Terms of Reference

United Nations Population Fund (UNFPA) Zimbabwe 7th Country Programme 2016 - 2020

Country Programme Evaluation

December 2019

Contents

Acronyms

ADVC	Anti Domestic Violence Council
CO	Country Office
CP	Country Programme
CCA	Common Country Analysis/Assessment
CESHHAR	Centre for Sexual Health and HIV/AIDS Research Zimbabwe
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
DSA	Daily subsistence allowance
ERG	Evaluation Reference Group
EQA	Evaluation Quality Assessment
EQAA	Evaluation Quality Assurance and Assessment
ESARO	East and Southern African Regional Office
FACT	Family AIDS Caring Trust
FP	Family Planning
GBV	Gender-based Violence
GoZ	Government of Zimbabwe
ICPD	International Conference on Population and Development
I-TECH	International Training and Education Center for Health
KP	Key populations
LARC	Long Acting and Reversible Contraceptives
LEEP	Loop Electrosurgical Excision Procedure
MISP	Minimum Initial Services Package
MOHCC	Ministry of Health and Child Care
MOPSE	Ministry of Primary and Secondary Education
MWACSMED	Ministry of Women Affairs, Community, Smal and Medium Enterprise Development
MWH	Maternity Waiting Home
M&E	Monitoring and Evaluation
NAC	National AIDS Council
OECD/DAC	Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC)
OPHID	Organisation for Public Health Interventions for Development
OF	Obstetric Fistula
PHC	Primary Health Care
PSI	Population Services International
PSZ	Population Services Zimbabwe
REDATAM	Retrieval of DATa for small Areas by Microcomputer
RO	Regional Office
SAYWHAT	Students and Youth Working on Reproductive Health Action
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence

SRHR	Sexual and reproductive health and rights
ToR	Terms of Reference
TSP	Transitional Stabilisation Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNPDF	United Nations Partnership for Development Framework
UNSDCF	United Nations Sustainable Development Cooperation Framework
UZ	University of Zimbabwe
VIAC	Visual Inspection with Acetic Acid and Cervicography
WHO	World Health Organisation
WRA	White Ribbon Alliance
ZAPSO	Zimbabwe AIDS Prevention and Support Organisation (ZAPSO)
ZIMASSET	Zimbabwe Agenda for Sustainable Socio-Economic Transformation
ZIMDAT	Zimbabwe Statistics Database
ZNFPC	Zimbabwe National Family Planning Council
ZUNDAF	Zimbabwe United Nations Development Assistance 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. UNFPA expands the possibilities of women and young people to lead healthy and productive lives. 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-centred results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular good health and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one will be left behind and that the furthest behind will be reached first.

UNFPA has been operating in Zimbabwe since 1982. The support that the UNFPA Zimbabwe Country Office (CO) provides to the Government of Zimbabwe (GoZ) under the framework of the 7th Country Programme (CP) 2016 - 2020 builds on national development needs and priorities as articulated in the UNFPA Strategic Plan 2018 – 2021; ZIMASSET (2013 – 2018); the Transitional Stabilisation Programme (TSP) 2018 – 2020; the United Nations Common Country Analysis/Assessment (CCA); the Zimbabwe United Nations Development Assistance Framework (ZUNDAF), 2016 – 2020, the UNFPA Country Programme Action Plan (CPAP), 2016 – 2020; the National Health Strategy 2016 – 2020; and the Interim Poverty Reduction Strategy Paper (I-PRSP) 2016 – 2018.

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated at least once every two programme cycles. The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 7th CP 2016 to 2020 in Zimbabwe, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw key lessons and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the *Handbook on How to Design and Conduct Country Programme Evaluations at UNFPA* (UNFPA Evaluation Handbook), which is available at: https://www.unfpa.org/EvaluationHandbook. The handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the

[1] UNFPA Strategic Plan 2018-2021.

United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key evaluation stakeholders at all stages in 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 in the different evaluation phases.

The main audience and primary users of the evaluation are: (i) The UNFPA Zimbabwe CO; (ii) GoZ; (iii) the United Nations Country Team (UNCT) in Zimbabwe; (iv) East and Southern Regional Office (ESARO); (v) and donors operating in Zimbabwe. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) Implementing partners of the UNFPA Zimbabwe CO; (ii) UNFPA headquarters divisions, branches and offices; (iii) the UNFPA Executive Board; (iv) academia; (v) local civil society organizations and international NGOs; and (vi) beneficiaries of UNFPA support (in particular women and adolescents and youth). The evaluation results will be disseminated to these audiences as appropriate, using traditional and new channels of communication and technology.

The evaluation will be managed by the Evaluation Manager within the UNFPA Zimbabwe CO, with guidance and support from the Regional Monitoring and Evaluation (M&E) Adviser at the ESARO, 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 terms of reference.

2. Country Context

The Republic of Zimbabwe is a landlocked country in Southern Africa with a total surface area of 390,757 square kilometres. The major tribes are Shona and Ndebele. According to the 2012 census, Zimbabwe has a total population of 13.1 million people, with an annual average intercensal growth rate of 1.1%. 48% are males and 52% are females, with 67% below the age of 25. About 67% of the population lives in rural areas. Life expectancy, which declined between 1992 and 2002, is on the upward rebound from 45 years in 2002 to 58 years in 2012 to 61 years in 2018 according to the World Health Organization latest published data[2].

The economy of Zimbabwe is mainly made of tertiary industry which makes up to 60% of the total GDP as of 2017. Zimbabwe's **Gross domestic product is** 17.85 billion USD **and** 1,079.61 USD **GDP per capita** (2017 World Bank Report). The **GDP growth rate is** 3.4% annually. The average gross cash income for households in 2017 was US$2,401 of which primary income was US$1,591. Zimbabwe's HDI value for 2018 is 0.563, which puts the country in the medium human development category with a lower middle income economy.

The maternal mortality ratio (MMR) increased from 695 per 100,000 live births in 1999 to 960 per 100,000 live births recorded in 2010. However, the MMR declined to 651 per 100,000 live births

[2] https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ZW

in 2015 (ZDHS, 2015) and further to 462 (MICS, 2019). Total fertility rate declined from 4.29 in 1994 to 4 in 2015 (ZDHS) and 3.9 (MICS, 2019). Adolescent fertility remains high at 110 live births per 1000 live births (ZDHS, 2015). Contraceptive Prevalence Rate (CPR) for currently married women was at 67 in 2015 (ZDHS). The skilled birth attendance at delivery was at 78% in 2015 and increased to 86% (MICS 2019), 76% of pregnant women had 4 or more ANC visits and 73% of newborns received a postnatal check-up in the first 2 days after birth. The under-5 mortality rate is 69 deaths per 1,000 and about one in 15 children in Zimbabwe dies before his or her fifth birthday, with 70 percent of these deaths occurring during infancy.

Two percent of women and 3% of men reported an STI or symptoms of an STI in the 12 months preceding the ZDHS 2015 survey. The crude incidence rate of cervical cancer was 36.7 per 100,000 women (Human Papillomavirus and Related Diseases Report Zimbabwe, 2018).

According to the 2015 ZDHS, twenty two percent of girls aged 15 - 19 years have begun child bearing. The adolescent fertility rate is 110 live births per 1000 women aged 15-19 years, up from 99 in 2010 with a striking rural-urban differential of 138 versus 63. HIV prevalence for women and men 15 to 24 years is at 6.7% and 4.2% respectively. Unmet need of family planning (FP) for 15 - 19 years is 12.6% compared to 10.4% which is the national value. 65.7% of young men who had more than one partner in the last 12 months used a condom at last sexual intercourse. 29.8 % and 19.4% of young men and women (15 – 19 years) were tested for HIV and received results respectively. Forty six percent of young women and 47% of young men aged 15 to 24 years have "comprehensive knowledge" about the modes of HIV transmission and prevention.

In the 2015 ZDHS, unmet need for family planning among currently married women has decreased from 15 percent in 2010-11 to 10 percent in 2015. Sixty-seven percent of currently married women report current use of a family planning method, and 66 percent use a modern method. The most popular contraceptive method is the pill, currently used by 41 percent of currently married women. Demand for family planning satisfied by the use of modern methods among currently married women is 85 percent.

Thirty five percent of women have experienced some form of violence in their lifetime, with 14% of women having experienced sexual violence at least once in their lifetime. Thirty-nine percent of women and 33 percent of men age 15-49 believe that a husband is justified in beating his wife in at least one of five specified circumstances.

The following policies/strategies are available and relevant to UNFPA mandate:

1. National Health Strategy (2016 – 2020)
2. National Reproductive Health Policy;
3. National Adolescent Sexual and Reproductive Health Strategy (2016- 2020)
4. Zimbabwe National Family Planning Strategy (2016 – 2020)
5. Zimbabwe School Health Policy
6. National Youth Policy
7. Reproductive Maternal Newborn Child and Adolescent Strategy (draft)
8. National Gender Policy (2018 – 2022)

In June 2018 Zimbabwe held harmonized elections and the new Government developed the Transitional Stabilisation Programme (2018 to 2020). Over the past years, the United Nations had

to shift its focus to humanitarian emergency response; first in 2016 during the El Nino induced drought, then during the cholera outbreak in 2017, and later the political, economic and financial crisis that started in 2017 spilling into 2018 and 2019. In March 2019, Zimbabwe experienced cyclone Idai which caused significant loss of lives and left about 270,000 people in urgent need of humanitarian assistance, causing widespread property and infrastructure destruction. The economic crisis has affected most basic and social services provision. Some health care providers employed by the Government went on a strike from September to December 2019, worsening the situation on service provision. The 7th CP therefore took into consideration the devastating consequences of these disasters with a focus of ensuring that women access SRHR and GBV prevention services.

In 2018, a mid term peer review of the programme was conducted and its recommendations were utilised to shape the alignment of the programme to the new UNFPA strategic plan (2018 – 2021).

While the current programme is due to end in 2020, an extension of the programme by another year will be submitted for approval by the Executive Board in September 2020. This is to ensure alignment with the ZUNDAF (extended by one year to 2021) as well as to the Transitional Stabilisation Programme (TSP) and the vision "To be a middle income country by 2030". UNFPA evaluation policy (2019) stipulates that at least one CPE should be conducted every two programme cycles" unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred". While the 6th CP received a "good" rating, the country office saw it fit to conduct an evaluation of the 7th CP given the one year extension and the need to use the results to align with the national priorities.

3. UNFPA Country Programme

UNFPA has been working with the Government of Zimbabwe since 1982 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 7th CP in Zimbabwe.

The 7th CP (2016 - 2020) is aligned with UNFPA Strategic Plan 2018 – 2021, ZIMASSET (2013 – 2018), The Transitional Stabilisation Programme (TSP), The United Nations Common Country Analysis/Assessment (CCA), Zimbabwe United Nations Development Assistance Framework (ZUNDAF), 2016 – 2020, UNFPA Country Programme Action Plan (CPAP), 2016 – 2020, The National Health Strategy 2016 – 2020, Interim Poverty Reduction Strategy Paper (I-PRSP) 2016 – 2018. In 2018, the UNFPA Zimbabwe CO undertook the process of aligning the 7th CP to the 2018-2021 Strategic Plan. It was developed in consultation with Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Zimbabwe CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery]. The **overall goal** of the UNFPA Zimbabwe 7th CP (2016 - 2020) 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 Zimbabwe 7th CP (2016 - 2020) has 4 thematic areas of programming with distinct **outputs** that are structured according to the 4 outcomes in the Strategic Plan 2018-2021 to which they contribute.

- **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.

Output 1: Increased availability of and access to voluntary family planning, especially long acting contraceptive methods This will be achieved through: a) revising and updating relevant family planning policies, guidelines and protocols; b) building capacity of service providers, especially those at primary health care level, for quality family planning, counseling, and services, including intra-uterine contraceptive device insertion and removal; c) conducting integrated community-based behavioral change interventions to generate demand for family planning; d) providing essential reproductive health commodities to enhance the country's reproductive health commodity security and diversify choices of contraceptives. e) Strengthen the institutional capacity of Zimbabwe National Family Planning Council to effectively lead, regulate and coordinate family planning programmes for achieving the FP2020 goals of Zimbabwe.

Output 2: Increased national capacity to deliver quality maternal health services, including in humanitarian setting
This will be achieved through a) support national coordination mechanisms for maternal health; b) support midwifery association, regulation, and education; c) scale up maternal death surveillance and response; d) further integrate reproductive health indicators in the health management information system; e) scale up support to clinical mentorship; f) scale up integrated quality sexual reproductive health information and services for pregnant women, especially young pregnant women, in maternity waiting homes; and g) support fistula prevention, treatment, and re-integration interventions. h) support the Ministry of Health and Child Care to conduct contingency planning based on minimum initial service package for sexual reproductive health in emergencies.

Output 3: Increased national capacity to provide quality cervical cancer screening and treatment services for precancerous lesions. This will be achieved through a) development of

national policy, guidelines, and protocols on cervical cancer screening and treatment; b) expansion of cervical cancer centers in public health facilities; c) training of service providers in public hospitals; d) enhancement of referral mechanisms to advanced care at tertiary hospitals.

Output 4: Increased uptake of HIV prevention services among women and men, especially young people and key populations. This will be achieved through a) continue to enhance the national integrated demand generation programme on sexual reproductive health, HIV and gender-based violence services with a focus on young people; b) roll out the sexual reproductive health and HIV service integration model in public health facilities at the district level; c) support civil society partners to provide equitable and acceptable sexual reproductive health and HIV services to key populations, especially in hard to reach communities, based on existing hot spot mapping and through scaling up pilot interventions under the sixth country programme for young key populations; d) advocate for and support capacity building interventions in public sector facilities to deliver integrated HIV prevention services to key populations using innovative service delivery approaches; e) support national programme coordination and policy development for selected HIV prevention services based on emerging evidence

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.

Output 5: Increased national capacity to provide information and services that prevent teenage pregnancy. This will be achieved through strengthening youth friendly health services, community engagement through Sista2Sista programmes, Comprehensive Sexuality Education and Parent Child Communication, development of the Adolescent Sexual Reproductive Health policy to provide an enabling environment for implementation services and programmes, support to the Zimbabwe Youth Council which provided an opportunity for youth participation.

Outcome 3: **Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.**

Output 6: Increased national capacity to prevent gender-based violence and enable the delivery of multi-sectoral services, including in humanitarian settings. This will be achieved through: a) Support to the Ministry of Women Affairs, Gender and Community Development to coordinate a multi-sectoral gender-based violence prevention and response programme; b) Technical assistance and capacity building for national institutions, mechanisms and civil societies in GBV prevention and response; c) Technical support for the development of data/information management systems; d) Capacity building in health response to GBV; e) Building of capacity in referral pathway mechanism and f) Establishment of safety nets.

Outcome 4: **Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.**

Output 7: Increased national capacity for the production and use of disaggregated data on population, sexual reproductive health and gender-based violence for the formulation and monitoring of evidence-based policies, plans and programmes including in humanitarian settings. This will be achieved through: a) conducting of surveys and application of modern technologies, including the Zimbabwe Demographic and Health Survey and Inter-Censual

Demographic Survey; b) subsequent in-depth analysis of surveys in partnership with Zimbabwe National Statistics Agency, universities and national statistical offices; c) web-enabled demographic and socio-economic database systems to improve data access, including in humanitarian preparedness and response; d) strengthening administrative data systems in the areas of health, HIV and gender; and e) Ministry of Economic Planning to coordinate the integration of population issues in national and sectoral policies and plans.

In addition, the UNFPA Zimbabwe CO takes part in activities of the UNCT under the leadership of the United Nations Resident Coordinator, with the objective to ensure inter-agency coordination and efficient delivery of tangible results in support of the national development agenda and the SDGs.

The **theory of change** that describes how and why the set of activities planned under the CP 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 Zimbabwe 7th CP (2016 - 2020) is based on the following results framework presented below:

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			
UNFPA Thematic Areas of Programming			
I. Sexual Reproductive Health	**II. Adolescents and Youth**	**III. Gender equality and women's empowerment**	**IV. Population and Development**
UNFPA Strategic Plan Outcomes			
Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access	Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health	Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality
UNFPA Zimbabwe 7th CP Outputs			
Output 1: Increased availability of and access to voluntary family planning, especially long acting contraceptive methods. Output 2: Increased national capacity to deliver quality maternal health services including in humanitarian settings Output 3: Increased national capacity to provide quality cervical cancer screening and treatment services for precancerous lesions Output 4: Increased uptake of HIV prevention services among women and men, especially young people and key populations	Output 5: Increased national capacity to provide information and services that prevent teenage pregnancy	Output 6: Increased national to prevent gender based violence and enable the delivery of multi-sectoral services including in humanitarian settings.	Output 7: Increased national capacity for the production and use of disaggregated data on population, sexual reproductive health and gender-based violence for the formulation and monitoring of evidence-based policies, plans and programmes including in humanitarian settings.
UNFPA Zimbabwe 7th CP Intervention Areas			
1.1 Support ZNFPC transformation 1.2 Support FP coordination at national and subnational levels to enhance programme accountability and efficiency 1.3 Create enabling environment for FP programme 1.4 Support Reproductive Health Commodity Security in Zimbabwe (Integrate RH commodities). 1.5 Build capacity of health service providers to provide LARC (IUCD, Implant) 1.6 Generate demand for FP	5.1 Support to policy advocacy on youth empowerment 5.2 Support ASRH coordination 5.3 Roll out Adolescent and Youth Friendly Health Services (AYFHS) programme in public health facilities. 5.4 Support CSE programme in school and tertiary institutions 5.5 Roll out CSE for out of school young people beyond the 3 pilot districts	6.1 Support MWACSMED and ADVC to strengthen coordination of GBV prevention and response. 6.2 Implement multi-layered multi media social and behaviour change communication and community mobilisation interventions (Integrated) 6.3 Support GBV community based shelters 6.4 Support GBV One Stop Centers	7.1 Support to REDATAM and ZIMDAT based information management systems at ZIMSTAT 7.2 Support to population census 7.3 Support to the 2020 ZDHS 7.4 Support to strengthen vital registration 7.5 Support to SDG monitoring and reporting 7.6 Support work on integration of population dynamics in national policies and plans

1.7 Support availability of quality information and data to guide FP programme 2.1 Support clinical mentorship using the revised guidelines (focus Mat N, Midlands, Mash West and "the 3 priority districts") 2.2 Facilitate continuous quality improvement and RMNACH integration 2.3 Support to strengthen quality and timely referral with focus on obstetric and neonatal emergencies 2.4 Strengthen implementation of maternal and perinatal death surveillance and response. 2.5 Support to Health Management Information Systems 2.6 Support Human Resource for Health (HRH) 2.7 Support to strengthen MWH services based on the revised national guidelines (2018) 2.8 Support obstetric fistula programme 2.9 Support orientation, sensitization of MOHCC senior managers on MISP 3.1 Support screening of women for cervical cancer using VIAC 3.2 Strengthen treatment for VIAC positive women in supported facilities (cryotherapy, thermocoagulation and LEEP) 3.3 Provide integrated SRHR/CaCx/HIV/GBV outreach services by public health facilities (start in 2 districts) 3.4 Support national cervical cancer control steering committee, technical working group and quality assurance meetings 4.1 Support to Comprehensive Condom Programming, 4.2 Implement 2Gether4SRHR joint programme 4.3 Support KP programme 4.4 Support to national STI programme 4.5 Support integrated demand generation and behaviour change programme for SRHR/GBV/HIV in communities	5.6 Implement Sista2Sista (S2S) Programme in 20 Districts 5.7 Implement Parent to Child Communication (PCC) programme in 20 districts 5.8 Support youth empowerment and access to ASRH information and services in 3 innovation hubs (Hopely, Mbire and Bulilima), Phase II intervention	6.5 Support health sector response to GBV 6.6 Support a national GBV Information Management System 6.7 Maintain and innovate the GBV online knowledge portal 6.8 Support and innovate the GBV hotline 6.9 Improved Response to GBV in humanitarian settings 6.10 Support implementation of GBV ethical reporting guidelines	

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

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

4.2. Objectives

The **purpose** of this CPE is:

i. to provide the UNFPA CO in Zimbabwe, national stakeholders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Zimbabwe 7th CP (2016 – 2020).
ii. to broaden the evidence base for the design of the next programme cycle.

The **objectives** of this CPE are:

i. Provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.
ii. Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the UNCT with a view to enhancing the United Nations collective contribution to national development results.
iii. Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

4.3. Scope

Geographical Scope

The evaluation will cover all the 10 provinces and 63 districts where UNFPA is implementing interventions In annex D a list is provided with the provinces and districts showing the interventions supported. The 7th CP adopted 20 districts where all the interventions are implemented. However, other interventions e.g. Family planning and maternal health are implemented countrywide. There are other interventions e.g. one stop centres, shelters and humanitarian response interventions that are implemented in specific provinces and districts.

Thematic Scope

The evaluation will cover the following thematic areas of the 7th CP: SRHR (Family Planning, Maternal Health, Cervical Cancer Screening and Treatment, HIV Prevention); Adolescent Sexual and Reproductive Health; Gender equality and the empowerment of women and girls; and Population and Development. In addition, the evaluation will cover cross-cutting issues such as human rights and gender equality, disability and humanitarian emergency/crisis, and transversal aspects of coordination; monitoring and evaluation (M&E); innovation; and strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2016 – 2020.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency and sustainability. It will also use the evaluation criterion of coordination to assess cooperation and partnerships of UNFPA within the UNCT and whether UNFPA interventions promote synergy and avoid gaps and duplication. As the UNFPA country office has been operating in humanitarian settings (such as drought, cyclone), the evaluation will also use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate to what extent UNFPA has been able to reach affected populations with life-saving services and work across the humanitarian-peace-development nexus and contribute to building resilience.

Relevance	The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.
Effectiveness	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country 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 intervention after its termination, linked, in particular, to their continued resilience to risks.
Coordination	The extent to which UNFPA has been an active member of, and contributor to existing coordination mechanisms of the UNCT
Coverage	The extent to which major population groups facing life-threatening suffering 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 country programme evaluation is expected to provide answers to a number of evaluation questions which are derived from the above criteria. The evaluation questions will delineate the thematic scope of the CPE and are meant to formulate key areas of inquiry that are of interest to various stakeholders, thereby optimizing the focus and utility of the CPE.

The evaluation questions presented below are indicative and the evaluators are expected to develop a final set of evaluation questions based on these preliminary questions, in consultation with the Evaluation Manager at the UNFPA Zimbabwe CO and the Evaluation Reference Group (ERG).

Relevance

1. To what extent is the country programme adapted to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups; ii) national development strategies and policies;

iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in the ICPD Programme of Action and SDGs, v) the New Way of Working and the Grand Bargain.

Effectiveness

2. To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme? In particular: i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and the empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes.
3. To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?

Efficiency

4. To what extent did the intervention mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs?

Sustainability

5. To what extent has UNFPA been able to support implementing partners and beneficiaries (women and adolescents and youth) in developing capacities and establishing mechanisms to ensure ownership and the benefits continue beyond program termination?
6. To what extent has the UNFPA been able to support its partners and the beneficiaries in developing capacities that ensure the durability of outputs, and eventually outcomes?

Coordination

7. To what extent is the UNFPA CO coordinating with other UN agencies in the country and how is it aligned to the UNDAF?

Coverage

8. To what extent has the CO been able to respond to changes in national needs and priorities during the humanitarian emergencies and crisis e.g. drought, floods and cyclone? What was the quality of the response?
9. To what extent has the country office been able to respond to the humanitarian emergencies and changes in national needs and priorities, including those of vulnerable or marginalized communities? What was the quality of the response?

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

6. Methodology and Approach

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA CO in Zimbabwe are expected to contribute to a series of results (outputs and outcomes) that lead to the overall goal of UNFPA. The theory of change also identifies the

causal mechanisms, risks 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, as it focuses on the analysis of causal links (assumptions) between changes at different levels of the results chain described by the theory of change, and explores how these assumptions and contextual factors affected the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Zimbabwe 7th CP (2016 - 2020) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA Zimbabwe was during the period of the 7th CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Zimbabwe 7th CP (2016 - 2020) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Zimbabwe CO has developed a stakeholders map (Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include representatives from government, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, beneficiaries (women and adolescents and youth). They can provide insights and information, as well as referrals to data sources that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of programming of the CP. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized communities.

The Evaluation Manager in the UNFPA Zimbabwe CO has established an ERG comprised of key stakeholders of the CP including: governmental and non-governmental counterparts including CSOs, at national level, the academia, the UNFPA ESARO M&E Adviser. 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 through field visits, as appropriate. The qualitative data will be complemented with quantitative data to minimize bias. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human rights principles throughout the evaluation process, including, to the extent possible, participation

and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries (women and adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. The handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA Zimbabwe CO, the evaluators acquire a solid knowledge of the handbook.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*[3], *Ethical Guidelines for Evaluation*[4], *Code of Conduct for Evaluation in the UN System*[5], *and Guidance on Integrating Human Rights and Gender Equality in Evaluations*[6]. When contracted by the UNFPA CO Zimbabwe, 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 support in Zimbabwe. 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 work plan.

The evaluation team is strongly encouraged to refer to the Handbook at all times and use the provided tools and templates at all stages of the evaluation process.

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 and the evaluation matrix template in Annex C). It contains the core elements of the evaluation: (i) what will be evaluated (evaluation questions for all evaluation criteria and key assumptions to be examined as part of the evaluation questions), and (ii) how it will be evaluated (data collection methods, sources of information and analysis methods 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 matrix helps evaluators to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and direct observation at sites visited. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected for all evaluation questions and that data is documented in a structured and organized way. At the end of the field phase, the matrix is useful to verify whether sufficient evidence has been collected to answer all evaluation questions and identify data gaps that require additional data collection. In the reporting phase, the evaluation matrix facilitates the drafting of findings per evaluation question and the identification and articulation of conclusions and recommendations that cut across different evaluation questions.

[3] http://www.unevaluation.org/document/detail/1914
[4] http://www.unevaluation.org/document/detail/102
[5] http://www.unevaluation.org/document/detail/100
[6] http://www.unevaluation.org/document/detail/980

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

Finalization of the evaluation questions and assumptions

Based on the preliminary evaluation questions presented in the present terms of reference (see section 5.2), the evaluators are required to finalize the set of questions that will guide the evaluation. The final set of evaluation questions will need to clearly reflect the evaluation criteria and key areas of inquiry (highlighted in the preliminary evaluation questions). The evaluation questions should also draw from the theory of change underlying the CP. 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 CP. This will allow evaluators to assess whether the preconditions for contribution to results at output and, in particular, outcome levels are met. The data collection for each of the evaluation questions and assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

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

Based on information gathered through desk review and discussions with the CO staff, the evaluators will refine the initial stakeholders map and develop a comprehensive stakeholders map. From this stakeholders 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 Zimbabwe CO will provide the evaluators with information on the accessibility of different locations, including logistical requirements and security risks and concerns. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA in terms of thematic focus of programming and context.

The final sample of stakeholders to be consulted and sites to be visited 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 beneficiaries (women and adolescents and youth) and direct observation during visits to programme sites.

Secondary data will be collected through desk review**,** primarily focusing on annual and mid-year reviews of the CP, progress reports and monitoring data, evaluations and research studies (incl. previous CPEs, assessments of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations etc.), housing census and population data, and records and data repositories of the UNFPA Zimbabwe CO and its implementing partners, such as health clinics/centres. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Zimbabwe CO during the period of the 7th CP (2016 - 2020).

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

The evaluation team is expected to dedicate a total of 3 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, a checklist 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. Once all data will have been entered into the evaluation matrix for each evaluation question, the evaluators should identify common themes, patterns and relationships in the data, as well as areas that should be further explored to answer the evaluation questions (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, including (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77):

- 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 share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence (an important internal validation mechanism will take place when the evaluation team gets together to prepare the debriefing with the CO and the ERG); and
- The debriefing meeting with the CO and the ERG at the end of the field phase where the evaluation team present the preliminary findings and emerging conclusions.

Additional validation mechanisms may be established, as appropriate. Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of data and verify the robustness of findings at each stage in the evaluation, so they can determine whether they should

further pursue specific hypotheses or disregard them when there are indications that these are weak (contradictory findings or lack of evidence).

The validation mechanisms will be presented in the design report.

7. Evaluation Process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and facilitation of use and dissemination phase. Quality assurance must be performed by the Evaluation Manager and the evaluation team leader throughout all phases to ensure the production of a credible, useful and timely evaluation.

7.1. Preparatory Phase *(Handbook, pp.35-40)*

The Evaluation Manager at the UNFPA Zimbabwe CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Drafting the terms of reference (ToR) for the CPE with support from the ESARO M&E Adviser and in consultation with the ERG, and approval of the draft ToR by the Evaluation Office.
- Selection of consultants by the CO, pre-qualification of the consultants selected by the Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.
- Compilation of background information and documents on the country context and CP for desk review by the evaluation team.
- Preparation of a first stakeholders map (Annex B) and list of Atlas projects (Annex D).
- Development of a communication plan by the Evaluation Manager in consultation with the communications officer at the UNFPA Zimbabwe CO to support dissemination and facilitate the use of evaluation results. This plan should be updated as the evaluation process evolves, so it is ready for immediate implementation when the final evaluation report is issued.

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

The evaluation team will conduct the design phase in consultation with the Evaluation Manager and the ERG. This phase includes:

- Desk review of initial background information and documents on the country context and CP, as well as other relevant documentation.
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a comprehensive stakeholders map and sampling strategy to select sites to be visited and stakeholders to be consulted in Zimbabwe through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete work plan for the field and reporting phases (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, 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 includes the results of the above-listed steps and tasks. The design report will be developed in consultation with the Evaluation Manager, the ERG and the ESARO M&E Adviser. The template for the design report is provided in Annex E.

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

The evaluation team will undertake a field mission to Zimbabwe to collect the data required to answer the evaluation questions. Towards the end of the field phase, the evaluation team will also conduct a preliminary analysis of the data to identify emerging findings and conclusions to be validated with the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of three weeks is recommended, however, the Evaluation Manager will determine the optimal duration of the field mission in consultation with the evaluation team during the design phase. The field phase includes:

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

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the preliminary findings and emerging conclusions from the data collection. The meeting will serve as an important validation mechanism and will enable the evaluation team to develop credible and relevant findings, conclusions and 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 draft evaluation report will be submitted to the Evaluation Manager for quality assurance purposes. Prior to the submission of the draft report, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (Annex F). The Evaluation Manager and the ESARO M&E Adviser will subsequently prepare an EQA of the draft evaluation report, using the EQA grid. If the quality of the report is satisfactory (form and substance), the draft report will be circulated to the ERG for comments and feedback. 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 new version.

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. Conclusions need to clearly reference the specific evaluation questions from which they have been derived, while recommendations need to reference the conclusions from which they stem.

The evaluation report is considered final once it is formally approved by the Evaluation Manager at the UNFPA Zimbabwe CO.

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

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

The Evaluation Manager, together with the CO communications officer, will implement the communication plan to share the evaluation results with the CO, ESARO, ERG, implementing partners and other stakeholders. The Evaluation Manager will also ensure that the final evaluation report is circulated to relevant business units in the CO, invite them to submit a management response, and consolidate all responses in a final management response document (see Annex G). The UNFPA Zimbabwe CO will subsequently submit the management response to the UNFPA Policy and Strategy Division in HQ.

It is also highly recommended that the Evaluation Manager, in collaboration with the communications officer at the UNFPA Zimbabwe CO, develop an evaluation brief that makes the results of the CPE 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 published on the UNFPA evaluation database by the Evaluation Office. The final evaluation report will also be made available to the UNFPA Executive Board and will be published on the UNFPA Zimbabwe 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) a stakeholders map; (ii) an evaluation matrix (incl. the final set of evaluation questions, indicators, data sources and data collection methods); (iii) the evaluation approach and methodology, with a detailed description of the agenda for the field phase; (iv) data collection tools and techniques (incl. interview and group discussion protocols). For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the Evaluation Manager and the Regional M&E Adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and ERG.** The presentation provides an overview of key preliminary findings and emerging conclusions of the evaluation. It will be delivered at the end of the field phase to present and discuss the preliminary evaluation results with UNFPA Zimbabwe CO staff (incl. senior management) and the members of the ERG.
- **Draft and final evaluation reports.** The final evaluation report *(maximum 70 pages plus annexes)* will include evidence-based findings and conclusions, as well as a full set of practical and actionable recommendations to inform the next programme cycle, A draft report precedes the final evaluation report and provide the basis for the review of the CO, ERG members, the Evaluation Manager and the Regional M&E Adviser. The final evaluation report will address the comments and feedback provided by the UNFPA Zimbabwe CO, the ERG, the Evaluation Manager and the ESARO M&E Adviser. For guidance on the outline of the final evaluation report (see Annex H).
- **PowerPoint presentation of the evaluation results.** The presentation will provide an overview of the findings, conclusions and recommendations to be used for dissemination purposes.

Based on these deliverables, the Evaluation Manager, in collaboration with the communications officer at the UNFPA CO in Zimbabwe will develop an:

- **Evaluation brief.** The evaluation brief will be a short and concise document that provides an overview of the key evaluation results in an easily understandable manner, to promote use among

decision-makers and other audiences. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation produces for centralized (EO) evaluations.

All the deliverables will be developed in English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to monitor the quality of centralized and decentralized evaluations at UNFPA through two processes: quality assurance and quality assessment. While quality assurance occurs throughout the evaluation process and covers all deliverables, quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report only.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the UNFPA Evaluation Office developed as part of the EQAA system of the evaluation function at UNFPA (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 draft and final evaluation reports are assessed to ensure the independence, impartiality, credibility and utility of evaluations. The EQA criteria will be systematically applied to this CPE.

The Evaluation Manager is primarily responsible for quality assurance of the key deliverables of the evaluation. 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 and that the deliverables submitted to UNFPA comply with the quality assessment criteria outlined in the EQA grid.[7] The evaluation quality assessment checklist (see below), which is based on the EQA grid, is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report.

1. Structure and Clarity of the Report To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards and following the editorial guidelines of the UNFPA Evaluation Office (Annex I).
2. Executive Summary To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.
3. Design and Methodology To provide a clear explanation of the methods and tools used, including the rationale for the methodological approach. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)
4. Reliability of Data To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. reports) data established and limitations made explicit.
5. Findings and Analysis

[7] 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.

To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.
6. Validity of Conclusions To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritized and clustered and include: summary, origin (which evaluation question(s) the conclusion is based on), and detailed conclusions.
7. Usefulness and Clarity of Recommendations To ensure recommendations flow logically from conclusions, are targeted, realistic and operationally feasible, and are presented in order of priority. Recommendations include: summary, priority level (very high/high/medium), target (administrative unit(s) to which the recommendation is addressed), origin (which conclusion(s) the recommendation is based on), and operational implications.
8. SWAP - Gender To ensure the evaluation approach is aligned with SWAP (guidance on the SWAP Evaluation Performance Indicator and its application to evaluation can be found at http://www.unevaluation.org/document/detail/1452 - UNEG guidance on integrating gender and human rights more broadly can be found here: http://www.uneval.org/document/detail/980).

The EQAA process for this CPE will be multi-layered and will involve: (i) the Evaluation Manager at the UNFPA Zimbabwe CO, (ii) the ESARO M&E Adviser, and (iii) the UNFPA Evaluation Office.

Evaluation Manager

- Undertakes quality assurance of the draft design report, 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.
- Prepares an EQA of the draft evaluation report in collaboration with the ESARO M&E Adviser, in line with the EQA grid and its explanatory note.
- Performs final review of the final evaluation report to ensure that comments and feedback of the ERG are adequately incorporated.

Regional M&E Adviser

- Performs quality assurance of the draft ToR (including annexes) in accordance with the ready-to-use ToR produced by the Evaluation Office and the UNFPA Evaluation Handbook.
- Supports the Evaluation Manager in the identification of potential candidates for the evaluation team.
- Liaises with the Evaluation Office on ToR and the selection of the evaluation team.
- Supports the Evaluation Manager in undertaking quality assurance of the draft inception report, 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.
- Supports the Evaluation Manager in preparing an EQA of the draft evaluation report in line with the EQA grid and the explanatory note.
- Supports the Evaluation Manager in the final review of the final evaluation report.

Evaluation Office

- Reviews and approves the draft ToR.
- Pre-qualifies consultants for the evaluation team.
- Performs the quality assessment of the final evaluation report and makes it publicly available on the UNFPA evaluation database along with the final evaluation report.

10. Indicative Timeframe and Work Plan

The table below indicates the specific activities and deliverables and their timelines (dates) at all stages of the evaluation. It also indicates where guidance and relevant tools and templates can be found in the UNFPA Evaluation Handbook.

Nota Bene: Column "Deliverables": Deliverables in *italic* are the responsibility of the CO/Evaluation Manager, while the deliverables in **bold** are the responsibility of the Evaluation team.

Evaluation Phases and Activities	Deliverables	Dates	Handbook
Preparatory Phase			
Preparation of **letter for government and other key stakeholders** to inform them about the upcoming CPE	*Letter from the UNFPA Country Representative*	20 January 2020	
Establishment of the **Evaluation Reference Group (ERG)**		31 January 2020	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Compilation of **background information and documentation** for desk review by the evaluation team	*Creation of a Google Drive folder containing all relevant documents on country context and CP* *List of Atlas projects*	20 January 2020	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254 Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165
Development of a first **stakeholders map**	*Stakeholders map*	20 January 2020	Tool 4: The Stakeholders Mapping Table, p. 166-167 Template 4: The Stakeholders Map, p. 255
Drafting the **terms of reference (ToR)** based on ready-to-use ToR produced by the Evaluation Office (in consultation with the Regional M&E Adviser and with input from the ERG)	*Draft ToR*	20 January2019	Evaluation Office Ready-to-Use ToR (and Template 1: The Terms of Reference for CPE, p.245)
Review and approval of the **ToR** by the Evaluation Office	*Final ToR*	31 January 2020	
Selection of **consultants** by the CO	*Summary assessment table*	14 February 2020	Template 2: Assessment of Consultant CVs, pp. 249-252
Pre-qualification of **consultants** by the Evaluation Office		28 February 2020	
Recruitment of the **evaluation team** by the CO		31 March 2020	
Development of a **communication plan** by the Evaluation Manager (in consultation with the communications officer at the CO)	*Communication plan*	31 March 2020	Template 16: Communication Plan for Sharing Evaluation Results, p. 279
Design Phase			
Desk review of initial background information and documents on country context and the CP (incl. bibliography and resources in the ToR)		13 – 24 April 2020	

Drafting of the design report (incl. articulation of evaluation methodology, finalization of evaluation questions, development of evaluation matrix, methods and tools and indicators, development of comprehensive stakeholders map and sampling strategy, and drafting the agenda for the field phase)	**Draft design report**	27 April – 1 May 2020	Template 8: The Design Report for CPE, pp. 259-261 Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169 Tool 1: The Evaluation Matrix, pp. 138-160 Template 5: The Evaluation Matrix, pp. 256 Template 15: Work Plan, p. 278 Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187 Tool 11: Checklist for Sequencing Interviews, p. 188 Template 7: Interview Logbook, p. 258 Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187 Template 6: The CPE Agenda, p. 257 Tool 6: The CPE Agenda, pp. 170-176
Presentation of the draft design report to the ERG for comments and feedback	**PowerPoint presentation of the design report**	4 May 2020	
Review of the draft design report by the Evaluation Manager, ERG and the Regional M&E Adviser	*Consolidated feedback provided by Evaluation Manager to evaluation team leader*	4 - 8 May 2020	
Revision of the draft design report and submission to the Evaluation Manager for **approval**	**Final draft design report**	11 - 13 May 2020	
Field Phase			
Meeting of the evaluation team with CO staff to launch data collection	***Meeting between evaluation team/CO staff***	14 May 2020	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Individual meetings with relevant programme officers at the CO	***Meeting of evaluators/CO programme officers***	14 - 15 May 2020	
Data collection (incl. interviews with key informants, site visits, direct observation, group discussions, desk review etc.)	**Entering data/information into the evaluation matrix**	11 – 22 May 2020	Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202 Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262
Debriefing meeting with CO staff and the ERG to present preliminary findings and emerging conclusions from data collection	**PowerPoint presentation for debriefing with the CO and the ERG**	26 May 2020	Example of PowerPoint presentation (for a centralized evaluation undertaken by the Evaluation Office): https://www.unfpa.org/sites/default/files/admin-

			resource/FINAL_MTE_Supplies_PPT_Long_version.pdf
Reporting Phase			
Drafting of the evaluation report and submission to the Evaluation Manager	**Draft evaluation report**	27 May – 5 June 2020	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288
Review of the draft evaluation report 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*	8 - 12 June 2020	Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209
Drafting of the final evaluation report (including annexes) and submission of the final evaluation report to the Evaluation Manager	**Final evaluation report (including annexes)**	15 - 25 June 2020	
Preparation of the **management response** by CO	*Management response*	26 June – 10 July 2020	Template 12: Management Response, pp. 266-267
Submission of the final evaluation report to the Evaluation Office **and the management response** to the Policy and Strategy Division		13 July 2020	
Preparation of the independent **EQA of the final evaluation report** by the Evaluation Office	*Final EQA of the evaluation report*	13 - 24 July 2020	
Dissemination and Facilitation of Use			
Development of the **presentation** for the dissemination of the evaluation results by evaluation team	**PowerPoint presentation of the evaluation results**	25 July 2020	
Development of the **evaluation brief** by the Evaluation Manager, with support from the communications officer at CO	*Evaluation brief*	20 – 27 July 2020	Example of evaluation brief (for a centralized evaluation undertaken by the Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf
Publication of the final evaluation report, the EQA and the management response on the UNFPA evaluation database		August 2020	
Dissemination of the evaluation report and the evaluation brief to stakeholders	*Including (but not limited to): Communication via email; stakeholders meeting; workshops with implementing partners etc.*	20 July 2020	

Once the evaluation team leader has been recruited, she/he will develop a detailed work plan (see Annex J) in close consultation with the Evaluation Manager.

11. Management of the Evaluation

The **Evaluation Manager** at the UNFPA Zimbabwe 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 dissemination and facilitation of the use of the evaluation results. She/he will also coordinate the exchanges between the evaluation team and the ERG. The major task of the Evaluation Manager is 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 roles and responsibilities:

- Compile a preliminary list of background information and documentation on both the country context and the UNFPA CP and file them in a Google drive to be shared with the evaluation team upon recruitment.
- Prepare a first stakeholders map and a list of Atlas projects and share them with the evaluation team.
- Prepare the ToR for the evaluation in line with the ready-to-use ToR from the Evaluation Office, with support from the Regional M&E Adviser, and submit the ToR to the Evaluation Office for approval.
- Establish the ERG.
- Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the Regional M&E Adviser.
- Identify potential candidates to conduct the evaluation, complete the consultant assessment matrix to assess their qualifications, and propose a final selection of evaluators with support from the Regional M&E Adviser, to be submitted to the Evaluation Office for pre-qualification.
- Provide evaluators with logistical support in making arrangements 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 the deliverables submitted by the evaluators throughout the evaluation process (notably the design report and draft and final evaluation reports) and approve final versions.
- Coordinate feedback and comments on the deliverables produced by the evaluation team throughout the evaluation process.
- Conduct an EQA (and complete the EQA grid) of the draft evaluation report.
- Develop a communication plan (in coordination with the CO communication officer) to guide the dissemination of the evaluation results, and update the plan as the evaluation process evolves.
- Lead and participate in the preparation of the management response.
- Submit the final evaluation report, EQA and management response to the Regional M&E Adviser and the Evaluation Office.

At all stages of the evaluation process, the Evaluation Manager will require support from staff of the UNFPA Zimbabwe CO. Specifically, the roles and responsibilities of the **Country Office staff** are:

- Contribute to the preparation of the ToR, the stakeholder mapping and the compilation of initial background information and documentation, and provide input to the evaluation questions.
- Be available 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 Zimbabwe CO, ESARO, representatives of the national Government of Zimbabwe, non-governmental implementing partners, as well as other relevant key stakeholders (see Handbook, section 2.3., p.37). The ERG will serve as an entity 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 undertake quality assurance from a technical perspective. The ERG has the following roles and responsibilities:

- Provide input to the drafting of the ToR, including the selection of preliminary evaluation questions.
- Provide feedback and comments on the design report.
- Provide comments and substantive feedback from a technical perspective on the draft and final evaluation reports.
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.
- Assist in identifying key stakeholders to be consulted during the evaluation process.
- Participate in review meetings with the evaluation team as required.
- Contribute to learning, knowledge sharing and dissemination of evaluation results, as well as the completion and follow-up on the management response.

The **Regional M&E Adviser** at UNFPA ESARO will provide guidance and backstopping support to the Evaluation Manager at all stages of the evaluation process. The roles and responsibilities of the ESARO M&E Adviser are:

- Provide feedback and comments on the draft ToR and submit the final draft version to the Evaluation Office for approval.
- Support the Evaluation Manager in identifying potential candidates and assessing the qualifications of consultants, review the completed consultant assessment matrix and proposed final selection of evaluators and submit it to the Evaluation Office for pre-qualification.
- Review the design report and provide comments to the Evaluation Manager.
- Prepare jointly with the Evaluation Manager an EQA of the draft 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 roles and responsibilities of the Evaluation Office are as follows:

- Review and approve the final draft ToR
- Review and pre-qualification of the consultants who will constitute the evaluation team.
- Update and maintain the UNFPA consultant roster with pre-qualified consultants for the evaluation.
- Commission the independent, external EQA of the final evaluation report.
- Publish final evaluation report, EQA and management response in the 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 (international) with overall responsibility for carrying out the evaluation exercise, and (ii) 3 team members (local) who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR, adolescents and youth, gender equality, and population and development). The

team leader shall also perform the role of technical expert for one of the thematic areas of programming under the 7th UNFPA CP in Zimbabwe.

The evaluation team leader will be recruited internationally (incl. in the sub-region), while the evaluation team members will be locally recruited to promote national evaluation capacity development and to ensure adequate knowledge of the country context. The evaluation team leader must have solid knowledge and experience in conducting evaluations of development interventions and humanitarian action. In addition, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and be able to work in a multidisciplinary team 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. She/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. She/he will lead and coordinate the work of the evaluation team and ensure the quality of all deliverables at all stages of the evaluation process. The Evaluation Manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, the evaluation approach, methodology, work plan and agenda for the field phase, the draft and final evaluation reports, and the PowerPoint presentation of the evaluation results. She/he will lead the presentation of the design report and the debriefing meeting with the CO and ERG at the end of the field phase. The Team leader will also be responsible for liaising with the Evaluation Manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of programming of the CP. The Evaluation team leader will also need to have the profile of at least one of the thematic expertise areas listed below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated SRH services, HIV and other sexually transmitted infections, maternal health, obstetric fistula, family planning and cervical cancer screening and treatment. She/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 expected deliverables in her/his thematic area of expertise. She/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 Zimbabwe CO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader. In the evaluation team, either the SRHR or GE expert need to have experience in humanitarian response.

Evaluation team member: Adolescents and youth exper*t*

The adolescent and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation. She/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 expected deliverables in her/his thematic area of expertise. She/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 Zimbabwe CO staff and the ERG. She/he

will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

Evaluation team member: Gender equality expert

The gender equality expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as gender-based violence and harmful practices, such as child, early and forced marriage. She/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 expected deliverables in her/his thematic area of expertise. She/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 Zimbabwe CO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader. In the evaluation team, either the SRHR or GE expert need to have experience in humanitarian response.

Evaluation team member: Population and development expert

The population and development expert will provide expertise on population and development issues, such as census, ageing, migration, population dynamics, the demographic dividend, and national statistical systems. She/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 expected deliverables in her/his thematic area of expertise. She/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 Zimbabwe CO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

The modality and participation of the evaluation team members in the evaluation process, including data collection analysis, provision of technical inputs to the drafting of the design and draft and final evaluation reports will be agreed with the evaluation team leader and these tasks performed under her/his supervision and guidance.

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, Demography or Population Studies, Statistics, Development Studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in one of the thematic areas of programming covered by the evaluation (see profiles below).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold standards for quality evaluation as defined by UNFPA and UNEG.

- Preferred: knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate and supervise the work of the evaluation team.
- Experience working with a multidisciplinary team of experts.
- Excellent analytical skills and demonstrated ability to formulate evidence-based conclusions and realistic and actionable recommendations.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Zimbabwe.
- Fluent in written and spoken English.

SRHR expert

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

- Master's degree in Public Health, Medicine, Health Economics and Financing, Epidemiology, Biostatistics 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.
- Substantive knowledge of sexual and reproductive health and rights.
- Preferred: Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Zimbabwe.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

Adolescent and youth expert

The competencies, skills and experience of the evaluation team leader 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.
- Substantive knowledge of adolescent and youth issues, in particular sexual and reproductive health and rights of adolescents and youth.

- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Zimbabwe.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

Gender equality expert

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

- Master's degree in Women/Gender Studies, Human Rights Law, Social Sciences, Development Studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on gender equality and the empowerment of women and girls, gender-based violence and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Preferred: Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Zimbabwe.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

Population and development expert

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

- Master's degree in Demography or Population Studies, Statistics, Social Sciences, Development Studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.

- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Zimbabwe.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English.

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	20%
Upon satisfactory completion of the draft final evaluation report	40%
Upon approval of the final evaluation report and PowerPoint for dissemination of 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	**Team Members (Thematic Experts)**
Design phase	*19*	*14*
Field phase	*13*	*13*
Reporting phase	*17*	*16*
Dissemination and facilitation of use phase	*1*	*1*
TOTAL (days)	*50*	*44*

The exact number of workdays and distribution of the workload will be proposed by the evaluation team in the design report, subject to approval by UNFPA Evaluation Manager.

14. Bibliography and Resources

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

Global 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

Zimbabwe national strategies, policies and action plans

6. Interim Poverty Reduction Strategy Paper (I-PRSP) 2016 – 2018
7. Transitional Stabilisation Programme
8. United Nations Development Assistance Framework (UNDAF)
9. Relevant national strategies and policies for each thematic area of programming

UNFPA CO programming documents

10. GoZ/UNFPA 7th Country Programme Document 2016 - 2020
11. United Nations Common Country Analysis/Assessment (CCA)
12. GoZ/UNFPA 7th Country Programme 2016 – 2020 needs assessment
13. CO annual work plans
14. Joint programme documents
15. Mid-term reviews of interventions/programmes in different thematic areas of programming
16. Reports on core and non-core resources
17. CO resource mobilization strategy

UNFPA CO M&E documents

18. GoZ/UNFPA 7th Country Programme M&E Plan 2016- 2020
19. CO annual results plans and reports
20. CO quarterly monitoring reports
21. Previous CPE of GoZ/UNFPA 6th Country Programme Document 2012 - 2015 available at: https://web2.unfpa.org/public/about/oversight/evaluations/

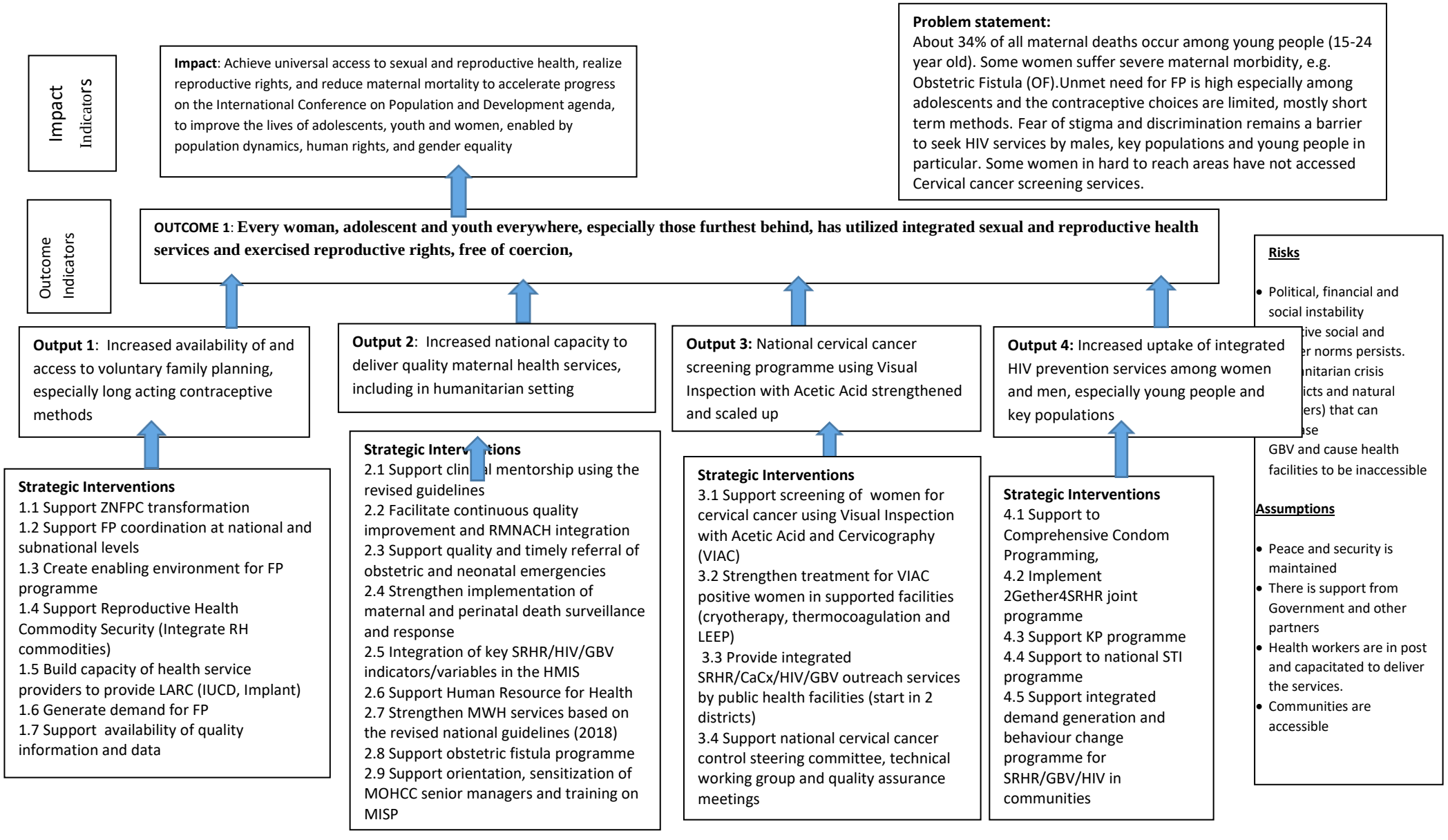
Other documents

1. Implementing partner work plans and progress reports
2. Implementing partner assessments
3. Audit reports and spot check reports
4. Meeting agendas and minutes of joint United Nations working groups
5. Donor reports

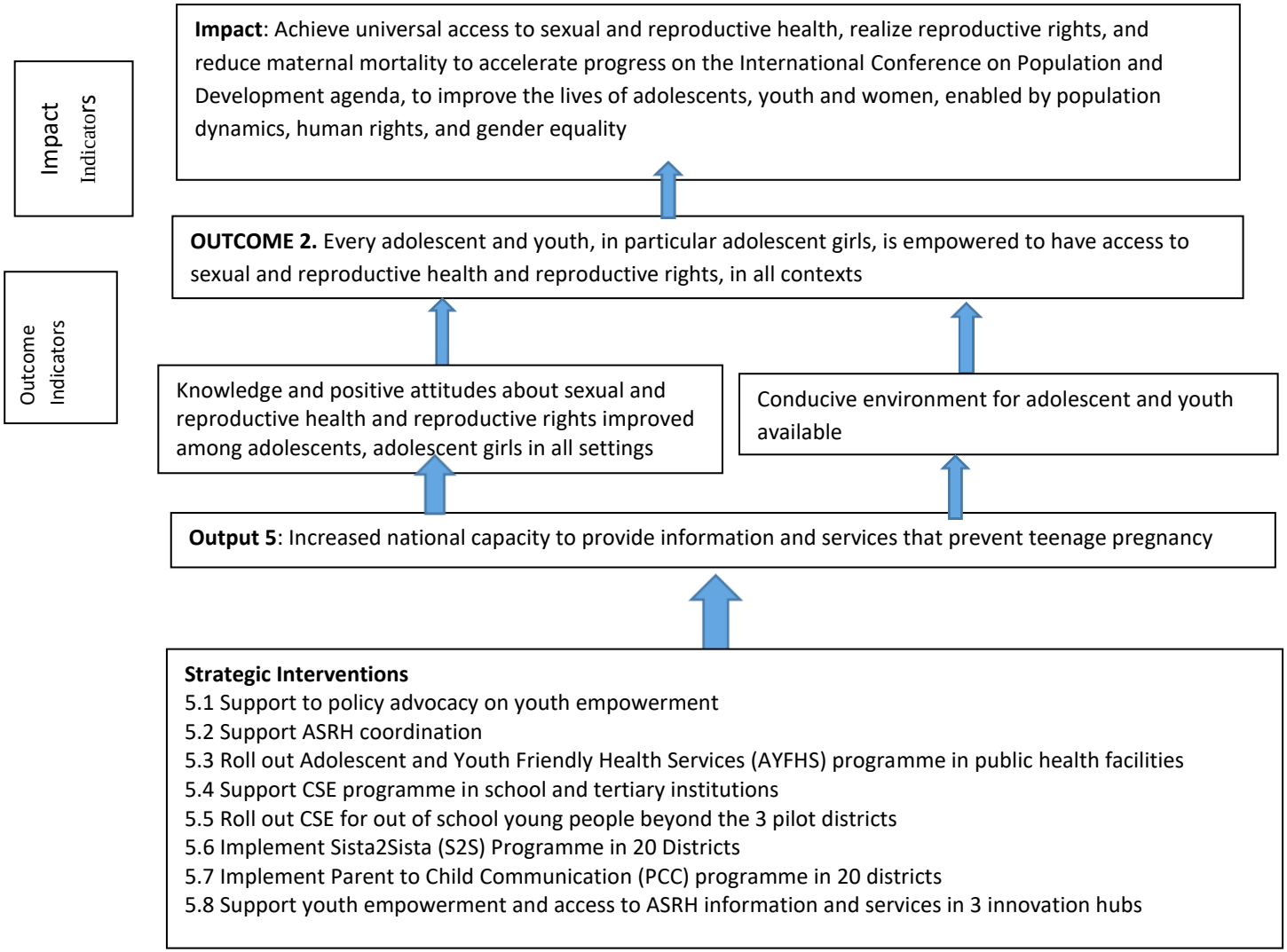
15. Annexes

Annex A: Theory of Change

Outcome 1 Theory of Change



Outcome 2 Theory of Change



Problem Statement:
Adolescents girls are at risk of teenage pregnancies due to lack of knowledge, socio-cultural norms, high school drop-outs, limited access to contraception, household poverty, and lack of Comprehensive Sexuality Education (CSE) both in schools and communities, and low coverage of youth-friendly services at public health facilities.

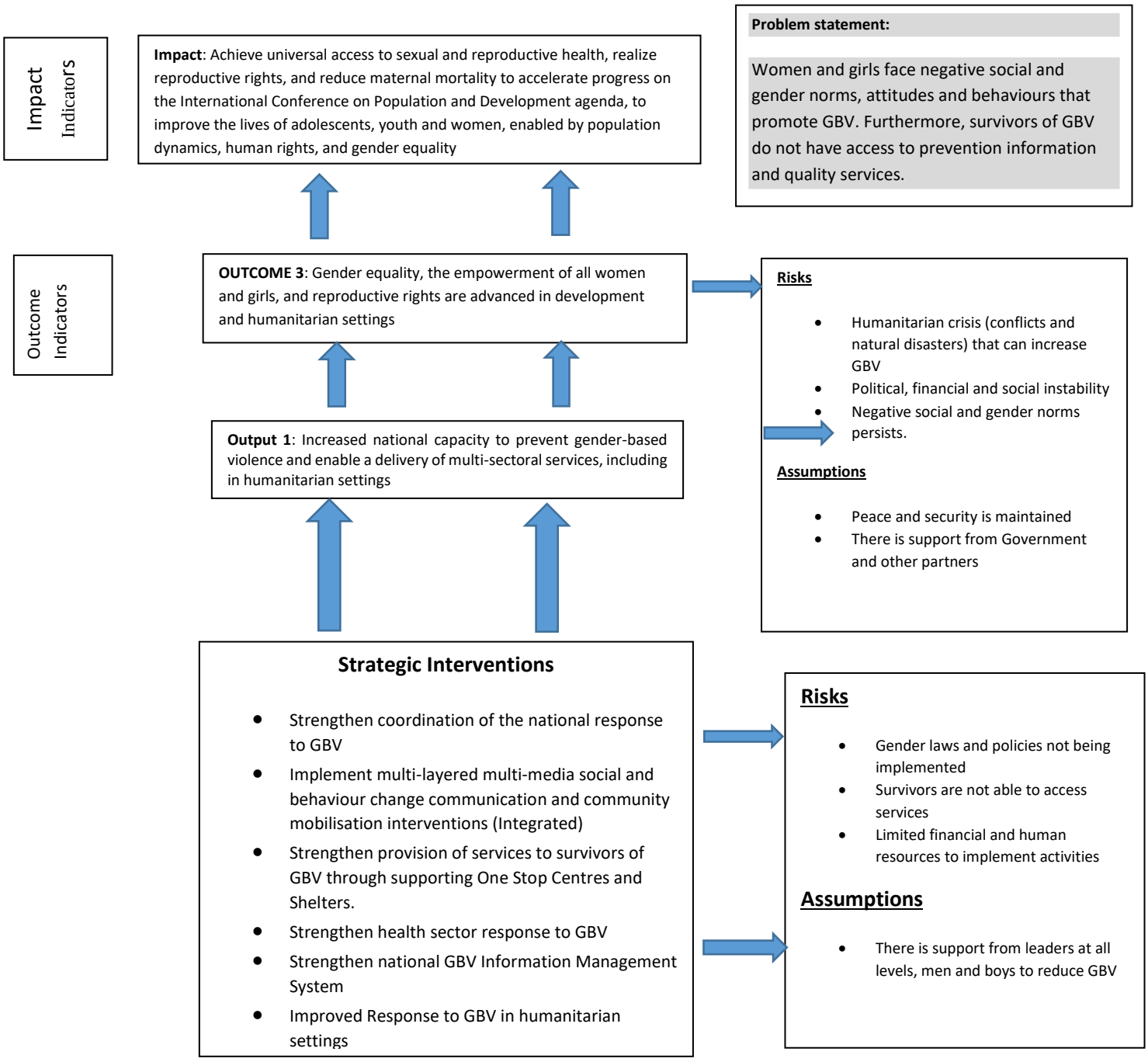
Risks

- Limited financial resources to carry out activities
- Programme delivery in communities can be hampered by political instability
- Negative socio-cultural practices

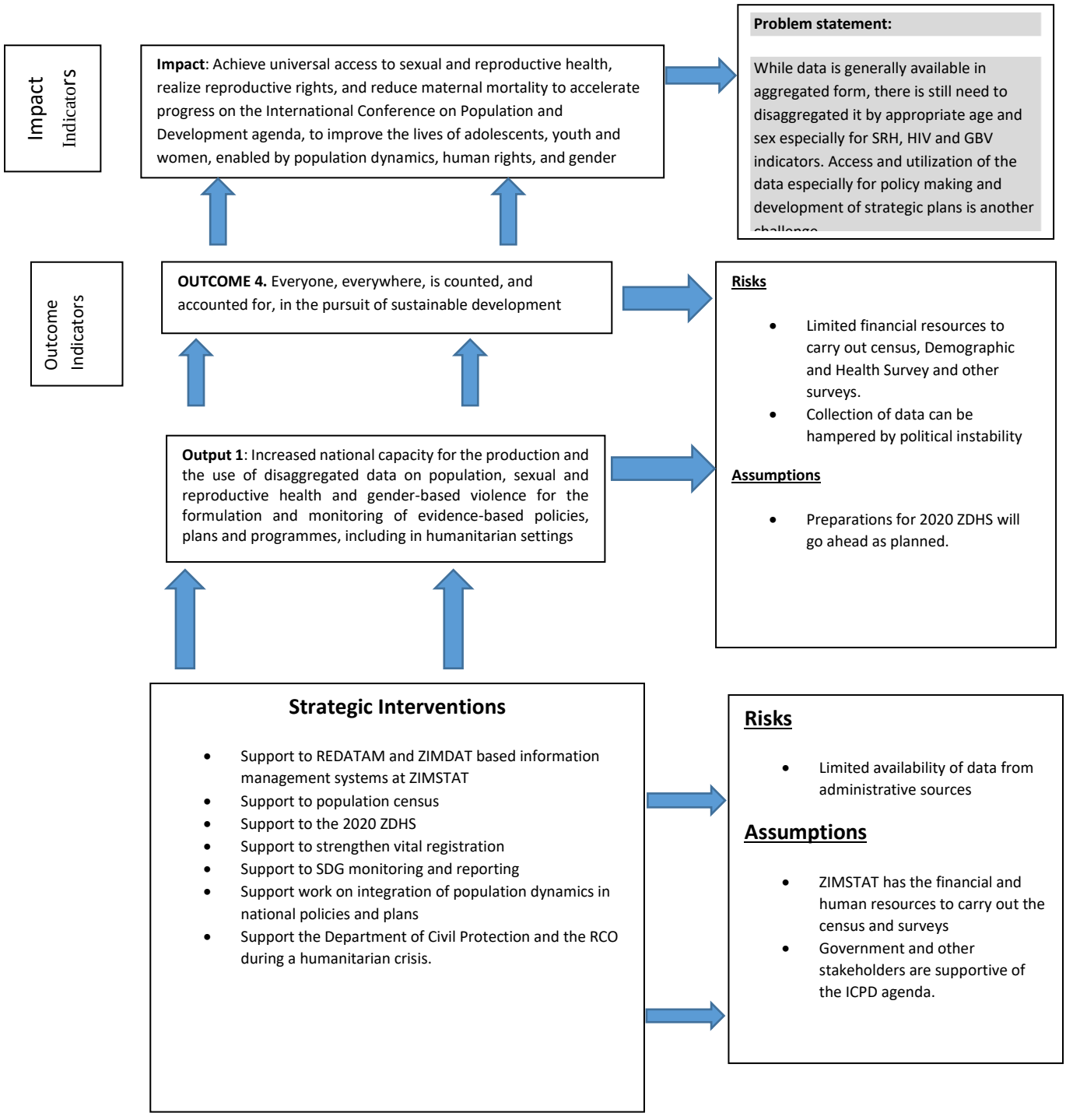
Assumptions

- Stable economic and political environment
- ASRH strategy is implemented as planned
- Health workers in post and capacitated to provide services
- Communities are accessible
- Commodities are available

Outcome 3 Theory of Change



Outcome 4 Theory of Change



Annex B

Stakeholders map

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int NGO	WRO	Other UN	Academia	Other	Gov	Local NGO	Int NGO	WRO	Other UN	Academia	Other		
OUTCOME 1: SRHR																
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*.																
CPAP Output1: Increased availability of and access to voluntary family planning, especially long acting contraceptive methods (Atlas Project: ZWE07101, FPRHCZWE)																
HDF	MOHCC, ZNFPC		Crown Agents, Jhpiego, FHI360						PSZ	PSI			UZ			
CPAP Output 2: Increased national capacity to deliver quality maternal health services, including in humanitarian setting (Atlas Projects: ZWE07102, UZJ10ZWE, UZJ14ZWE, HRF01ZWE, UZJ27ZWE, UQA64ZWE)																
HDF	MOHCC									WRA**, CORDAID		UNICEF, WHO	UZ			
CPAP Output 3: Increased national capacity to provide quality cervical cancer screening and treatment services for precancerous lesions (Atlas Project: ZWE07103)																
HDF	MOHCC									OPHID, I-TECH		WHO				
CPAP Output 4: Increased uptake of HIV prevention services among women and men, especially young people and key populations (Atlas Project: ZWE07104, UBRAFZWE)																
HDF, UBRAF	MOHCC, NAC	ZICHIRE,	World Vision									UNAIDS, WHO,	UZ			

		ZAPSO, SAYWHAT, FACT, CeSHHAR Zimbabwe, Sexual Rights Centre, Gays and Lesbians Zimbabwe										UNICEF				
● UNFPA Strategic Plan 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.*																
CPAP Output 5: **Increased national capacity to provide information and services that prevent teenage pregnancy** (Atlas Project: **ZWE07205, CHA20ZWE CHA28ZWE)**																
HDF, SYP	MOPSE, MOHCC, ZNFPC, NAC, ZYC	SAYWHAT, ZICHIRE, ZAPSO, FACT, Stimulus Africa	World Vision									WHO, UNESCO, UNICEF	UZ			

UNFPA Strategic Plan outcome *3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings (ATLAS Project: ZWE07306)*																
CPAP Output 6: Increased national capacity to prevent gender-based violence and enable the delivery of multi-sectoral services, including in humanitarian settings *(ZWE07306, HRF01ZWE)*																
HDF, Spotlight	MWACSMED, MOHCC, Judicial Services Commission,	MUSASA, Adult Rape Clinic, Family Support Trust, SAYWHAT, ZICHIRE, FACT, ZAPSO	World Vision; Leonard Cheshire									UNICEF, UNWomen	UZ			
Output 7: Increased national capacity for the production and use of disaggregated data on population, sexual reproductive health and gender-based violence for the formulation and monitoring of evidence-based policies, plans and programmes including in humanitarian settings (Atlas Project: ZWE07407)																
EU, DFID, Sweden	MOF, ZIMSTAT											UNICEF	UZ			

*WRO= Women's Rights Organization

**WRA= White Ribbon Alliance

Annex C UNFPA Interventions in Supported Provinces and Districts

Province	District	Gender			RH		HIV	ASRH		Community Mobilisation (Demand generation)
		One Stop Centre (MWAGCD)	Spotlight initiative	Shelter (Musasa)	Maternity Waiting Homes	Obstetric Fistula[8]	Sex Work	Sista 2sista	2gether4SHRH project.	
Bulawayo Metropolitan	Bulawayo						X			
Harare	Epworth		X							
Harare	Harare	X - Musasa		X				X		X
Harare	Hopley		X						X	
Harare	Mabvuku							X		
Manicaland	Buhera				X		X		X	
Manicaland	Chimanimani		X		X					
Manicaland	Chipinge		X		X		X			
Manicaland	Makoni	X			X		X		X	
Manicaland	Marange			X						
Manicaland	Mutare						X	X		X
Manicaland	Mutasa		X		X			X		X
Manicaland	Nyanga				X			X		X
Mashonaland Central	Bindura						X	X		X
Mashonaland Central	Centenary				X					

[8] Obstetric Fistula repair camps are being conducted in Chinhoyi Hospital. Other facilities conduct repairs but very few cases e.g. United Bulawayo Hospital.

Mashonaland Central	**Guruve**				**X**			**X**		**X**
Mashonaland Central	**Mazowe**				**X**					
Mashonaland Central	**Mbire**		**X**		**X**			**X**	**X**	**X**
Mashonaland Central	**Mt Darwin**		**X**		**X**			**X**		**X**
Mashonaland Central	**Muzarabani**		**X**					**X**		**X**
Mashonaland Central	**Rushinga**		**X**		**X**					
Mashonaland Central	**Shamva**		**X**					**X**	**X**	**X**
Mashonaland East	**Chikomba**			**X**	**X**		**X**	**X**		**X**
Mashonaland East	**Goromonzi**				**X**		**X**			
Mashonaland East	**Hwedza**				**X**			**X**		**X**
Mashonaland East	**Marondera**						**X**	**X**		**X**
Mashonaland East	**Mudzi**				**X**		**X**	**X**	**X**	**X**
Mashonaland East	**Murehwa**				**X**		**X**	**X**		**X**
Mashonaland East	**Uzumba Maramba Pfungwe**				**X**			**X**	**X**	**X**

Mashonaland East	**Mutoko**				**X**		**X**			
Mashonaland West	**Chegutu**				**X**			**X**	**X**	**X**
Mashonaland West	**Hurungwe**		**X**		**X**		**X**	**X**	**X**	**X**
Mashonaland West	**Kadoma**						**X**	**X**		**X**
Mashonaland West	**Kariba**				**X**		**X**	**X**		**X**
Mashonaland West	**Makonde**		**X**		**X**	**X**	**X**	**X**		**X**
Mashonaland West	**Mhondoro Ngezi**				**X**					
Mashonaland West	**Sanyati**				**X**					
Mashonaland West	**Zvimba**				**X**					
Masvingo	**Bikita**				**X**			**X**		**X**
Masvingo	**Chiredzi**				**X**		**X**			
Masvingo	**Chirumhanzu**				**X**		**X**	**X**		**X**
Masvingo	**Chivi**				**X**					
Masvingo	**Gutu**			**X**	**X**		**X**	**X**		**X**
Masvingo	**Masvingo**				**X**		**X**			
Masvingo	**Mwenezi**				**X**		**X**			
Masvingo	**Zaka**				**X**			**X**		**X**

Matebelelan d North	**Binga**				**X**					
Matebelelan d North	**Bubi**			**X**	**X**			**X**		**X**
Matebelelan d North	**Hwange**				**X**		**X**	**X**	**X**	**X**
Matebelelan d North	**Insiza**				**X**					
Matebelelan d North	**Lupane**				**X**		**X**	**X**	**X**	**X**
Matebelelan d North	**Nkayi**				**X**			**X**		**X**
Matebelelan d North	**Tsholotsho**				**X**			**X**		**X**
Matebelelan d North	**Umguza**				**X**					
Matebelelan d South	**Beitbridge**				**X**		**X**	**X**		**X**
Matebelelan d South	**Bulilima**				**X**			**X**	**X**	**X**
Matebelelan d South	**Gwanda**	**X**			**X**		**X**	**X**		**X**
Matebelelan d South	**Mangwe**		**X**		**X**			**X**	**X**	**X**
Matebelelan d South	**Maphosa**				**X**					
Matebelelan d South	**Matobo**				**X**			**X**		**X**

Matebeleland South	**Umzingwani**		**X**							
Midlands	**Churumhanzu**				**X**					
Midlands	**Gokwe South**				**X**		**X**			
Midlands	**Gokwe North**				**X**					
Midlands	**Gweru**	**X**		**X**	**X**		**X**	**X**		**X**
Midlands	**Kwekwe**				**X**		**X**			
Midlands	**Mberengwa**				**X**			**X**		**X**
Midlands	**Shurugwi**				**X**			**X**		**X**
Midlands	**Zvishavane**				**X**		**X**			
Obstetric Fistula is being conducted at Chinhoyi Provincial Hospital										

Annex D

Evaluation Matrix Template

Evaluators must fill in the boxes below with all relevant data and information gathered during the field phase in relation to the elements listed in the "assumptions to be assessed" column and their corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all of the information displayed:

• Is directly related to the indicators listed
• Is drafted in a readable and understandable manner
• Makes visible the triangulation of data
• Has source(s) that are referenced in footnotes

Evaluation Question 1: To what extent...			
Assumptions to be assessed	**Indicators**	**Sources of Information**	**Methods and tools for data collection**
Assumption 1 ***(See example in the UNFPA Evaluation Handbook Tool 1, handbook section 7.1.1, pp. 138-160)***			
Evaluators must fill in this box with all relevant data and information gathered during the field phase in relation to the elements listed in the "assumptions to be assessed" column and their corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all of the information displayed: ***• Is directly related to the indicators listed above*** ***• Is drafted in a readable and understandable manner***			

• *Makes visible the triangulation of data* • *Has source(s) that are referenced in footnotes*			
Assumption 2 ***(See example in Tool 1)***			
Assumption 3 ***(See example in Tool 1)***			
Evaluation Question 2: To what extent...			
Assumptions to be assessed	**Indicators**	**Sources of Information**	**Methods and tools for data collection**
Assumption 1 ***(See example in Tool 1)***			
Assumption 2 ***(See example in Tool 1)***			
Assumption 3 ***(See example in Tool 1)***			
Evaluation Question 3: To what extent...			
Assumptions to be assessed	**Indicators**	**Sources of Information**	**Methods and tools for data collection**
Assumption 1 ***(See example in Tool 1)***			

Annex E

List of Atlas Projects for the period under evaluation

Year […]								
	Fund type	**IA Group**	**Implementing agency**	**Activity description**	**Geographic location**	**Atlas budget**	**Expense**	**Implementation rate**
Regional projects								
Activity 1								
…								
Activity 2								
…								
Activity 3								
…								
GENDER EQUALITY								
Strategic plan Outcome:								
Country Programme Output:								
Annual work plan *(code and name):*								
Activity 1								
…								
Activity 2								
…								
Activity 3								
…								
POPULATION DYNAMICS								
Strategic plan Outcome:								
Country Programme Output:								
Annual work plan *(code and name):*								
Activity 1								
…								
Activity 2								
…								
Activity 3								
…								

REPRODUCTIVE HEALTH								
Strategic plan Outcome:								
Country Programme Output:								
Annual work plan *(code and name):*								
Activity 1								
…								
Activity 2								
…								
Activity 3								
…								
OTHER PROGRAMMATIC AREA								
Strategic plan Outcome:								
Country Programme Output:								
Annual work plan *(code and name):*								
Activity 1								
…								
Activity 2								
…								
Activity 3								
…								
ADMINISTRATION								
…								
…								
…								

Annex F

Outline of design report

TEMPLATE: DESIGN REPORT FOR UNFPA COUNTRY PROGRAMME EVALUATIONS

After an initial review of relevant documentation, the evaluation team will prepare the Design Report. The Design Report provides the conceptual and analytical framework of the evaluation, establishes the key evaluation questions and refines the methodology, including providing specific information on data collection tools, data sources, and analysis methods. The Design Report is also a means to ensure a mutual understanding of the conduct of the evaluation between the evaluation manager and the evaluation team.

The Design Report is prepared and drafted by the evaluation team after their preliminary review of relevant documentation.

The Design/Inception Report of the evaluation should follow the below structure:

1. Introduction
2. Country Context
3. UNFPA Response and Country Programme
4. Methodological Approach
5. Evaluation phases, work plan, deliverables, management structure and quality assurance
6. Annexes

Note that this template is grounded in and expands upon the 2013 "Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA." Kindly refer to the Handbook for additional guidance and specific examples, as needed. The Handbook can be found here: https://www.unfpa.org/EvaluationHandbook

1. INTRODUCTION: PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

This section should describe and further elaborate on the purpose, objectives and scope of the evaluation presented in the terms of reference.

This section should describe the purpose of country programme evaluations (CPE) generally and provide a concise overview of the specific objectives of the CPE within the country context.

The scope of the evaluation should be included in this section, consisting in a short and straightforward description of the area of work being evaluated as well as the geographical scope and timeframe of the evaluation.

Finally, this section should note that the evaluation was commissioned by the country office, and state the aim of the design report as well as its role in the design phase.

2. COUNTRY CONTEXT

This section should detail the wider country context, including relevant social, political and economic data, language and cultural traits, demography, geographic location, etc. The country's situation and development challenges vis a vis UNFPA programmatic areas should be included as should national strategies to respond to these challenges.

This section should also include the country's progress towards the achievement of relevant internationally agreed development goals (including the MDGs, SDGs and the ICPD benchmarks).

Finally, information on official development assistance (ODA) and the role of external assistance (currently and over time) should be discussed. The main donors / ODA providers should be included.

3. UNFPA STRATEGIC RESPONSE AND COUNTRY PROGRAMME

This section should situate the country programme within the broader UN System's framework and UNFPA's corporate strategic/normative framework.

UNFPA's response through the particular country programme should be detailed, including the main elements of the country programme as set forth in programming documents as well as the underlying intervention logic (i.e. the links among activities, outputs and outcomes). The geographical coverage of the programme, as well as the evolution of the programme over time, should also be explained.

A detailed financial analysis of the programme budget by output and outcome should be included, clearly distinguishing between resource targets set out in the country programme document (CPD) and the actual resources mobilized during the programme cycle. Implementation rates should also be included.

4. METHODOLOGICAL APPROACH

This section should provide a clear and detailed description of the evaluation's approach and methodology (i.e. a theory based approach, outlining the intervention logic leading to a reconstructed theory of change of UNFPA support). How the methodology is gender and human rights responsive should also be laid out (as should any limitations toward implementing a gender and human rights responsive evaluation).

This section should include the evaluation questions and the evaluation criteria to which they respond, noting that an evaluation question may correspond to multiple criteria. OECD-DAC evaluation criteria (relevance, effectiveness, efficiency, and sustainability) should be used and, as relevant, two additional criteria: added value and coordination with the UNCT. An explanation as to why each question was selected should be included.

Consider referring to Annex I of "Integrating Human Rights and Gender Equality in Evaluation: Towards UNEG Guidance" for guidance on criteria and questions that are gender and human rights responsive.

An evaluation matrix (the primary analytical tool of the evaluation) should be presented, linking the evaluation questions to the evaluation criteria. Evaluation questions should be broken down into assumptions (aspects to focus upon) and attendant indicators. Evaluation questions should be linked to data sources and data collection methods.

Data collection and analysis methods and the stakeholder map (including the methodological approach for stakeholder selection) should be included. A description of how gender and human rights were considered vis a vis data collection and analysis methods, as well as stakeholder selection should be included. Consider referring to Table 3.2 (Tailoring common methods to address human rights and gender equality) on page 40 of "Integrating Human Rights and Gender Equality in Evaluation: Towards UNEG Guidance" for guidance tailoring data collection methods appropriately. The document can be found here: http://www.uneval.org/document/detail/980

Finally, any limitations and risks to the evaluation should be discussed. This section should explain data gaps and any issues affecting data quantity and quality. Factors that may restrict access to key sources of information should also be listed. Relevant limitations to implementing a gender and human rights responsive evaluation should be included, as well.

Mitigation measures to address limitations should be detailed and, in cases where limitations are unable to be addressed, a brief explanation on the extent to which the validity and credibility of the evaluation results could be affected should be provided.

5. EVALUATION PHASES, WORK PLAN, DELIVERABLES, MANAGEMENT, AND QUALITY ASSURANCE

This section should detail the overall evaluation process and its stages. It should present a detailed work plan for each phase/stage of the evaluation, including expected deliverables per stage set against appropriate and realistic timelines.

It should also detail the team composition and establish clear roles and responsibilities for the evaluation manager, the team leader and the team itself. As appropriate, details on field work, including specifications on logistic and administrative support, should be included, as should the budget required.

This section should, additionally, outline the management and governance arrangements of the evaluation and clearly describe the approach to quality assurance.

6. ANNEXES

Annexes may differ, but could include:

-Terms of Reference
-Evaluation Matrix
-Templates or outlines of data collection methods (i.e. interview protocols/guides, logbooks (or equivalent), survey questionnaire)
-List of Atlas interventions and financial data
-Stakeholder map and list of persons consulted
-Bibliography/documents consulted
-CPE agenda

Annex G: Zimbabwe/UNFPA 7th Country Programme (2016 - 2020**) Results Framework**

	Indicator	Baseline (2018)	Cumulative Target unless specified	
			2019	2020
Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality				
1.	Maternal mortality ratio (maternal deaths per 100 000 live births)	**651 (2015)**		**600**
2.	Adolescent birth rate (aged 15-19 years births per 1,000 women in that age group)	**110 (2015)**		**100**
3.	Proportion of women aged 20-24 years who were married or in a union before age 18	**33.5 % (2015, MICS)**		**28%**
4.	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations			
	4 (a) Age group 15-24	**4 per 1,000 (2015)**		**2 per 1,000**
	4 (b) Age group 15-49	**6 per 1000 (2015)**		**3 per 1000**
5.	Number of maternal deaths averted (Non cumulative)	**1,900**	**2,000**	**2,000**
6.	Number of unintended pregnancies averted (Non Cumulative)[9]	**621,000**	**642,000**	**674,000**
7.	Number of unsafe abortions averted (Non Cumulative)[10]	**139,000**	**190,000**	**200,000**
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				
1.1	Proportion of deliveries attended by a skilled birth attendant	**78% (2015)**		**85%**
1.2	Contraceptive Prevalence Rate	**67% (2015)**		**68%**
1.3	Unmet need for family planning	**10% (2015)**		**6.5%**
Output 1: Increased availability of and access to voluntary family planning, especially long acting contraceptive methods				
1.1.1	Percent of health facilities providing LARC (by method and by level of facility)			
	1.1.1 (a) % of hospitals providing IUCD	**70%**	**80%**	**85%**
	1.1.1.(b) % facilities (clinics and hospitals) providing Implants	**83%**	**83%**	**85%**
1.1.2	Number of IUCD insertions among women aged 16 to 49 years	**35,640**	**49,640**	**63,640**
1.1.3	Number of implant insertions among women aged 16 to 49 years	**311,427**	**388,400**	**465,400**
1.1.4	Percent of health facilities eligible to provide family planning services with no stock out of contraceptives in the past 3 months (by method and by level of facility)			
	1.1.4 (a) Combined pills	**89**	**90**	**90**
	1.1.4 (b) Progestogen only pills	**95**	**95**	**95**
	1.1.4 (c) Injectables	**95**	**95**	**95**
	1.1.4 (d) IUCD (facilities with trained staff)	**93**	**93**	**93**
	1.1.4 (e) Implants (facilities with trained staff)	**98**	**98**	**98**

[9] ZNFPC CIP targets

[10] ZNFPC CIP targets

	Indicator	Baseline (2018)	Cumulative Target unless specified	
			2019	2020
Output 2: Increased national capacity to deliver quality maternal health services, including in humanitarian setting				
2.1.1	Percent of PHC facilities providing the 6 selected signal functions of basic emergency obstetric and new-born services[11]	**9.53%**	**11%**	**13%**
2.1.2	Number of women and girls living with obstetric fistula receiving treatment with support of UNFPA	**560**	**800**	**1,040**
Output 3: National cervical cancer screening programme using Visual Inspection with Acetic Acid strengthened and scaled up				
3.1.1	Number of women screened for cervical cancer	**484,739**	**584,739**	**684,739**
3.1.2	Percent of public health facilities (hospitals) supported to provide Visual Inspection with Acetic Acid and Cervicography (VIAC) services[12]	**58%**	**58%**	**58%**
3.1.3	Percent of VIAC positive women with lesions eligible for cryotherapy treated	**60%**	**65%**	**70%**
Output 4: Increased uptake of integrated HIV prevention services among women and men, especially young people and key populations				
4.1.1	Percent of facilities in supported districts trained to implement SRH and HIV integration guidelines[13]	**90%**	**92%**	**95%**
4.1.2	Percent of households reached by innovative and integrated social behavioural change communication and demand generation strategies in supported districts[14]	**48%**	**56% (Up to June 2019)**	**-**
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				
2.1	Percentage of population age 15-24 years with comprehensive correct knowledge of HIV/AIDS			
	2.1 (a) Women	**46.3% (2015)**		**50%**
	2.1 (b) Men	**46.6% (2015)**		**50%**
Output 5: Increased national capacity to provide information and services that prevent teenage pregnancy				
5.1.1.	Percent of health facilities in 20 districts providing youth friendly services that meet established national standards	**85%**	**100%**	**100%**
5.1.2	Percent of secondary schools with teachers trained in evidence-based life skills, sexuality, and HIV and AIDS in 20 supported districts	**92%**	**96%**	**100%**
5.1.3	Availability of institutional mechanism for the participation of young people in policy dialogue and programming, including in peace building processes	**Yes**	**Yes**	**Yes**

[11] Parenteral treatment of infection (antibiotics), Parenteral treatment of severe pre-eclampsia/eclampsia (Provision of MgSO4); Treatment of post-partum haemorrhage (Provision of Uterotonics); Manual vacuum aspiration of retained products of conception; Assisted vaginal delivery (e.g. vacuum extraction); Manual removal of placenta; Neonatal resuscitation (Using bag and mask)

[12] The number of hospitals supported will remain the same and the focus is on improving quality of service.

[13] This refers to health facilities with at least two health workers trained in 13 supported districts.

[14] The target is up to June 2019 because there will be a new Community strategy which will determine the approach the program will be using and the targets beyond June 2019.

	Indicator	Baseline (2018)	Cumulative Target unless specified	
			2019	2020
Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings				
3.1	Percent of ever-married women aged 15-49 who have experienced any form of emotional and/or physical and/or sexual violence committed by their husbands/partners.			
	3.1 (a) Ever experienced violence	**45% (2015)**		**43%**
	3.1 (b) In the past 12 months	**30% (2015)**		**28%**
Output 6: Increased national capacity to prevent gender-based violence and enable a delivery of multi-sectoral services, including in humanitarian settings				
6.1.1	Percent of health facilities with at least two health care providers with knowledge and skills to provide clinical management of SGBV cases and refer SGBV survivors (disaggregated by level)	**58%**	**80%**	**100%**
6.1.2	Availability of budgeted emergency preparedness and response and disaster risk reduction plan which integrate sexual and reproductive health	**No**	**No**	**Yes**
6.1.3	Number of women, girls, boys and men subjected to violence that have accessed the essential services package (disaggregated by sex, age and disability status).			
	6.1 4(a) Number of survivors who accessed One stop centres	**49,691**	**59,700**	**69,700**
	6.1.4(b) Number of survivors who access shelters	**11,299**	**14,499**	**17,699**
	6.1.4(c) Number of SGBV clients accessing health services within 72 hours in supported 20 districts.	**6,351**	**8,377**	**10,603**
Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development				
4.1	Availability of the census report (conducted in the last 10 years)	**Yes**	**Yes**	**Yes**
4.2	Availability of a vital registration report	**No**	**No**	**Yes**
Output 7: Increased national capacity for the production and the use of disaggregated data on population, sexual and reproductive health and gender-based violence for the formulation and monitoring of evidence-based policies, plans and programmes, including in humanitarian settings				
7.1.1	Number of in-depth Census and Demographic and Health survey thematic reports produced and disseminated	**3**	**4**	**7**
7.1.2	Number of civil service training centres and university institutions offering population and development curricula	**0**	**1**	**2**
7.1.3	Number of web-enabled database systems operationalized	**2**	**2**	**2**
7.1.4	Availability of a national system to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence	**No**	**No**	**Yes**

Annex H

Evaluation Quality Assessment Grid

Organizational unit:		**Year of report:**	
Title of evaluation report:			
Overall quality of report:	**Very Good**	**Date of assessment:**	
Overall comments:			

Assessment Levels	**Very Good**	strong, above average, best practice	**Good**	satisfactory, respectable	**Fair**	with some weaknesses, still acceptable	**Unsatisfactory**	weak, does not meet minimal quality standards

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

6. Is there a clear structure of the executive summary, (i.e. i) Purpose, including intended audience(s); ii) Objectives and brief description of intervention; iii) Methodology; iv) Main conclusions; v) Recommendations)?	Yes		
7. Is the executive summary reasonably concise (e.g. with a maximum length of 5 pages)?	Yes		
2. Design and Methodology	Yes No Partial	Assessment Level:	**Very good**
To ensure that the evaluation is put within its context			
1. Does the evaluation describe the target audience for the evaluation?	Yes		
2. Is the development and institutional context of the evaluation clearly described and constraints explained?	Yes		
3. Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change, and assess the adequacy of these?	Yes		
To ensure a rigorous design and methodology			
4. Is the evaluation framework clearly described in the text and in the evaluation matrix? Does the evaluation matrix establish the evaluation questions, assumptions, indicators, data sources and methods for data collection?	Yes		
5. Are the tools for data collection described and their choice justified?	Yes		

6. Is there a comprehensive stakeholder map? Is the stakeholder consultation process clearly described (in particular, does it include the consultation of key stakeholders on draft recommendations)?	Yes		
7. Are the methods for analysis clearly described for all types of data?	Yes		
8. Are methodological limitations acknowledged and their effect on the evaluation described? (Does the report discuss how any bias has been overcome?)	Yes		
9. Is the sampling strategy described?	Yes		
10. Does the methodology enable the collection and analysis of disaggregated data?	Yes		
11. Is the design and methodology appropriate for assessing the cross-cutting issues (equity and vulnerability, gender equality and human rights)?	Yes		
3. Reliability of Data	Yes No Partial	Assessment Level:	**Very good**
To ensure quality of data and robust data collection processes			
1. Did the evaluation triangulate data collected as appropriate?	Yes		
2. Did the evaluation clearly identify and make use of reliable qualitative and quantitative data sources?	Yes		

3. Did the evaluation make explicit any possible limitations (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues?	Yes		
4. Is there evidence that data has been collected with a sensitivity to issues of discrimination and other ethical considerations?	Yes		
4. Analysis and Findings	Yes No Partial	Assessment Level:	**Very good**
To ensure sound analysis and credible findings			
1. Are the findings substantiated by evidence?	Yes		
2. Is the basis for interpretations carefully described?	Yes		
3. Is the analysis presented against the evaluation questions?	Yes		
4. Is the analysis transparent about the sources and quality of data?	Yes		
5. Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted?	Yes		
6. Does the analysis show different outcomes for different target groups, as relevant?	Yes		
7. Is the analysis presented against contextual factors?	Yes		

8. Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights?	Yes		
5. Conclusions	Yes No Partial	Assessment Level:	**Very good**
To assess the validity of conclusions			
1. Do the conclusions flow clearly from the findings?	Yes		
2. Do the conclusions go beyond the findings and provide a thorough understanding of the underlying issues of the programme/initiative/system being evaluated?	Yes		
3. Do the conclusions appear to convey the evaluators' unbiased judgement?	Yes		
6. Recommendations	Yes No Partial	Assessment Level:	**Very good**
To ensure the usefulness and clarity of recommendations			
1. Do recommendations flow logically from conclusions?	Yes		

2. Are the recommendations clearly written, targeted at the intended users and action-oriented (with information on their human, financial and technical implications)?	Yes		
3. Do recommendations appear balanced and impartial?	Yes		
4. Is a timeframe for implementation proposed?	Yes		
5. Are the recommendations prioritized and clearly presented to facilitate appropriate management response and follow up on each specific recommendation?	Yes		
7. Gender	0 1 2 3 (**)	Assessment Level:	**Very good**
To assess the integration of Gender Equality and Empowerment of Women (GEEW) (*)			
1. Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected?	3		
2. Is a gender-responsive methodology used, including gender-responsive methods and tools, and data analysis techniques?	3		

3. Do the evaluation findings, conclusions and recommendations reflect a gender analysis?	3	

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

(**) Scoring uses a four point scale (0-3).
0 = Not at all integrated. Applies when none of the elements under a criterion are met.
1 = Partially integrated. Applies when some minimal elements are met but further progress is needed and remedial action to meet the standard is required.
2 = Satisfactorily integrated. Applies when a satisfactory level has been reached and many of the elements are met but still improvement could be done.
3 = Fully integrated. Applies when all of the elements under a criterion are met, used and fully integrated in the evaluation and no remedial action is required.

Overall Evaluation Quality Assessment

	Assessment Levels (*)			
Quality assessment criteria (scoring points*)	**Very good**	**Good**	**Fair**	**Unsatisfactory**
1. Structure and clarity of reporting, including executive summary (7)	**7**			
2. Design and methodology (13)	**13**			
3. Reliability of data (11)	**11**			
4. Analysis and findings (40)	**40**			
5. Conclusions (11)	**11**			

6. Recommendations (11)	**11**			
7. Integration of gender (7)	**7**			
Total scoring points	**100**			
Overall assessment level of evaluation report	**Very Good**			
	Very good very confident to use	**Good** confident to use	**Fair** use with caution	**Unsatisfactory** not confident to use

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

If the overall assessment is 'Fair', please explain

• How it can be used?

• What aspects to be cautious about?

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

Consideration of significant constraints

The quality of this evaluation report has been hampered by exceptionally difficult circumstances:	☐ Yes	☐ No

If yes, please explain:

Annex I

Management Response template

	Evaluation report title	Year	Responsible Office	Eval. report type	Region	Period covered	Recommendation title	Recommendation text	Recommendation status (accepted, partially accepted or rejected)	Priority (high, medium or low)	Action point title	Action point text	Reporting focal point email (one for entire MR, usually M&E staff)	Action point due date (MM/DD/YYYY)	Head of Office Email	ContributorEmail (Regional M&E Advisor)
EXAMPLE	Ukraine Country Programme Evaluation (2012-2017)	2017	Ukraine CO	Country Programme Evaluation (CPE)	EECA	2013-2017	1. Programme focus	1. The next UNFPA National programme for Ukraine should consider to narrow the number	Accepted	High	1.1 CPD dev-t consultations	1.1 Organize consultation with key stakeholders/conduct	Zamostian@unfpa.org	6/30/2020	peek@unfpa.org	malam@unfpa.org

Annex J

Outline of final evaluation report

Cover page

UNFPA CPE: NAME OF THE COUNTRY *Period covered by the evaluation* *FINAL EVALUATION REPORT* *Date*

Second page
Country map (half-page)
Table (half-page)

Evaluation Team	
Titles/position in the team	Names

Third page
Acknowledgement

Fourth page
Table of contents

Fifth page
Abbreviation and acronyms
List of tables
List of figures

Sixth page
Key facts table

Section	Title	Suggested length
EXECUTIVE SUMMARY		5 pages max
CHAPTER 1: Introduction		
1.1	Purpose and objectives or the CPE	5-7 pages max
1.2	Scope of the evaluation	
1.3	Methodology and process	
CHAPTER 2: Country Context		
2.1	Development challenges and national strategies	5-6 pages max
2.2	The role of external assistance	
CHAPTER 3: United Nations/UNFPA response and programme strategies		
3.1	UNFPA strategic response	5-7 pages max
3.2	UNFPA response through the country programme	
3.2.1	Brief description of UNFPA previous cycle strategy, goals and achievements	
3.2.2	Current UNFPA country programme	
3.2.3	The financial structure of the programme	
CHAPTER 4: Findings: answers to the evaluation questions		
4.1	Answer to evaluation question 1	25-35 pages max
4.2	Answer to evaluation question 2	
4.3	Answer to evaluation question 3	
4.4	Answer to evaluation question X	
CHAPTER 5: Conclusions		
5.1	Strategic level	6 pages max
5.2	Programmatic level	
CHAPTER 6: Recommendations		
6.1	Recommendations	4-5 pages max
(total number of pages)		55-70 pages

ANNEXES
Annex 1 Terms of reference
Annex 2 List of persons/institutions met
Annex 3 List of documents consulted
Annex 4 The evaluation matrix

Annex K

UNFPA Evaluation Office Editorial Guidelines

Supplementary editorial guidelines for UNFPA Evaluation Office

UNFPA Evaluation Office documents, publications and other written material follow UN editorial guidelines, available here at http://dd.dgacm.org/editorialmanual/
Building on the UN editorial guidelines, the supplementary editorial guidelines cover some common editorial issues that are encountered in evaluation reports and related products.

1. SENTENCES IN GENERAL

- Avoid long, complicated sentences. Short, clear sentences convey meaning more effectively.
- When a sentence does need a series of sub clauses, who is doing what can become unclear. It's often better to put the shortest sub clause at the start of the sentence. For example:

"The principles emanate from decisions taken by the General Assembly, from the Executive Board, and from UNFPA executive management's commitment to nurture an evaluation culture." In this instance, it is unclear from whom the decisions emanate. (Is it both the General Assembly and the Executive Board or just the General Assembly?) However, if it is written *"The guiding principles emanate from the Executive Board, from decisions taken by the General Assembly, and from UNFPA executive management's commitment to nurture an evaluation culture."* (SHORTEST, MIDDLE LENGTH, LONGEST), this is clearer. If there is any lack of clarity in a running list, consider the use of a colon and semi colon structure. (in running text, there is no capital letter after the colon.)

- Do not put two words where one will do. For example:

  "… their *relevance* and *significance* to planning". The two words in italics have the same meaning, so just use one or the other. The meaning is clearer in **"… their relevance to planning ".** Using two words where only one is needed does not strengthen a sentence; it weakens it.

- Avoid using metaphors, if possible. They can be hard to translate and difficult concepts for non-native speakers to understand.

- Use the active voice over the passive voice whenever possible. For example, "The implementation and modification of the report is being undertaken by the Government."

(passive voice) Can be written more clearly: “The Government is modifying and implementing the report.” (active voice)

- It can be clearer to use verbs in sentences (“modifying” and “implementing”) rather than nouns (“the implementation” and “the modification”.) As we can see from the above example.

- Avoid using too many adjectives and adverbs. They can impede clarity, rather than add to it.

2. POSSESSIVES (‘S)

Do not use the possessive with:

- Inanimate objects. For example: **“the capacity of the trucks”**, not “the trucks’ capacity”.
- United Nations and other organization acronyms (like UNFPA, WFP, do not use WFP’s or UNFPA’s.)
- Names of countries (e.g. use Government of Brazil, and not Brazil’s Government)

3. ITALICS AND BOLD

Do not use italic or bold fonts in text for emphasis. The emphasis should be reflected in the wording.

Use ***italic*** only for publications, book titles and for words and expressions in languages other than English.

Use bold only for headings.

4. CAPITALIZATION

Use capitals sparingly.

Use initial capital letters to mark beginnings of the first word of a sentence, the first word of a subparagraph or an item on a list.

The official titles of persons, councils, commissions, committees, secretariat units, organizations, institutions, political parties, organized movements and plans etc are all written in caps, when they are introduced. Also capitalize them when they are used as a shortened title, for example, the ‘Conference’ (when referring to a specific Conference) or the ‘Committee’ (when referring to a particular Committee). However, do not capitalize when used as common nouns – e.g. ‘there were several regional conferences.’

Job titles: References in running text to job titles such as budget officer, project manager and accountant are not given as acronyms or capitalized. However, the following titles and officers ARE capitalised as a courtesy to their position: Secretary-General, Executive Director, Assistant Executive Director, Regional Director, Country Director, Evaluation Director, President, Vice-President, Treasurer, Chief, External Auditor, Chief Financial Officer and Evaluation Office. NOTE: job titles ARE given caps when used in conjunction with a person - for example: “John

Smith, Budget Officer, was present at the meeting..", or in a list of acknowledgements "John Smith - Budget Officer, Cameroon Country Office".

Used as adjectives or in plural: With persons, councils, commissions, committees, organizations, institutions, political parties organized movements and plans, groups, offices, divisions and others words of this ilk, including government, if the word is referring to something that is unique and specific, then it is written in caps (as noted above), but if the word is being used as an adjective, in a generic sense, or as a plural then it should be written in lower case. For example: we would refer to the country office, headquarters or regional offices, (nonspecific and non-unique) but if we would refer to the "South Sudan Country Office" or the "UNFPA East and Southern Africa Regional Office". However, note: it is UNFPA headquarters, not UNFPA Headquarters. Further, we would use Technical Division when referring to the actual division, but would say technical division reports - because in this instance "technical division" is being used as an adjective describing the reports.

There are a number of UNFPA strategic plans and only when the plan is given its full title, UNFPA Strategic Plan 2018-2021, would we write it out with caps.

We do not need to use capitals when using a phrase that is often written as an acronym. For example, gender-based violence is often written GBV. When we are writing "gender-based violence" in running text, we don't write "Gender-Based Violence", but, instead we write "gender-based violence". Another example would be "people living with HIV". If written out, we don't use capitals so we don't write "People Living with HIV" just because the acronym is "PLHIV"

Programmes, conferences, seminars, workshops*:* Once the full title is given, references to "the programme", "the conference", etc. are not capitalized.

Bodies proposed but not yet established*:* These are not capitalized. The same holds true for references to draft conventions and treaties that do not yet exist.

References to parts of documents*:* Do not capitalize the word "paragraph", e.g. "In paragraph 12, reference is made to …". However, the word "Annex" is capitalized, e.g. "See Annex IV". Annexes should be numbered in roman capital numerals I, II, III, etc.

Headings and sub-headings: Use capital initial letters in headings and sub-headings

Government names: Government is capitalized when it refers to a certain government but not when it is plural or used as an adjective:

- the Government will provide funding
- it is a government programme
- the governments of the Russian Federation and Mozambique were present
- the Government of Uganda responded.

Member States: We would write "the Member State(s) of… United Nations", when referring to the specific UN Member States, but member state(s)/country(ies) if it's another institution or undefined.

Exceptions: Some things are always referred to with caps, because they are unique and specific such as Sustainable Development Goals, Agenda 2030, Member States, United Nations Development Assistance Framework is always written in caps.

5. ABBREVIATION RULES AND ACRONYMS

Acronyms should be used sparingly. This is written in every editing manual, but a great many acronyms are still routinely used.

If an acronym appears in a document three times or less, it should be written out in full each time and it doesn't need to be included in the acronym list.

See the above point in "Capitalization" about the fact that when introducing an acronym, there is no need to capitalize the phrase. (for example, the acronym PLHIV can be introduced as "people living with HIV (PLHIV)…" we do not need to write "People Living with HIV (PLHIV)…")

If the acronym is less than three words long, consider writing it out in full every time unless it is very frequently used.

There are some exceptions to this rule:

- Phrases that hinder the meaning of a sentence, rather than clarify it, can be kept as acronyms. For example: ToR. –We understood this to be a specific document, but this is nevertheless a plural word. Therefore if we use the phrase "terms of reference" then what follows the phrase has to be plural, ("the terms of reference are..") which is confusing when ToR is actually referring to a singular document. It's also sufficiently well known as a term that it's instantly recognisable. So, it is fine to use ToR (but not TOR, as the rule is we don't capitalize prepositions, such as "of"). Another example of where it is fine to use a three letter acronym would be "IPC" – as the words "integrated food security phase classification" (which this acronym stands for) do not fit comfortably into the flow of a sentence.
- Abbreviations such as SDG and MDG, which are universally known in United Nations circles and would always be written with caps anyway, could be left as acronyms once they have been written out once. The same rule would apply to abbreviations like NGO and the names of other United Nations agencies, like UNDP etc.

Once the acronym has been introduced by brackets, it does not need to be introduced in brackets again later in the document.

"United Nations" should not be abbreviated in English. The form "ONU" is acceptable in French.

Do not use acronyms to refer to governments or ministries. The only countries referred to by an acronym are the Democratic People's Republic of Korea (DPRK) and the Democratic Republic of the Congo (DRC). With these countries, we would introduce the names in full when we first meet it. (Please note the second "the" in DRC). The "short names" from FAO Country Names terminology site can be used once the full name has been introduced initially (see 'Country Names', below). An example would be The Republic of South Sudan. The country can be introduced with its full name and referred to as South Sudan thereafter.

Abbreviations and acronyms should not be used in the possessive form for United Nations organizations: the Commander of UNMIL or the UNMIL Commander, not UNMIL's Commander. "The UNFPA document" or "the document of UNFPA", not UNFPA's document
Acronyms should be spelt out in full at their first occurrence in text. A list of acronyms must be attached to documents in which acronyms are used. Always check that the acronym used is in the list.
If an acronym is being used, make sure you are not repeating part of the acronym. For example: "The EECARO office". This reads "the Eastern Europe and Central Asia regional office office".
Acronyms and spelled out version of acronyms should be written as set out in the FAO TERM portal. The FAO term portal also advised on capitalization of acronyms.

Additional notes on acronym usage
Please note as far as acronym usage is concerned, consider the executive summary (situated in the report) as a separate product from the rest of the report. In other words, we expand an acronym the first time it appears in the executive summary and then use the acronym throughout the executive summary. The same rule applies to the report, we expand an acronym the first time it appears in the report and then use the acronym throughout the report.
Example: when we use "sexual and gender based violence" for the first time: (i) it should not be capitalized; (ii) it should be followed by (SGBV). This rule applies to the Executive Summary and then again to the report.

6. QUOTES

Direct quotations should reproduce the original text exactly and should be carefully checked for accuracy. Only typographical and other clearly unintentional errors may be corrected.

When the quote forms part of a sentence, the final quotation mark goes inside the full stop. This is because the punctuation is for the whole sentence, not for the quote. When the quote is a full sentence in its own right, then it has its own integral punctuation. For example:

- Mr Smith was said to be "resigned to his fate".
- Mr Smith was said to be "resigned to his fate in the restructuring. He did not expect miracles."

If the quote is more than three lines long it should be indented.

The quote does not need an introductory colon as long as the sentence flows smoothly into the quote.

If there is a clash in tenses between the quote and the running text, break the quote into phrases that can be accommodated by the running text.

7. NUMBERING PARAGRAPHS

Paragraphs are not numbered in summaries or other front matter.

Break up paragraphs to create space

Use paragraph numbering for evaluation reports (only)

8. SPELLING, (including S vs Z)

Use **z** (not s) in such words as reali**z**e, organi**z**ation and mobili**z**ation.

Use **s** in words such as analy**s**e, cataly**s**e and paraly**s**e.

The English UK spelling rules apply - for example, “centre”, not “center”. (unless you are reproducing the name of an organization that has this specific spelling)

Email (not e-mail) is now the accepted spelling. The United Nations editorial guidelines have a list of spelling, but it is not comprehensive. The Oxford English Dictionary is the recommended reference on spelling.

9. TABLES, FIGURES, BOXES

Each table should have a title that describes it accurately and briefly.

The title is set in bold type, flush left and stacked below the table number. Only the first word is capitalized (unless it’s supposed to be capitalised in running text).

10. BULLET/LIST

A bullet list should:

• Use an initial capital letter

• Always agree with the ‘platform’ sentence before the colon

• Not have semicolons at the end of each item

• Not have ‘and’ after the second last item

• Close with a full stop.

If each bullet list entry is a complete sentence in itself and the platform sentence for the bullet list is a full sentence too, then each bullet point should end with a full stop.

11. COUNTRY NAMES

UNFPA generally uses the "short names" from FAO Country Names terminology site
Use the full name – the Republic of South Sudan for example – the first time the country is named, and then switch to the short name after that.

12. OTHER POINTS TO REMEMBER

PERCENTAGES: In running text, write out the words “per cent”. The symbol % can be used in tables, figures and footnotes. Always use the number, not the word, for the percent, even if it’s number one to ten. (e.g say 3 per cent and not three per cent)

NUMBERS: The numbers one to ten are written out as words. However, there are exceptions:

- When the number is a percentage.
- When the number appears with a larger number and both numbers are referring to the same subject then the smaller number is written as a number. For example, it is correct to write – “There were six girls in the room.” but if there are girls and more boys for example, then it changes to: “There were 6 girls and 15 boys in the room.” This rule does not apply when the things being counted are disparate items, for example: “a total of 23 people were injured in four separate incidents.”
- When used for children’s ages or for units of measurements such as cm, etc – use the number, not the word.

When a number starts a sentence, it is always written as a word, never a number. If the number is an awkward or very long one, consider rephrasing the sentence slightly to avoid starting with the long number.

QUALIFIERS: Do not use vague qualifiers – "some", "more than", "over" etc.

TENSE**:** Make sure that the tense is consistent. There should not be a mix of past and present in one paragraph unless in exceptional circumstances.

Avoid the perfect tense (e.g."it has") unless the action is still ongoing in the present and use the simple past instead (e.g. it was).

A general caveat to consider: The report might have been written in the present, but, by the time it is presented, the information will be in the past. It would be wrong to say in a report that "the country is at war" (for example) because when the reader is reading the report, that information may no longer be accurate.

FOOTNOTES: When using footnotes, the punctuation comes before the superscript footnote number, this includes commas as well as full stops. For example: "The motion was not adopted owing to the negative votes of three permanent members.[3]"

OXFORD COMMA: The Oxford comma shouldn't be used unless it helps to clarify a sentence. In other words, it can be used, but should be done so sparingly. Here is the wording from the United Nations guidelines on the use of the Oxford comma:

The final comma before *and* is not normally used in United Nations documents. The practice is to write "organs, organizations and bodies", not "organs, organizations, and bodies"; and "disarmament, demobilization, rehabilitation and reintegration", not "disarmament, demobilization, rehabilitation, and reintegration".

However, the final comma may sometimes have to be included for the sake of clarity, for instance in sentence comprising lengthy or complex elements.

COMPOUND ADJECTIVES: The hyphen is used to form a compound adjective out of two linked words modifying a noun: "long term", "grass roots", "civil society", "private sector", when used as adjectives before the noun they qualify become "a long-term programme", "grass-roots support", "civil-society organizations", "private-sector involvement". When a hyphenated adjective is a title, both words are in caps, e.g.: Inter-Agency Standing Committee

THAT OR WHICH: "That" and "which" have different uses.

That (restrictive) is defining:

The northern regions that are prone to drought are the ones to target with aid. (There might be other northern regions, but it is only those that are susceptible to drought that are being targeted for aid.)

Which (non-restrictive) is not defining; it gives additional information that could be omitted and not affect the intended message of the sentence.

The northern regions, which are prone to drought, will each receive aid. (Being drought-prone is a characteristic of the northern regions.)

That, as a relative pronoun, is not preceded by a comma; ***which***, as a relative pronoun, normally is.

'N' DASH VS 'M' DASH: (e.g., "as said - for example - in this text" versus "as said—for example—in this text…") The use of N dash is preferred for evaluation reports.

"An em dash, or **long dash**, is used: in pairs, to mark off information or ideas that are not essential to an understanding of the rest of the sentence and to show other kinds of break in a sentence where a comma, semicolon, or colon would be traditionally used: *One thing's for sure—he doesn't want to face the truth.* Note that there is no space added on either side of an em dash. Em dashes are especially common in informal writing, such as personal emails or blogs, but it's best to use them sparingly when you are writing formally."

The Associated Press says this: "En dashes can be used to separate thoughts in a sentence or create emphasis; when using en dashes in this way, always put a space on either side of the dash. This style is used in technical writing."

MALE/FEMALE: Avoid the use of 'male' and 'female' as adjectives where possible and use 'man' or 'woman' instead."

13. BIBLIOGRAPHY

Author (last name first), Title of the book, City: Publisher, Date of publication.

Author (last name first), "Article title," Name of magazine (type of medium). Volume number, (Date): page numbers, date of issue.

URL (Uniform Resource Locator or WWW address). author (or item's name, if mentioned), date.

14. LIST OF PEOPLE CONSULTED

- should include the full name and title of people interviewed as well as the organization to which they belong
- should be organized in alphabetical order (English version) with last name first
- should be structured by type of organization

Before submitting draft country notes and evaluation reports, please check them for grammar, spelling, punctuation, and perform a thorough editing.

14. USE OF SENSITIVE WORDS

This guidance for use of specific sensitive terminology in Evaluation Office material is based on the following:

- **UNFPA website**: If a UNFPA document is published on the website, including any web story, that includes certain 'sensitive/political' words, then they are generally acceptable to use.
- **UNFPA Issue Briefs**: They also serve as a guide for acceptable terms to use.
- **Particularly related to HIV and AIDS,** there are two additional guides to follow:

a) UNAIDS terminology guidelines
b) WHO glossary of terms
Details are available in the attachment 'Guidance for Terminology'.

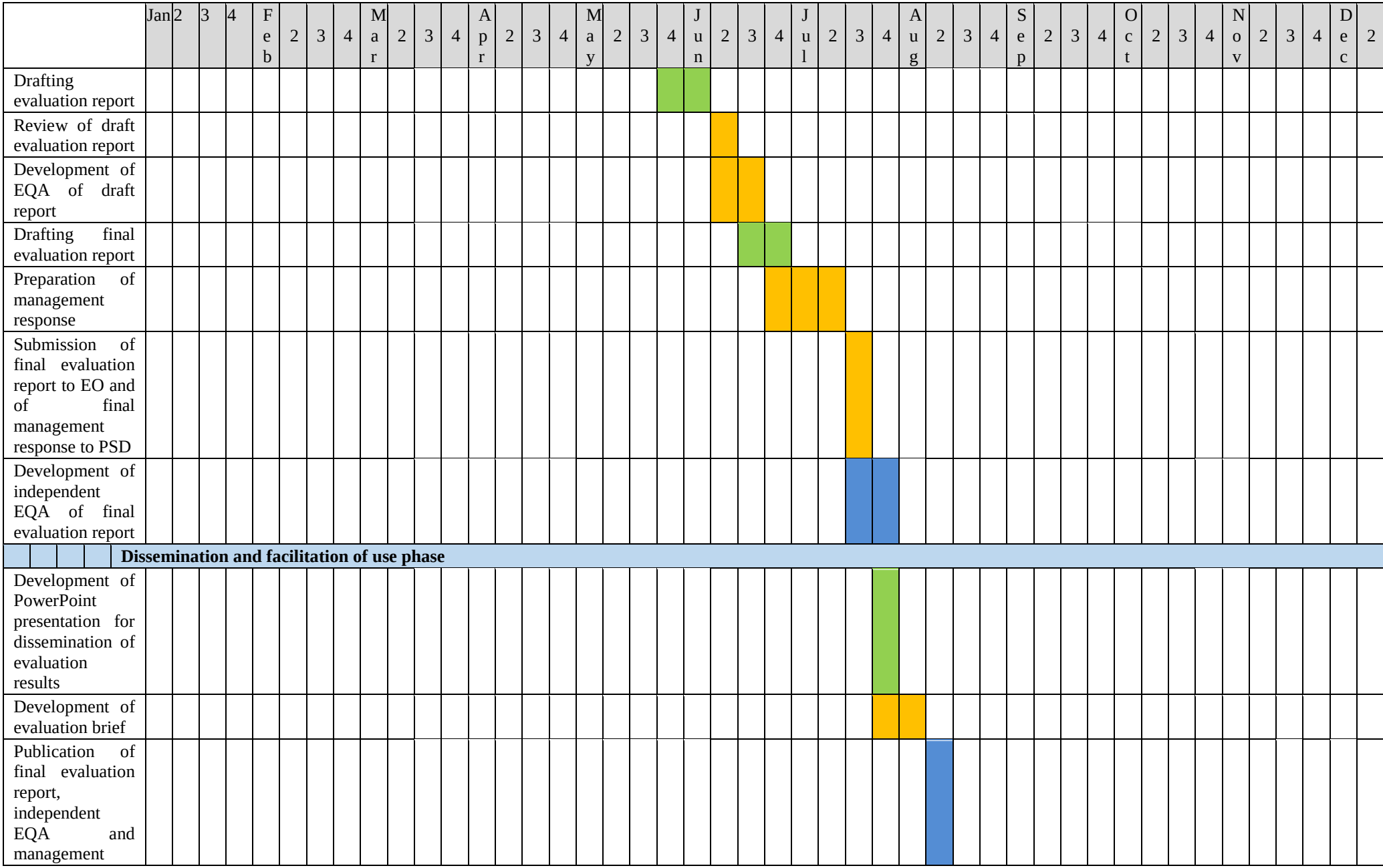
Annex L

Evaluation work plan

= Responsibility of evaluation manager, UNFPA CO staff, Regional M&E Adviser and/or eva
reference group
= Responsibility of evaluation team
= Responsibility of UNFPA Evaluation Office

Evaluation Phases and Tasks	Jan				Feb				March				April				May				June				July				Aug				Sept				Oct				Nov				Dec
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2
Preparatory phase																																														
Preparation of letter for Government and other key stakeholders																																														
Establishment of the ERG																																														
Compilation of initial background information and documentation																																														
Development of first stakeholders map																																														
Drafting ToR																																														
Review and approval of ToR																																														
Identification and pre-selection of consultants																																														
Pre-qualification of consultants																																														
Recruitment of the evaluation team																																														
Design phase																																														
Development of communication plan																																														
Desk review of initial background																																														

information and documentation																																														
	Jan	2	3	4	Feb	2	3	4	Mar	2	3	4	Apr	2	3	4	May	2	3	4	Jun	2	3	4	Jul	2	3	4	Aug	2	3	4	Sep	2	3	4	Oct	2	3	4	Nov	2	3	4	Dec	2
Drafting design report																																														
Presentation of draft design report to the ERG																																														
Review of draft design report																																														
Revision of draft design report and approval of final design report																																														
Field phase																																														
Meeting of evaluation team with CO staff to launch data collection																																														
Individual meetings of evaluators with relevant programme officers at CO																																														
Data collection (desk review, site visits, interviews, group discussions etc.)																																														
Debriefing meeting with CO staff and ERG																																														
Reporting phase																																														


Jan 2 3 4 Feb 2 3 4 Mar 2 3 4 Apr 2 3 4 May 2 3 4 Jun 2 3 4 Jul 2 3 4 Aug 2 3 4 Sep 2 3 4 Oct 2 3 4 Nov 2 3 4 Dec 2
Drafting evaluation report
Review of draft evaluation report
Development of EQA of draft report
Drafting final evaluation report
Preparation of management response
Submission of final evaluation report to EO and of final management response to PSD
Development of independent EQA of final evaluation report
Dissemination and facilitation of use phase
Development of PowerPoint presentation for dissemination of evaluation results
Development of evaluation brief
Publication of final evaluation report, independent EQA and management

response on UNFPA evaluation database																																														
Dissemination of evaluation report and evaluation brief to stakeholders																																														