018), National Adolescent Health and Development Strategy (2017), National Strategy on Ending Child Marriage (2016), School Sector Development Plan (2016-2022), National Population Policy (2017), National Youth Policy (2015), and Youth Vision 2025 as well as the recently endorsed provincial policies and plans in related areas.

During this programme cycle, Nepal has witnessed substantial changes in terms of federalism since 2018, including devolution of authority to provincial and local governments with the mandate to promote inclusive development. As the 8th CP is coming to end in 2022, this transition period including the impact of COVID-19, has had a profound effect on the achievement of SRHR goals across the country. Thus, to adapt the UNFPA supported SRHR programme in the evolving and complex contexts, a developmental evaluation has been planned in 2021 to guide the SRHR programme interventions for the remaining period of the 8th CP as well as feed into the design of the 9th CP. While the Nepal CO has a substantial evidence base under other the outcome/thematic areas, there is no rigorous evidence available related to the UNFPA supported SRHR programme hence this developmental evaluation will be instrumental in shaping the SRHR programme in Nepal for the coming years.

---

[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.

The developmental evaluation will provide an independent assessment of the relevance and performance of the UNFPA's SRHR programme under the 8th CP (2018-2022) in Nepal, and offer an analysis of various facilitating and constraining factors influencing the policy environment and programme delivery and the achievement of the intended results. The purpose of the evaluation is to promote accountability for the intended results and support learning among key stakeholders at all levels. The evaluation is expected to take stock of and capture the progress and shifts under the SRHR programme during the current CPD cycle, to test the SRHR theory of change, to guide the adaptation to the evolving context in Nepal.

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 and the Assessing the Quality of Developmental Evaluations at UNFPA (available at https://www.unfpa.org/admin-resource/assessing-quality-developmental-evaluations-unfpa). The Handbook provides practical guidance for managing and conducting CPEs and thematic evaluations 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. Further, the Assessing the Quality of Developmental Evaluations tool provides guidance on the principles and criteria of a developmental evaluation in UNFPA's programmatic context which are in line with the UNEG norms and standards and international good practices for developmental evaluation.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Nepal CO; (ii) the Government of Nepal; (iii) implementing partners of the UNFPA Nepal CO; (iv) reproductive rights-holders and duty bearers including the organizations that represent them; (v) the United Nations Country Team (UNCT); (vi) UNFPA's Regional Office for Asia and the Pacific (UNFPA APRO); and (vi) donors and other development partners including UN agencies. 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; (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the evaluation manager within the UNFPA Nepal CO, with guidance and support from the Representative and Deputy Representative at the CO and regional monitoring and evaluation (M&E) adviser at the UNFPA 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.   Country Context

Nepal is a landlocked, least developed country with a population of 29.7 million, a 1.85% annual increment from 2020[2], is concentrated in the capital and the plain areas, and is more thinly spread throughout other

---

[2] https://www.macrotrends.net/countries/NPL/nepal/population-growth-rate (accessed on 10th Feb. 2021).

regions. With the percentage of working age population (60%) now significantly higher than the dependent population, a window of opportunity of a demographic dividend has opened in Nepal, provided adequate investments are made to build the human capital of young people to enable them to fully reap the benefits of a demographic dividend, including through improvements in health, education and job creation[3] (Fig. 1). The demographic changes taking place in Nepal need to be taken into account in policy making and development planning for sustainable results. This includes the impact of population ageing, and internal and external migration. According to the 2011 census, the size of the population aged 60 and over is 1.15 million and it is projected to grow to 3.33 million by 2030. Since 2000, an estimated 4.3 million Nepalese citizens have migrated overseas for foreign employment. These figures do not include the numbers that migrate to India for employment opportunities. Nepal is one of the fastest urbanizing countries in the world. The fast pace of urbanization can be a challenge in the absence of policies and programme that do not harness the benefits of migration and do not mitigate any adverse impact.

Fig. 1 Trend: Population Compostion by Age Group and Dependency Ratio, 1991 to 2011, Nepal
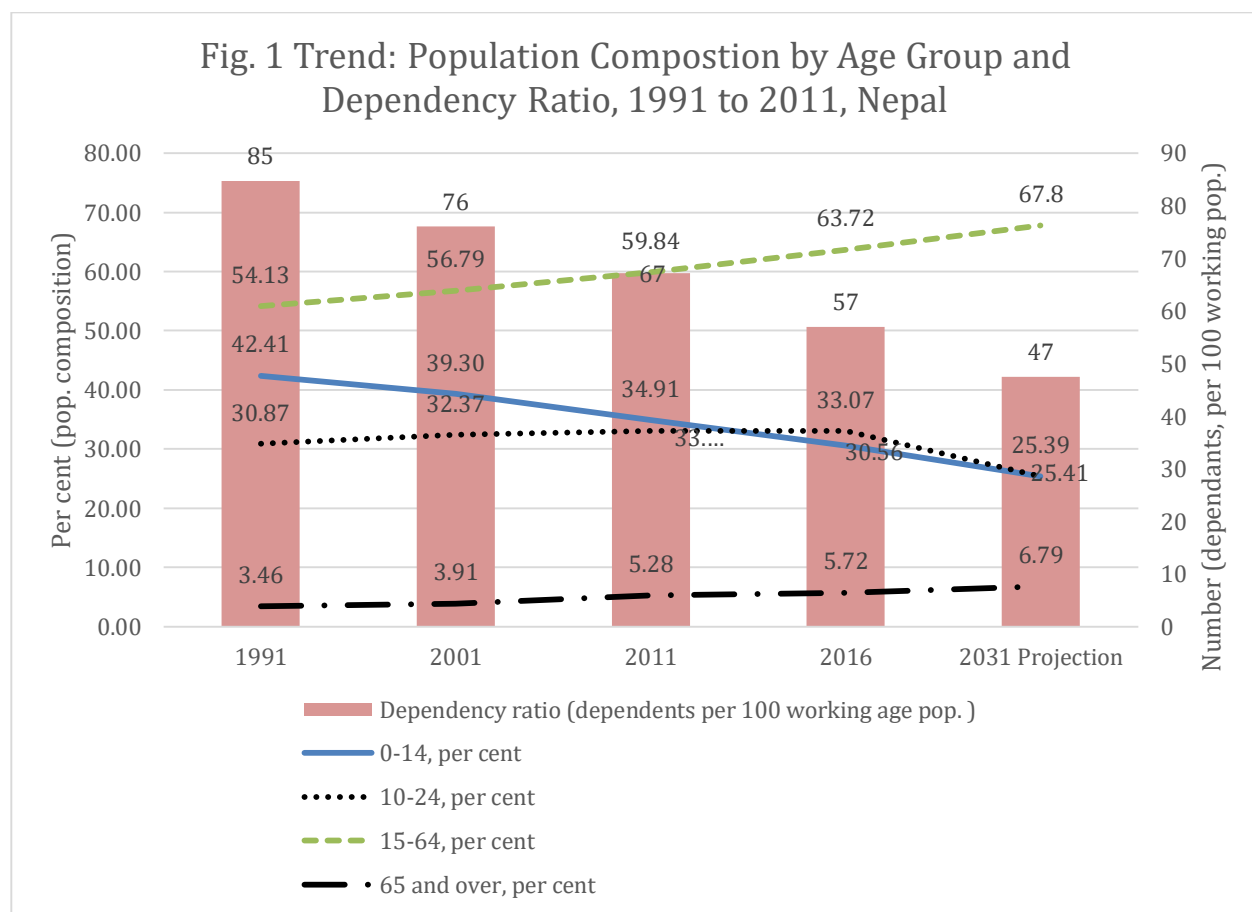
Nepal has the ambition of graduating from the least developed countries (LDC) status by 2024[4]. The Constitution of Nepal (2015) reflects the Government's aspirations of economic growth and an inclusive federal system of governance based around a rights-based and equitable welfare state. According to the

---

[3] UNFPA, Population Situation Analysis, 2017

[4] Nepal Human Development Report, 2020, available at: https://npc.gov.np/images/category/NHDR_2020_-_Final_-_TheSquare_compressed_final1.pdf

National Planning Commission's Multidimensional Poverty Index 2018 report, 28.6% of Nepal's population is multidimensionally poor. The rural-urban divide is evident, with 7% of the urban population being multidimensionally poor compared to 33% of the rural population. Karnali province and Province 2 have the highest rate of multidimensional poverty (50%) followed by Lumbini province and Sudurpashchim (approximately 30%)[5]. Nepal ranks 149th out of 189 countries on the Human Development Index (HDI), marking its rise from low to medium human development.[6]

Nepal has made significant progress towards several Millennium Development Goals (MDGs), including on poverty, universal primary education, gender equality, reducing child and maternal mortality, and combating HIV/AIDS[7]. The country is characterized by significant diversity, with 125 caste/ethnic groups and difficult geographic terrains, and vast differences in social and economic indicators. However, significant gaps remain. Gender inequality and discrimination, partly a result of deeply embedded social norms, are endemic and affect the freedom of women and girls to make informed and independent reproductive choices. Young people are increasingly facing insecurity as a result of a high unemployment rate, inadequate skill sets especially among young girls, exacerbated by the COVID-19 pandemic. Despite an effort to develop inclusive policies and strategies, there is a high level of inequity in the country based on caste and ethnicity, geographic region and economic status, and gender, among other factors, and a lack of focus on addressing the needs of marginalized groups and those left furthest behind.

Administratively, Nepal is divided into 7 provinces, 77 districts and 753 local government units. These administrative areas vary substantially in terms of culture, language and service utilization and development index. Province 2 and districts within it are characterized by the Maithili, Bhojpuri and Awadhi speaking people with low level of health and other service utilizations compared to other provinces. Similarly, Karnali and Sudurpaschim provinces are characterized with high mountains which have severe limitations in terms of mobility due to its terrain. Development indicators vary substantially by these administrative regions. Ecologically, Nepal is divided into three regions: Mountains, Hills and Terai, which constitute 16, 40 and 21 districts respectively (see Maps in annex).

Disability is an important dimension which is often neglected in many of the programmatic areas. According to the 2011 Census, 1.94%[8] of Nepali people have some form of disability. However, according to a recent study conducted by UNFPA Nepal, 10.1% of the population aged 18 and older in Sudurpaschim province have some form of disability[9]. The study also revealed that access to health services was limited due to their disability status: 16.7% of people with no disability could not access health care compared to those with mild (29.5%), moderate (30.1%) and profound (24%) disabilities, with mixed patterns by sex.

---

[5] Government of Nepal, National Planning Commission (2018) *Nepal Multidimensional Poverty Index: Analysis Towards Action* https://www.npc.gov.np/images/category/Nepal_MPI.pdf

[6] United Nations Development Programme, Human Development Report 2018

[7] Government of Nepal, National Planning Commission (2016) *Nepal and the Millennium Development Goals: Final Status Report 2000 – 2015*, available at: http://www.npc.gov.np/images/category/MDG-Status-Report-2016 .pdf

[8] https://www.australianhimalayanfoundation.org.au/wp-content/uploads/2017/08/2016_Nepal_Disability_Report.pdf

[9] Aawaaz survey: The situation of persons with disabilities in Nepal, 2019

Nepali women face a heavy and dangerous burden during childbirth. Despite a significant decline in maternal mortality over the previous two decades, maternal mortality remains high at 239 per 100,000 live births[10], with limited progress since the last DHS 2011. A skilled provider attends 77.2 per cent[11] of women at birth, although there are vast disparities by region, caste and ethnic groups, and the quality of education for health providers is variable. For instance, deliveries assisted by skilled attendants is 83.2% for urban women and 65.8% for rural women; 86.6% (highest) in Bagmati province and 63.6% (lowest) in Province 2; 98.3% among women with higher education vs. 53% among women with no education; and 94.4% among women from the richest quintile vs. 57.7% among women from the poorest quintile.

Shortages and uneven distribution of health personnel remains a challenge. There is no cadre of qualified midwives, although two universities have recently launched a Bachelor in Midwifery programme. The total fertility rate is 2 children per woman. Fertility rates vary by province, with Province 2 and Karnali province at a TFR of 2.7, and Bagmati province, which includes the urban areas of Kathmandu and Bhaktapur, at 1.6 below replacement level. The contraceptive prevalence rate stands at 44.2 per cent[12] for modern methods; this represents a stagnation in the use of modern methods in the last decade, partly due to the high level of seasonal and other migration trends. Adolescent fertility has increased, and is alarmingly high at 63 live births per 1,000 adolescents aged 15-19[13].

Early marriage and early sexual initiation is prevalent in Nepal; 13.8% of women aged 20-24 had a live birth before age 18 and 11.2% of 15-19 age girls either had a live birth or were pregnant with first child and these varied by provinces and other socio-demographic profiles[14]. In addition to supply-side challenges, many women face multiple barriers to accessing SRH services. Autonomy and decision-making power regarding one's own health is undermined by gender inequality and harmful social norms; many women are therefore unable to choose freely the number, timing and spacing of her children, as well as utilize health services. Women married to migrants, and indeed unmarried women, face stigma in accessing SRH services including family planning, as they become subject of speculation and gossip, whereas other marginalized groups including sexual minorities, sex workers and women with disabilities, among others, face additional barriers and discrimination.

Access to SRH information, counselling and services for adolescents and youth are especially limited; location, availability of adolescent friendly services, institutional capacity and social norms are all contributing factors. Unmarried adolescents face additional barriers in accessing SRH information, counselling and services, and although comprehensive sexuality education is reflected in the national education sector strategy, much remains to be done for its successful implementation.

The Constitution of Nepal 2015 mandates health as a fundamental right of the people. The National Health Policy 2019[15], which comes under the overarching framework of the Constitution, aims to implement this

---

[10] Nepal Demographic and Health Survey 2016

[11] Nepal Multi Indicator Cluster Survey (NMICS) 2019

[12] Nepal Multi Indicator Cluster Survey (NMICS) 2019

[13] Nepal Multi Indicator Cluster Survey (NMICS) 2019

[14] Nepal Multi Indicator Cluster Survey (NMICS) 2019

[15] https://publichealthupdate.com/national-health-policy-2019-nepal

right by ensuring equitable access to quality health care services for all. The Nepal Health Sector Strategy (NHSS) 2016-2021[16] lays out the strategic direction and specific roadmap to implement the constitutional mandate. The Federal Ministry of Health and Population (MoHP) has endorsed the NHSS implementation plan[17], which provides the budgetary framework to ensure Nepal's commitment to achieve Universal Health Coverage and Sustainable Development Goals (SDG) by 2030.

Safe motherhood has been a long-term priority for government of Nepal. Several interventions have been credited to the recent achievements in safe motherhood. Despite the noticeable improvement in key safe motherhood indicators, there has not been a significant decline in the levels of maternal mortality in the last decade. Nepal's Safe Motherhood and New-born Health Programme Road Map 2030[18] aims to ensure healthy life and well-being for all mothers and new-born and is aligned with the Sustainable Development Goals to reduce the mortality of mothers from the current rate of 239 to 70 deaths per 100,000 live births or at least two-thirds from the 2010 baseline, to reduce new-born mortality from the current 21 to less than 12 deaths per 1,000 live births, and to reduce the stillbirth rate from the current 18 to below 12.5 deaths per 1,000 live births by 2030. The Road Map also provides the framework to realize Nepal's Safe Motherhood and Reproductive Health Act 2018. Nepal is also committed to achieving the targets set by the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

The Government of Nepal is a co-signatory to the International Conference on Population and Development (ICPD) in 1994, with a commitment to improve the sexual and reproductive health status of Nepali people. This commitment was renewed at the Nairobi Summit in November 2019. Nepal's Reproductive Health Strategy (2015) recognizes reproductive health as an important part of the overall health and central to human development. This includes ensuring the availability of and accessibility to quality reproductive health commodities as key to realizing reproductive rights and achieving the ICPD agenda SDGs in Nepal's changed context.

Nepal has committed to several other key global normative frameworks including the Beijing Platform for Action, the Sendai Framework for Disaster Risk Reduction, and relevant International Treaties (CEDAW and CRC), UN Security Council Resolutions 1325, 1820 and 2250, and the UPR process.

Nepal has endorsed other key policies such as National Adolescent Development and Health Strategy 2075 (2018)[19] which aims to address the sexual and reproductive health and other health needs of adolescents.

RH morbidity is considered to be high among Nepali women but with little evidence available. Based on a cross-sectional study in 2016[20], 6.4% of women had pelvic organ prolapse (POP), 1.6% of women had a positive result for cervical cancer (visual inspection with acetic acid method), and 3.6% and 2% of women were found with Human Papillomavirus (HPV 16 and HPV 18 respectively). Among 4031 women clinically examined for obstetric fistula (OF), three women were identified with OF.

---

[16] http://www.nhssp.org.np/NHSSP_Archives/health_policy/NHSS_english_book_2015.pdf
[17] https://climate.mohp.gov.np/downloads/Nepal_Health_Sector_Strategy_Implementation_Plan_2016-2021.pdf
[18] https://nhssp.org.np/Resources/SD/SMNH%20Roadmap%202030%20-%20%20January%202020.pdf
[19] https://publichealthupdate.com/national-adolescent-development-and-health-strategy-2075/
[20] https://nepal.unfpa.org/sites/default/files/pub-pdf/RH%20Morbidity%20study_0.pdf

Nepal's new Constitution envisages substantial changes to the country's system of governance and is the most significant reform of the Government structure since 1990. The establishment of a federal state structure with three tiers of government – federal, provincial (7 provinces) and local (753 local government units), with substantial devolution of power and functions to the provinces and local units, offers opportunities for tailoring UNFPA's support to the local context and promoting sustainability. However, the health and education sectors among others are not fully devolved, adding to the complexity and lack of clarity in the division of labour and responsibility among the various tiers of government.

Nepal is highly vulnerable to natural disasters, such as earthquakes, frequent flooding and landslides. The Government's capacity to respond to natural disasters has gradually improved, however humanitarian preparedness and the Government's capacity to respond to sexual and reproductive health and protection needs in emergency situations requires continued support. The COVID-19 pandemic has had a devastating impact on all spheres of lives and economy including the functionality of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services. Both the rapid and comprehensive assessments of the impact of COVID-19 on functionality and service utilization of RMNCAH services in 2020 and 2021 revealed substantial decline in service utilization by clients.

3.   UNFPA supported SRHR Programme in Nepal

The UNFPA supported SRHR programme as outlined in the 8th CP and CPAP (2018-2022) is aligned with the UNDAF (2018-2022) and contributes to the Fourteenth (2016/17-2018/19) and Fifteenth (2019/20-2023/24) Development Plans, National Health Policy 2014, the National Health Sector Strategy (2016-2021), Safe Motherhood and Reproductive Health Right Act (2018), National Adolescent Health and Development Strategy (2018), School Sector Development Plan (2016-2022), National Population Policy (2017), National Youth Policy (2015), and Youth Vision 2025. It also contributes to provincial and local policies and plans. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including UN agencies, the private sector and academia.

The UNFPA Nepal CO supports the SRHR programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) service delivery, (v) partnerships and coordination. The overall goal of the UNFPA Nepal 8th CP (2018-2022) is universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality, as articulated in the UNFPA Strategic Plan 2018-2021.

The CP contributes to the following **outcomes** of the UNFPA Strategic Plan 2018-2021:

- **Outcome 1.** *Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence*.
- **Outcome 2.** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*
- **Outcome 3.** *Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*
- **Outcome 4.** *Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.*

The UNFPA Nepal 8th CP has four thematic areas of programming with distinct **outputs** that are structured according to the four outcomes in the Strategic Plan 2018-2021 to which they contribute. However, the proposed evaluation will cover the Outcome 1 focusing on the sexual and reproductive health and rights (SRHR) as described below, and Outcome 2 because of its intersectionality with Outcome 1.

UNFPA Strategic Plan Outcome 1: Sexual and Reproductive Health: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

Nepal CO CP Output: Increased capacity to deliver integrated, quality sexual and reproductive health services that target women and adolescent girls, especially the most vulnerable, including in humanitarian situations.

This has been delivered through:
(i) building the capacity of national and sub-national governments for the development of SRH legislation, regulations, policies and strategies, protocols and guidelines including for SRH emergency preparedness and response in line with international standards and best practices;

(ii) building the institutional capacity of the national and sub-national governments to strengthen the health systems towards achieving universal health coverage. This covers human resource development for the provision of rights-based SRH services including expanding midwifery education; strengthening the quality and sustainability of family planning services including through forecasting, procurement and distribution of reproductive health and family planning commodities; upscaling of adolescent friendly SRH services; and building the capacities for SRH emergency preparedness and response; and

iii) mobilization of community mechanisms and encouraging community dialogue to increase demand and promote the utilization of SRH services.

UNFPA Strategic Plan Outcome 2: Adolescents and youth: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

Nepal CO CP Output: Young people have the skills and knowledge to make informed decisions for health and well-being and to participate in decision-making.

This has been delivered through: strengthening young people's capacity to participate in decision-making through various policy dialogue and advocacy events; upscaling comprehensive sexuality education (CSE) through delivery of CSE in and out of schools; and enhancing the Government's capacity to develop and implement legislation, policies and strategies that build the human capital of young people.

Table 1. SRHR programme interventions by geographic areas

Output/Sub-outputs	Key Interventions	Geographic location
Increased capacity to deliver integrated, quality sexual and reproductive health services that target women and adolescent girls, especially the most vulnerable, including in humanitarian situations		
Sub Output 1: National and sub national Governments have increased capacity to develop and implement sexual and reproductive health legislation, policies, strategies and guidelines	Support FWD/MoHP in the development of FP Sustainability Road Map (2021- 2030)	National/Federal
	Supply Chain Management Technical Working Group (SCM - TWG) formed and functionalized in UNFPA priority provinces	Province 2, Lumbini and Sudurpaschim
	Provide technical support to MoHP to update national guidelines/protocols/standards (RH clinical Protocols; National Medical Standards, CCSP Guideline, POP Guideline etc.)	Federal and provincial level
	Support to districts and local levels in updating Disaster Preparedness and Response Plan including MISP for RH services (updating training package, capacity building through training and development/updating the preparedness and response plan)	Federal, provincial and district level
	SRH Sub-cluster co-lead and coordination support at federal and provincial level (information management support, rapid and comprehensive assessment)	Federal and province level (Province 2, Lumbini and Sudurpaschim province)
	Evidence generation to inform policy formulation and implementation (NHFS, NDHS, further assessment of NDHS, other studies and assessments)	National
Sub Output 2: Devolved health systems are strengthened to better provide integrated, quality sexual and reproductive health services to the most vulnerable groups	Training of health service providers on ASFS and FP services	Priority districts
	Assistance to fistula treatment center for obstetric fistula services (surgery, awareness raising)	National (Service centre based in Dharan, Sunsari, Province 1)
	Strengthening midwifery education and cadre through supporting all four pillars- regulation, education, association and advocacy	National
	Strengthen the skills of Nurse/Midwives and enhance quality of EmONC service (adaptation/ roll out of Safe delivery Application)	National
	Certification of the health facilities for AFHS (training, assessment, support)	Priority districts
	FP and MNH commodities support	Federal
	Prepositioning of IARH Kits and distribution to HFs during emergency	National and provincial level
Sub Output 3: Marginalized groups, in particular women and	Mobilization of visiting service providers (VSPs), mobile camps, mobile clinics	Priority districts - Province 1, Province 2, Lumbini and Sudurpaschim province
	Training and orientation of indigenous and religious leaders	Priority districts - Province 1, Province 2, Lumbini and Sudurpaschim province

Output/Sub-outputs	Key Interventions	Geographic location
	Demand generation activities targeting marginalised communities.	Priority districts - Province 1, Province 2, Lumbini and Sudurpaschim province
	Development of IEC/BCC materials on SRH and COVID-19	Federal
	Helpline establishment and support	Federal

The **theory of change** that describes how and why the set of activities planned under the SRHR are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology.

The UNFPA Nepal SRHR and adolescent and youths programmes are based on the following results framework presented below:

UNFPA supported SRHR Programme Results Framework for Nepal (2018-2022)

Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality

Outcomes

Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. **Indicators:** i) Unmet need for family planning, Baseline (BL): 23.7%, Target: 19% ii) Proportion of service delivery points having no stock-out of contraceptives in the last 6 months, BL: 73%, Target: 80% iii) % of adolescents utilizing services through adolescent friendly services, BL: 10%, Target: 30%	**Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.** **Indicators:** i) Adolescent birth rate (per 1,000 women aged 15-19), BL: 88 (2016), Target: 51

Outputs	Outputs
Output 1: Increased capacity to deliver integrated, quality sexual and reproductive health services that target women and adolescent girls, especially the most vulnerable, including in humanitarian situations	Output 1: Young people have the skills and knowledge to make informed decisions for health and well-being and to participate in decision-making

Intervention Areas	Intervention Areas
Sub Output 1: National and sub national Governments have increased capacity to develop and implement sexual and reproductive health legislation, policies, strategies and guidelines **Indicators:** i) Fistula surgery incorporated as part of Nepal's Essential Health Service Package for vulnerable groups, BL: No Target: Yes	**Sub Output 1: Young people's capacity to engage in policy dialogue, planning and decision making and claiming their rights is increased** ***Indicators:*** i) National and sub-national development platforms for active youth participation in planning and decision making on laws and policies in place, BL: 3, Target: 7
Sub Output 2: Devolved health systems are strengthened to better provide integrated, quality sexual and reproductive health services to the most vulnerable groups **Indicators:** i) No. of health facilities (HFs) in priority locations that meet quality standards and received certification, for provision of integrated adolescent-friendly sexual and reproductive health services, BL: 25, Target: 70 ii) Proportion of HFs in priority areas providing 5 modern FP methods, BL: 33% Targt: 60% iii) No. of universities providing midwifery training as per international standards, BL: 2 Target: 3 iv) No. of UNFPA supported areas with updated disaster preparedness and response plans, including MISP for reproductive health services, BL: 0 Target: 14	**Sub Output 2: Young people's access to comprehensive sexuality education is enhanced** **Indicators:** i) Number of adolescents accessing information and counselling from adolescent friendly learning spaces in schools, BL: 0, Target: 15,000
Sub Output 3: Marginalized groups, in particular women and young people, are enabled to increase utilization of SRH services and realize their reproductive rights **Indicators:** i) No. of women reached through the Visiting Providers to increase access to FP services in eight districts, BL: 1900 Target: 3600	**Sub Output 3: National and sub national Governments have increased capacity to develop and implement legislation, policies, strategies and guidelines that target young people** **Indicators:** i) Gender responsive comprehensive sexuality education integrated in national curriculum, BL: No, Target: Yes

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The overall purpose of the developmental evaluation of SRHR program under the 8th CP (2018-2022) is to produce real-time information to guide and adjust the programme in the evolving development and humanitarian contexts of Nepal. It will serve the following four main purposes:

(i)   demonstrate accountability to stakeholders on performance in achieving development results and on invested resources;

(ii)   support evidence-based decision-making and innovation development in a range of areas to guide adaptation to the evolving contexts and complex environment in Nepal;

(iii)   enhance understanding among the implementers and stakeholders on new ways of perceiving the challenges and in systems thinking; and

(iv)   contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the ICPD PoA and Agenda 2030.

4.2. Objectives

The primary **objectives** of the SRHR programme evaluation are:

1. To provide UNFPA, national stakeholders including duty bearers and rights-holders as well as a wider audience with an independent assessment of the UNFPA Nepal supported SRHR programme's progress towards the achievement of results, the management effectiveness and programme efficiency, including components contributing towards assessing the value for money, and to make recommends for appropriate changes in the evolving contexts;

2. To broaden the evidence base by identifying good practices and lessons learned and to inform the design of the SRHR programme applying a systems approach under the next programme cycle.

3. To broaden the understanding and application of a systems approach among the implementers and key stakeholders including the challenges and adaptation to the new complex contexts.

The specific objectives of the developmental evaluation are to:

1. Provide an independent assessment of the relevance, effectiveness, efficiency, coherence and sustainability of UNFPA's support in the area of SRHR.

2. Assess the extent to which issues of human rights, equity, gender equality and social inclusion have been taken into consideration in programme design and implementation.

3. Assess the intersectionality of the SRHR interventions with other thematic areas and programmes supported by UNFPA including on gender equality and women's empowerment, adolescent and youth development, and data and population dynamics.

4. Provide an assessment of the UNFPA humanitarian assistance and the ability and scope of UNFPA to connect immediate, life-saving support with long-term development objectives.

5. Identify innovative strategies and approaches for UNFPA to test and apply in its efforts to collaborate with the GoN to accelerate progress towards universal access the sexual and reproductive health as part of the national health sector priorities and the corresponding SDGs.

6. Assess the extent of coordination with partners at the various levels of the programme (national, provincial, district and local municipalities).

7. Draw key lessons and conclusions from past and current cooperation, emerging humanitarian and development issues in context of aid effectiveness, and provide a set of clear, forward-looking and actionable recommendations for the SRHR program for remaining program cycle as well as the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover the following four provinces and 17 districts where UNFPA has implemented SRHR related interventions under the current cycle as per Table 1.

Table 1. List of provinces and districts to be covered by the development evaluation

Province	District	Ecological Zone	SRHR Programme (Outcome 1)	Adolescent and Youth (Outcome 2)	Other programmes (3 & 4)
Province 1	Sunsari	Terai	Obstretic Fistula treatment center, FP/RHCS, AFS	AFIC/CSE	
	Okhaldhunga	Hills	FP/RHCS, AFS	AFIC/CSE, Youth participation	GBVPR I and GBVPR II
	Udayapur	Hills	FP/RHCS, AFS, Humanitarian preparedness	CSE phase II	GBVPR I, GBVPR II
Province 2	All of 8 districts		eLMIS strengthening		
	Dhanusha	Terai	Humanitarian Preparedness, AFS		EU_GBVPR
	Sarlahi	Terai	FP/RHCS, AFS, Humanitarian Preparedness	AFIC/CSE, Youth participation	
	Rautahat	Terai	FP/RHCS, AFS, Humanitarian Preparedness	AFIC/CSE, youth participation	Child marriage programme
Lumbini	Kapilvastu	Terai	FP/RHCS, AFS, Youth participation, Humanitarian Preparedness	AFIC/CSE	Child marriage programme
	Rupandehi	Terai	Humanitarian Preparedness		
	Rukum-East	Hills	FP/RHCS, AFS	AFIC/CSE	
	Rolpa	Hills	FP/RHCS, AFS, Humanitarian preparedness		Child marriage Programme
	Pyuthan	Hills	FP/RHCS, AFS, Humanitarian Preparedness	Youth participation	
	Arghakhanchi	Hills	AFS, Humanitarian Preparedness	Youth participation	
Sudurpaschim	Kailali	Hills	Humanitarian preparedness		GBVPR II
	Achham	Hills	Humanitarian preparedness	AFIC/CSE Phase III	GBVPR I & GBVPR II
	Baitadi	Hills	AFS, Humanitarian preparedness	AFIC/CSE phase III, Youth participation	GBVPR I & GBVPR II, Child marriage programme
	Bajhang	Mountain	FP/RHCS, AFS, Humanitarian preparedness	CSE Phase III	Child marriage programme, GBVPR I, GBVPR II
	Bajura	Mountain	AFS, Humanitarian preparedness	AFIC/CSE, Youth participation	GBVPR I, GBVPR II

Note:

FP/RHCS =Family Planning/Reproductive Health Commodities Supplies, AFS = Adolescent Friendly Services, AFIC/CSE = Adolescent Friendly Information Corners/Comprehensive Sexuality Education, GBVPR = Gender-based violence prevention and response
Ecological zones are indicated with different colors.

Thematic Scope

The developmental evaluation (DE) will cover the sexual and reproductive health and rights and adolescents and youth outcomes. It will examine intersectionality with other relevant programme areas. In addition, the evaluation will cover cross-cutting issues, and the global UN programming principles such as leaving no one behind, human rights, gender equality and women empowerments, social inclusion, disaster preparedness and response. The DE will take into account emerging issues, such as, those related to the COVID-19 pandemic impact in both the evaluation content (i.e. the UNFPA's responsiveness,

adaptation and reprioritization) and operations (i.e. methods for managing stakeholder participation and inclusiveness in the COVID-19 context).

Temporal Scope
The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2018-2021.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency, coherence, and sustainability.[21] It will also use the evaluation criterion of coordination and coherence under the UN Reform agenda to assess the extent to which the UNFPA Nepal CO harmonized interventions with other actors, promoted synergy and avoided duplication under the framework of the UNCT. 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 coordinate the provision of 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.

Relevance	The extent to which the objectives of the SRHR 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.
Effectiveness	The extent to which SRHR programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the SRHR programme outcomes.
Efficiency	The extent to which SRHR programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).
Sustainability	The continuation of benefits from a UNFPA-financed SRHR intervention after its termination, linked, in particular, to their continued resilience to risks.
Coherence	The extent to which UNFPA's SRHR programme intersects with other interventions and in emergency contexts. This also includes UNFPA's role as an active member of and contributor to existing coordination mechanisms including the Health Cluster, RH Sub-cluster, the Protection Cluster, GBV Sub-cluster, the Humanitarian Coordination Team, among others.
Coverage	The extent to which various population groups facing life-threatening situations were reached by humanitarian action.
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

5.2. Preliminary Evaluation Questions

The developmental evaluation of the UNFPA supported SRHR programme will provide answers to the evaluation questions (related to the above criteria), which determine the scope of the evaluation.

---

[21] The full set of OECD/DAC evaluation criteria, their adapted definitions and principles of use are available at: https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf.

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 Nepal CO and the ERG. Given that DE approach being used for SRHR programme evaluation, there will be flexibility in terms of setting and/or revising the evaluation questions to some extent that will enable the evaluation team to adapt based on learning throughout the evaluation process in consultation with the evaluation manager and ERG and other stakeholders concerned.

Relevance

1. To what extent is the SRHR programme adapted to: (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups (e.g. adolescents and youth, people with disabilities, sexual and gender minorities, ethnic/caste and religious minorities, indigenous people, people living in remote areas, etc.); (ii) national and sub-national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; (iv) priorities articulated in international frameworks and agreements, in particular the ICPD PoA and the SDGs; and (v) the New Way of Working22 and the Grand Bargain.23?

2. To what extent has the SRHR programme been able to respond to changes in national and sub-national needs and priorities, including those of vulnerable or marginalized groups, or to shifts caused by emerging issues including impact of COVID-19 or major political changes and in governance structures including the transition to the federal structure in 2018?

3. To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations (as above), have been taken into account in both the planning and implementation of all UNFPA-supported interventions under the SRHR programme?

Effectiveness

4. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the SRHR related outcomes and goal of the country programme. In particular: (i) increased access and use of integrated sexual and reproductive health services; and (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights?

5. To what extent has UNFPA successfully integrated human rights, gender and inclusion perspectives24 in the design, implementation and monitoring of the RH programme?

6. What were the major factors of opposition to change and issues that hindered the effective design, implementation and delivery of the results?

---

22 For more information, please see:
https://www.agendaforhumanity.org/sites/default/files/20170228%20NWoW%2013%20high%20res.pdf.
23 For more information, please see: https://interagencystandingcommittee.org/grand-bargain.
24 See Guidance on disability inclusion in UNFPA evaluations

Efficiency

7. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the SRHR outcomes defined under the county programme?

Sustainability

8. To what extent has UNFPA been able to support implementing partners and empower rights-holders (notably, women, adolescents and youth, and those left furthest behind) in developing capacities and establishing mechanisms to ensure the durability of effects?

Coherence

9. To what extent does UNFPA's SRHR programme intersect with other thematic areas and in emergency context including contribution to the functioning and consolidation of the coordination mechanisms of the Health and Protection Clusters and relevant sub-clusters and with the relevant stakeholders for the delivery of the results of the SRHR programme?

Coverage (broader SRHR)

10. To what extent have the UNFPA humanitarian preparedness and response interventions reached the most vulnerable and marginalized groups (as above) in the concerned all geographic areas?

Connectedness (with other outcomes)

11. To what extent has the UNFPA's SRHR related humanitarian intervention taken into account longer-term development goals and strategies, such as, developing the capacity of local and national actor to better prepare for, respond to and recover from humanitarian crisis, articulated in the results framework of the country programme?

12. To what extent has the SRHR programme been integrated and/or coordinated with other thematic areas of UNFPA (gender/GBV, adolescents and youth, and population dynamics)?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Developmental evaluation

The SRHR programme evaluation will adopt developmental evaluation approach designed to facilitate social innovators develop social change initiatives in complex or uncertain environments. As UNFPA Nepal aims to develop the SRHR programme under its next CP, application of this evaluation approach will help adapt the SRHR programme in the evolving national context and aid environment, emerging humanitarian and current socio-political shifts, under the relatively new federal structure in Nepal.

In addition, the following approaches of evaluation as required by the UNFPA Evaluation Policy will also be adopted to ensure the evaluation robust.

Theory-based approach

The SRHR programme evaluation will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Nepal CO 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 SRHR programme in UNFPA Nepal under the 8th CP (2018-2022) (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 SRHR programme of UNFPA Nepal CO was during the period of the 8th CP. The approach will also enable the purpose and objectives of the developmental evaluation to be realized, with a focus on learning and adaptation of the programme based on the evaluation results.

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 SRHR programme of UNFPA Nepal made during the 8th CP.

Participatory approach

The SRHR programme evaluation 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 Nepal CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the SRHR program under the CP 8, 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 and sub-national contexts. 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 will not only provide information and data to the evaluators to be able to assess the contributions of the UNFPA supported SRHR programme, they will also be part of the co-creation of the programme, a fundamental principle of developmental evaluation. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized groups. The evaluation team and the evaluation manager need to pay attention to the inclusion of stakeholders in the various stages of the evaluation process, conducting consultations with stakeholders throughout

the evaluation process and including their viewpoints as inputs into the evaluation process; this needs to be reflected in the evaluation workplan and covered in the inception/evaluation design report.

The evaluation manager in the UNFPA Nepal CO has established an ERG comprised of key stakeholders of the SRHR programme, comprised of: governmental and non-governmental counterparts at national level, including organizations representing marginalized groups and the regional M&E adviser in UNFPA APRO. 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 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 principles throughout the evaluation process, including through participation and consultation with key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders 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 and Assessing the Quality of Developmental Evaluations tool at UNFPA. These resource books 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 Nepal CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA.

The SRHR program evaluation will be conducted in accordance with the UNEG *Norms and Standards for Evaluation,*[25] *Ethical Guidelines for Evaluation,*[26] *Code of Conduct for Evaluation in the UN System*[27]*, Guidance on Integrating Human Rights and Gender Equality in Evaluations*[28] and *Assessing the Quality of Developmental Evaluations at UNFPA*. When contracted by the UNFPA Nepal CO, the evaluators will be requested to sign the UNEG *Code of Conduct* 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's support in Nepal. 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

---

[25] Document available at: http://www.unevaluation.org/document/detail/1914.

[26] Document available at: http://www.unevaluation.org/document/detail/102.

[27] Document available at: http://www.unevaluation.org/document/detail/100.

[28] Document available at: http://www.unevaluation.org/document/detail/980.

the field phase. The evaluation methodology and evaluation questions need to pay particular attention to gender equality, social inclusion, and human rights. The methodology will also require details on the adjustments to the data gathering processes in context of the ongoing COVID-19 pandemic and related mobility restrictions, taking into account different scenarios in terms of the pandemic status in Nepal.

The evaluation team is strongly encouraged to refer to the Handbook throughout the entire 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 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 annexes of the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

Given that developmental evaluation approach has been adopted for this evaluation, the evaluation matrix will be a living document throughout the evaluation and will be adapted and revised as required based on the initial findings of the evaluation.

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 SRHR programme (**see Annex A**), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the SRHR programme evaluation. The final evaluation questions will structure the evaluation matrix (**see Annex C**) 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 SRHR programme. This will allow the evaluators to assess whether the preconditions for the achievement of outputs and the contribution of UNFPA's SRHR programme 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 Nepal CO will provide an initial overview of the SRHR programme 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 Nepal 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 SRHR programme (**see Annex B**).

Building on the initial stakeholder map and based on information gathered through desk 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 Nepal CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security measures, 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 desk review, primarily focusing on annual work plans, work plan progress reports, monitoring data and results reports, 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.), housing census and population data, NDHS and MICS 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 SRHR programme of UNFPA Nepal CO during the period of the 8th CP (2018-2022).

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 four (4) 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.

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*).

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 and preliminary conclusions.

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 SRHR programme evaluation 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 *(Handbook, pp.35-40)*

The evaluation manager at the UNFPA Nepal CO will lead the preparatory phase of the SRHR program evaluation, which includes:

- Enhanced focus on stakeholder participation, including in the development of the TOR, with attention to utilization of evaluation results from the start of the process.
- Establishment of the ERG.
- Development of the theory of change underlying the SRHR programme by CO staff under the leadership and guidance of the M&E officer/evaluation manager.
- Compilation of background information and documentation on the country context and SRHR programme for desk review by the evaluation team in the design phase.
- Drafting the terms of reference (ToR) for the SRHR programme evaluation with support from the regional M&E adviser in UNFPA APRO and in consultation with the ERG.
- Publication of the call for consultancy.
- Completion of the annexes to the ToR with support from the regional M&E adviser in UNFPA APRO and CO staff.
- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA APRO, and recruitment of the consultants by the CO to constitute the evaluation team.

7.2.   Design Phase *(Handbook, pp. 43-83)*

In the design phase, the evaluation manager will lay the foundation for communications around the SRHR programme evaluation. 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, with the participation of the regional M&E adviser.
- 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 Nepal 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 SRHR programme, as well as other relevant documentation.
- Review of the TOC from multiple stakeholder perspectives to inform the theory-based evaluation process (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 Nepal 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 workplan. 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 for review. The template for the design report is provided in Annex E.

7.3.   Field Phase *(Handbook, pp. 87 -111)*

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 SRHR programme evaluation. A period of three 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 Nepal CO staff to launch the data collection.
- Meeting of the evaluation team with relevant programme officers at the UNFPA Nepal CO.
- Data collection at national and sub-national levels.
- Rapid feedback in the various stages of data gathering at national and sub-national levels in order to validate findings, inform conclusions and recommendations, stimulating learning processes.
- Adapting the evaluation process and the evaluation matrix informed by on-going learning.

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, and will enable the evaluation team to refine the findings, formulate conclusions and develop credible and relevant recommendations.

7.4.   Reporting Phase *(Handbook, pp.115 -121)*

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. This phase includes obtaining feedback through presentations for multiple stakeholders at national and sub-national levels.

Prior to the submission of the draft report to the evaluation manager, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality

Assessment (EQA) grid (see Annex F). The evaluation manager and the regional M&E adviser in UNFPA will subsequently prepare an EQA of the draft evaluation report, using 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 Nepal CO.

7.5. Dissemination and Facilitation of Use Phase *(Handbook, pp.131 -133)*

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. This phase includes dissemination of the results of the thematic evaluation through a variety of communication means for national and sub-national audiences.

The evaluation manager will finalize the **communication plan** together with the communication officer in the UNFPA Nepal CO. Overall, the communication plan should include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. 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 manager).

Based on the final communication plan, 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 Nepal CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

The evaluation manager, in collaboration with the communication officer in the UNFPA Nepal CO, will also develop an **evaluation brief**. This concise note will present the key results of the SRHR programme evaluation, thereby making them more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the independent EQA of the final report 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 Nepal 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 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) taking into account the COVID-19 context in Nepal; 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 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 Nepal 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.

- **Learning briefs/feedback notes.** The DE facilitates continuous learning and adaptation. Hence, it is expected that the learning briefs and feedback notes will also be generated by the evaluators. At least three learning briefs (topics to be decided) will be generated.

---

[29] The UNFPA evaluation database can be accessed at the following link:
https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa.

- **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.

Based on these deliverables, the evaluation manager, in collaboration with the communication officer in the UNFPA Nepal CO will develop an:

- **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 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.

All the deliverables will be developed in English language. These deliverables with go through a rigorous quality assessment process, using the following two documents: (i) UNFPA Evaluation Quality Assurance and Assessment Tools, and (ii) Assessing the Quality of Developmental Evaluations at UNFPA.

9.   Quality Assurance and 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 SRHR programme evaluation 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 report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations. Being a developmental evaluation, UNFPA will also use the 'Assessing the Quality of Developmental Evaluations at UNFPA' criteria to assess the quality of this evaluation.

The evaluation manager is primarily responsible for quality assurance of the deliverables of the evaluation at 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 EQA grid

(Annex F)[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.

1. Structure and Clarity of the Report
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).

2. Executive Summary
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.

3. Design and Methodology
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.)

4. Reliability of Data
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.

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).

---

[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.

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 Women[31] and UNEG guidance on integrating human rights and gender perspectives in evaluation.[32]

Using the grid in Annex F, the EQAA process for this SRHR programme evaluation will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the evaluation manager in the UNFPA Nepal 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.

10.   Indicative Timeframe and Work Plan

The table below indicates all the activities that will be undertaken throughout the evaluation process, as well as their duration or specific dates for the submission of corresponding deliverables. It also indicates all relevant guidance (tools and templates) that can be found in the UNFPA Evaluation Handbook.

Evaluation Phases and Activities[33]	Deliverables	Dates/ Duration
Preparatory phase		**Apr-Aug 2021**
Preparation of **letter for Government and other key stakeholders** to inform them about the upcoming SRHR programme evaluation	*Letter from the UNFPA Country Representative*	*May 2021*
Establishment of the **evaluation reference group (ERG)**		*May 2021*
Development of the **theory of change** underpinning the CP by CO staff (at the request of CO senior management and with support of the M&E officer/evaluation manager)	*Theory of change (include in Annex A of the ToR)*	*May 2021*
Compilation of **background information and documentation** on the country context and the SRHR programme for desk review by the evaluation team	*Creation of a Google Drive folder containing all relevant documents on country context and CP*	*May 2021*
Drafting the **terms of reference (ToR)** (in consultation with the regional M&E adviser and with input from the ERG)	*Draft ToR*	*May 2021*
Publication of the **call for evaluation consultancy**		*Aug. 2021*
Completion of the **annexes** to the ToR (in consultation with the regional M&E adviser and with input from CO staff)	*Draft ToR annexes*	*Aug. 2021*
Recruitment of the **evaluation team** by the CO		*Aug. 2021*
Design phase		**Aug-Sept 2021**

---

[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.

[33] The activities of the different evaluation phases noted in this table do not necessarily follow the presentation of activities in the UNFPA Evaluation Handbook because they are ordered chronologically and include some additional activities, based on best practices within UNFPA.

Evaluation Phases and Activities[33]	Deliverables	Dates/ Duration
Evaluation kick-off meeting between the evaluation manager, the evaluation team and the regional M&E adviser		*Aug. 2021*
Development of an **initial communication plan** by the evaluation manager (in consultation with the communication officer in the CO)	*Initial communication plan*	*Aug. 2021*
Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)		*Sept. 2021*
Drafting of the design report (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)	Draft design report	*Sept. 2021*
Review of the draft design report by the evaluation manager and the regional M&E adviser	*Consolidated feedback provided by evaluation manager to evaluation team leader*	*Sept. 2021*
Presentation of the draft design report to the ERG for comments and feedback	*PowerPoint presentation of the draft design report*	*Oct.2021*
Revision of the draft design report and circulation of the final version to the evaluation manager for **approval**	*Final design report*	*Oct. 2021*
Update of the communication plan by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report)	*Updated communication plan*	*Oct. 2021*
Field phase		**Oct – Nov 2021**
Inception meeting for data collection with CO staff	*Meeting between evaluation team/CO staff*	*Oct. 2021*
Individual meetings with relevant CO programme officers	*Meeting of evaluators/CO programme officers*	*Oct. 2021*
Data collection (incl. interviews with key informants, site visits for direct observation, group discussions, desk review, etc.)	Entering data/information into the evaluation matrix	*Oct-Nov 2021*
Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	PowerPoint presentation for debriefing with the CO and the ERG	*Nov. 2021*
Update of the communication plan by the evaluation manager (as required)	*Updated communication plan*	*Nov. 2021*
Reporting phase		**Nov. 2021- Jan. 2022**
Drafting of the evaluation report (**DRAFT 1**) and circulation to the evaluation manager	*Draft evaluation report*	*Nov. 2021*
Review of the draft evaluation report (**DRAFT 1**) by the evaluation manager, the ERG and the regional M&E adviser	*EQA of the draft evaluation report (by the evaluation*	*Nov. 2021*

Evaluation Phases and Activities[33]	Deliverables	Dates/ Duration
Joint development of the **EQA** of the draft evaluation report by the evaluation manager and the regional M&E adviser	*manager and the regional M&E adviser)*	
Drafting of the final evaluation report (DRAFT 2) (incl. annexes) and circulation to the evaluation manager	*Final evaluation report (incl. annexes)*	*Nov. 2021*
Review of the draft evaluation report (DRAFT 2) by the evaluation manager, the ERG and the regional M&E adviser Joint development of the **EQA** of the draft evaluation report by the evaluation manager and the regional M&E adviser	*EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)*	*Dec. 2021*
Drafting of the final evaluation report (FINAL) (incl. annexes) and circulation to the evaluation manager	*Final evaluation report (incl. annexes)*	*Dec. 2021*
Circulation of the final evaluation report to the UNFPA Evaluation Office		*Dec. 2021*
Preparation of the independent **EQA of the final evaluation report** by the UNFPA Evaluation Office	*Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)*	*Jan. 2022*
Update of the communication plan by the evaluation manager (as required)	*Updated communication plan*	*Jan. 2022*
Dissemination and facilitation of use phase		**Jan-Mar 2022**
Preparation of the **management response** by the CO and submission to the Policy and Strategy Division	*Management response*	*Jan. 2022*
Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from the communication officer in the CO	*Final communication plan*	*Jan. 2022*
Development of the **presentation** on the evaluation results	PowerPoint presentation of the evaluation results	*Jan. 2022*
Development of the **evaluation brief** by the evaluation manager, with support from the communication officer in the CO	*Evaluation brief*	*Jan. 2022*
Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office		*Feb. 2022*
Publication of the final evaluation report, the evaluation brief and the management response on the CO website		*Feb. 2022*
Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager	*Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.*	*Feb-Mar 2022*

Once the evaluation team leader has been recruited, s/he will develop a detailed **evaluation work plan** (see Annex I) in close consultation with the evaluation manager.

11.   Management of the Evaluation

The **evaluation manager** in the UNFPA Nepal CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The evaluation

manager will oversee the entire process of the evaluation, from the preparation to the facilitation of the use and the dissemination of the evaluation results. S/he will also coordinate the exchanges between the evaluation team and the ERG. It is the responsibility of the evaluation manager to ensure the quality, independence and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The evaluation manager has the following key responsibilities:

- Establish the ERG.
- Compile background information and documentation on both the country context and the UNFPA SRHR programme and file them in a Google Drive to be shared with the evaluation team upon recruitment.
- Prepare the ToR (incl. annexes) for the evaluation, with support from the regional M&E adviser.
- Support the Chair the ERG in convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch the selection process for the team of evaluators in consultation with the regional M&E adviser and UNFPA Representative.
- Identify potential candidates to conduct the evaluation, complete the Consultant Pre-Selection Scorecard to assess their respective qualifications, and propose a final selection of evaluators with support from the regional M&E adviser to the UNFPA Representative.
- Share the annexes of the ToR with the final selected evaluators and hold an evaluation kick-off meeting with the evaluation team and the regional M&E adviser.
- Provide evaluators with logistical support for data collection (site visits, interviews, group discussions, etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process; notably the design report (focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection), as well as the draft and final evaluation report.
- Coordinate feedback and comments of the ERG on the evaluation deliverables and ensure that feedback and comments of the ERG are adequately addressed.
- Conduct an EQA of the draft evaluation report in collaboration with the regional M&E adviser, in line with the EQA grid and its explanatory note.
- Develop an initial communication plan (in coordination with the CO communication officer) and update it throughout the evaluation process, as required, to guide the dissemination and facilitation of use of the evaluation results.
- Participate in the preparation of the management response.
- Submit the final evaluation report, EQA and management response to the regional M&E adviser, the Evaluation Office and the Policy and Strategy Division at UNFPA headquarters.

At all stages of the evaluation process, the evaluation manager will require support from staff of the UNFPA Nepal CO. Specifically, the responsibilities of the **country office staff** are:

- Contribute to the preparation of the ToR, specifically, the initial stakeholder map, the list of Atlas projects and the compilation of background information and documentation on the context and the CP, and provide input to the evaluation questions.
- Make time for meetings with/interviews by the evaluation team.
- Provide support to the evaluation manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Nepal CO, APRO, representatives of the national Government of Nepal, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (e.g. persons with disabilities, etc.) (see Handbook, section 2.3, p.37). The ERG will serve as a body to ensure the relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and key informants and undertake quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:
- Support the evaluation manager in the development of the ToR, including the selection of preliminary evaluation questions.
- Provide feedback and comments on the design report.
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report.
- Participate in meetings with the evaluation team.
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response.

The **regional M&E adviser** in UNFPA APRO will provide guidance and backstopping support to the evaluation manager at all stages of the evaluation process. The responsibilities of the regional M&E adviser are:
- Provide feedback and comments on the draft ToR (incl. annexes) in accordance with the UNFPA Evaluation Handbook.
- Support the evaluation manager in identifying potential candidates and assessing whether they have the appropriate level of qualifications and experience.
- Review the design report and provide comments to the evaluation manager, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report and jointly prepare an EQA of the report with the evaluation manager.
- Support the evaluation manager in reviewing the final evaluation report.

- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The responsibilities of the Evaluation Office are as follows:
- Commission the independent EQA of the final evaluation report.
- Publish the final evaluation report, independent EQA and management response in the UNFPA evaluation database.

12. Composition of the 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) a team member who will provide technical expertise in SRHR. In addition to his/her primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the SRHR programme evaluation process, the team leader will perform the role of technical expert for SRHR programme areas of the 8th UNFPA CP in Nepal.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team member 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.

12.1. 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. 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 particularly in the field of sexual and reproductive rights and/or developmental evaluation including participatory approach, systems thinking and innovation. The team leader should also lead towards and contribute to forward looking analysis and identification of a way forward informed by the evaluation and guide the team member accordingly. Roles of the team leader and team member in terms of SRHR will be further discussed and agreed upon based on the skills, expertise and capacities of the recruited candidates.

Evaluation team member: SRHR expert
The SRHR expert will provide expertise on integrated sexual and reproductive health services, maternal health, and family planning, and reproductive health morbidities including obstetric fistula. 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. 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 Nepal 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. S/he will collaborate with the team leader and contribute to forward looking analysis informed by the evaluation and will guide the team member accordingly. The selected expert will discuss with the team leader and evaluation manager and agree on the division of responsibilities.

12.2.   Qualifications and Experience of the Evaluation Team

Team leader
The competencies, skills and experience of the evaluation team leader should include:
- Master's degree in public health, social sciences, development and/or gender studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development and/or humanitarian assistance.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated expertise in the health sector, preferably in SRHR.
- Experienced in developmental evaluation and participatory approaches in evaluation.
- In-depth knowledge of theory-based evaluation and systems thinking, 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 frameworks and principles, the international humanitarian architecture and coordination mechanisms, and preparedness and response work of UNFPA.
- 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.
- 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.
- Proven 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 national development context of Nepal.
- Fluent in written and spoken English.

Team member - SRHR expert
The competencies, skills and experience of the Team member - 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 and/or humanitarian assistance.
- Substantive knowledge of SRHR policy and programme frameworks including in relation to health financing, health systems and social determinants of health.
- Good knowledge of humanitarian strategies, policies, frameworks and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Good knowledge of the impact of federalism on the health sector in Nepal.
- 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 participatory evaluation approaches and methodology, systems thinking and innovation, 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 Nepal.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Nepali.

13.   Budget and Payment 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/inception report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

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 (1)	Thematic experts (2)
Design phase	10	8
Field phase	15	15
Reporting phase	14	11
Dissemination and facilitation of use phase	1	1
TOTAL (days)	**40**	**35**

14. Bibliography and Resources

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

UNFPA documents

1. UNFPA Strategic Plan (2014-2017) (incl. annexes)
    https://www.unfpa.org/resources/strategic-plan-2014-2017
2. UNFPA Strategic Plan (2018-2021) (incl. annexes)
    https://www.unfpa.org/strategic-plan-2018-2021
3. UNFPA Evaluation Policy (2019)
    https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019
4. *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA* (2019)
    https://www.unfpa.org/EvaluationHandbook
5. Relevant centralized evaluations conducted by the UNFPA Evaluation Office, available at:
    https://www.unfpa.org/evaluation
    - Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020) (https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_Mid-Term_Evaluation_Report_20181005_web_pages.pdf) (https://www.unfpa.org/updates/use-evaluation-results-bring-family-planning-last-mile)
    - Getting to zero: Good practices from synthesis of UNFPA country programme evaluations (https://www.unfpa.org/updates/new-getting-zero-good-practices-synthesis-unfpa-country-programme-evaluations)
    - Use of evaluation results to expand access to family planning (https://www.unfpa.org/updates/use-evaluation-results-expand-access-family-planning)
    - Meta-analysis of the engagement of UNFPA in highly vulnerable contexts (https://www.unfpa.org/updates/meta-analysis-engagement-unfpa-highly-vulnerable-contexts)

[Nepal] national strategies, policies and action plans

6. National Poverty Reduction Strategy
7. 15th National Development Plan (https://www.npc.gov.np/images/category/15th_plan_English_Version.pdf)
8. 14th National Development Plan (https://www.npc.gov.np/images/category/14th-plan-full-document.pdf)
9. United Nations Development Assistance Framework (UNDAF) and/or United Nations Sustainable Development Cooperation Framework (UNSDCF)
10. Relevant national strategies and policies for SRHR programme

UNFPA [Nepal] CO programming documents

11. Government of [Nepal]/UNFPA [8]th Country Programme Document ([2018-2022])

12. United Nations Common Country Analysis/Assessment (CCA)
13. Situation analysis for the Government of [Nepal]/UNFPA [8]th Country Programme ([2018-2022])
14. CO annual work plans
15. Joint programme documents
16. Mid-term reviews of interventions/programmes in different thematic areas of the CP
17. Reports on core and non-core resources
18. CO resource mobilization strategy

UNFPA [Nepal] CO M&E documents
19. Government of [Nepal]/UNFPA [8]th Country Programme M&E Plan ([2018-2022])
20. CO annual results plans and reports
21. CO quarterly monitoring reports
22. Previous evaluation of the Government of [Nepal]/UNFPA [7]th Country Programme ([2013-2017]), available at: https://web2.unfpa.org/public/about/oversight/evaluations/

Other documents
23. Implementing partner work plans and progress reports
24. Implementing partner assessments
25. Audit reports and spot check reports
26. Meeting agendas and minutes of joint United Nations working groups
27. Donor report