**Evaluation of the UNFPA Sierra Leone 6th**

**Country Programme 2015-2019**

**Terms of Reference**

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**Acronyms**

**AFP/A4P:** Agenda for Prosperity (GOSL)

**ARR:** Annual Review Reports

**AYG:** Adolescents, Youth and Gender

**CBOs**: Community-Based Organizations

**CCA:**  Common Country Assessment

**CO:** Country Office

**COAR:** Country Office Annual Report

**CPAP:** Country Programme Action Plan

**CPD:** Country Programme Document

**CPE:** Country Programme Evaluation

**CPR:** Contraceptive Prevalence Rate

**DAC:** Development Assistance Committee (of OECD)

**DFID:** Department for International Development (UK)

**DHS:** Demographic and Health Survey

**EM:** Evaluation Manager

**EQA**: Evaluation Quality Assessment

**ERG:** Evaluation Reference Group

**EVD:** Ebola Virus Disease

**FGDs:**  Focus Group Discussions

**FGM:** Female Genital Mutilation

**GOSL:** Government of Sierra Leone

**HIV:**  Human Immunodeficiency Virus

**HR:** Human Resources

**ICG:** Internal Consulting Group (UNFPA)

**ICPD:** International Conference on Population and Development

**IPs:** Implementing Partners

**LoE:** Level of Effort

**MICS:** Multi-Indicator Cluster Survey

**MMR:** Maternal Mortality Ratio (Rate)

**MTR:** Mid-Term Review

**MYR:** Mid-Year Review

**NGOs:** Non-Governmental Organizations

**OECD:** Organization for Economic Cooperation and Development

**OMP:**  Office Management Plan

**P&D:** Population and Development

**PHC:**  Population and Housing Census

**PMFs:** Performance Monitoring Frameworks

**PRC:**  Peer Review Committee

**PRSP:** Poverty Reduction Strategy Paper

**RHCS:** Reproductive Health Commodity Security

**SDGs:** Sustainable Development Goals.

**SDPs:** Service Delivery Points

**SGBV:** Sexual and Gender Based Violence

**SL/SLE:** Sierra Leone

**SLP:** Saving Lives Project

**SRHR**: Sexual Reproductive Health and Rights

**TFR:** Total Fertility Rate

**TOR:** Terms of Reference

**UN:** United Nations

**UNCT:** United Nations Country Team

**UNDAF:** United Nations Development Assistance Framework

**UNEG:** United Nations Evaluation Group

**UNFPA:** United Nations Population Fund

**WHO:** World Health Organization

**WRH:** Women’s Reproductive Health

# Introduction

* 1. Sierra Leone is a relatively small country with a land area of about 72,000 square kilometers and an estimated population of about 7.09 million from 4.98 million in 2004, showing a growth rate of 3.2% (2015 SL-PHC). The population is predominantly rural with about 59.2% primarily engaged in agriculture, and those in densely populated urban areas, including the capital city, primarily engaged in services and industry[[1]](#footnote-1). The country’s population is largely youthful with those aged 0-35 years making up about 80%, and under 15 years constituting 40.9%. This presents challenges in the provision of education, healthcare and jobs, but also represents a great resource offering opportunities to establish a solid foundation for development and great potential for harnessing the demographic dividend.
	2. The UNFPA Sierra Leone sixth Country Programme (2015–2019) with Government and partners is currently in the fourth year of implementation. The overall goal of the programme is to contribute to ***“universal access to rights-based, gender-sensitive sexual and reproductive health information and services, including for adolescents and young people”*** as defined in the UNFPA Strategic Plan (2014-2017). Overall, the programme contributes to Government’s development efforts especially in the areas of population and development; sexual and reproductive health and rights; reproductive health commodity security; gender equity, equality and empowerment of women, as well as promoting community advocacy and multi-sectoral partnerships for strengthening implementation of the ICPD Agenda in Sierra Leone.
	3. At the outbreak of the Ebola Virus Disease in May 2004, the programme also took into consideration its devastating consequences with focus on building a resilient health system for the delivery of essential sexual and reproductive health services. Greater emphasis was placed on building human resources for health service delivery, as well as addressing the diminished confidence by communities in the ability of Service Delivery Points (SDPs) and health workers for saving lives. Overall, the EVD outbreak compelled a new programme management dynamics with the President’s Recovery Priorities embedded in the implementation of a 12-24 months post-Ebola recovery programme[[2]](#footnote-2). New opportunities also emerged as evidenced by a number of new projects and interventions supported by development partners such as the DFID Saving Lives Project.
	4. In terms of synergies with other development frameworks, the programme is primarily linked to the UNFPA Sierra Leone sixth Country Programme Document (CPD 2015-2019); the UN Development Assistance Framework for Sierra Leone (2015-2018); and the Government’s Third Poverty Reduction Strategy Paper- Agenda for Prosperity (2013-2018). In particular, the programme is aligned primarily to three out of the eight key pillars of the Government’s development agenda and related UNDAF outcomes[[3]](#footnote-3). It also addresses related issues in the ICPD+10 Review Report; ICPD Beyond 2014, and the new Post-2015 Sustainable Development Goals.
	5. The programme adopted the “Cluster Approach”, as a strategy for effective implementation and delivery on results. At inception, the two main clusters were: (a) Women’s Reproductive Health (WRH); and (b) Adolescents and Youth (AY); while Gender (G) and Population and Development (P&D) mainstreamed as cross-cutting issues. With some modifications along the way there are presently three clusters, namely: (a) Women’s Reproductive Health (WRH) (b) Adolescents, Youth and Gender (AYG); and (c) Population and Development (P&D). A communications team cuts across for advocacy, information-sharing information on programme deliverables, and reporting on human interest stories for UNFPA visibility and resource mobilization.
	6. Since inception, the current country programme has had the routine mid-year and annual reviews to track progress of implementation, identify key challenges, lessons learned and resource utilization. In 2017, an in-depth Mid-Term Review (MTR) and a comprehensive management audit were undertaken, both of which highlighted key issues on the programme. Furthermore in early 2018, a UNFPA Internal Consulting Group (ICG) and HR re-alignment mission were undertaken as basis for a possible programme re-adjustment and management review, especially in the context of aligning the programme to the three transformative results of UNFPA new strategic plan (2018-2021)[[4]](#footnote-4).
	7. With the end of current programme in December 2019, the seventh country programme (2020-2024) will be developed for the approval of the Executive Board by latest September 2019. Cognizant that the UNFPA’s revised evaluation policy of June 2013 stipulates that at least one CPE should be conducted for each two programme cycles. The one conducted for the fifth cycle received a “poor” EQA rating[[5]](#footnote-5). Hence, according to the Peer Review Committee guidelines, its findings were not used as evaluative evidence for the sixth cycle. Considering the need for adequate evaluative evidence to inform the development of the 7th programme cycle, the CO and government decided to undertake a high quality CPE in 2018.
	8. For learning and accountability reasons, the CPE report shall be communicated to all stakeholders including UNFPA corporate managers and the Executive Board, national and state level partner governments, civil society organizations and donors.

# Country Context:

**2.1** The 6th CP was developed in 2014 when the country had the highest maternal mortality ratio (MMR) in the world, with 1,360 maternal deaths per 100,000 live births[[6]](#footnote-6), generally attributed to the poor access to quality reproductive health services, including family planning information and services, particularly in the remote and hard-to-reach rural communities. The fertility rate was estimated at 4.9 children born/woman[[7]](#footnote-7) and the CPR for modern contraceptives was about 16%; unmet need for family planning was estimated at 25% for currently married women ages 15 to 49 years, and even higher (30.7%) for the 15-19 age group. Maternal morbidity has also been of serious consideration, prominent among which is obstetric fistula, majority of cases found in remote and difficult-to-reach rural areas, with generally no established prevention programs.

* 1. Despite strides in promoting gender equality and women’s rights, women’s empowerment and gender-based violence in Sierra Leone continued to be of major concern for Government and development partners, including NGOs and CSOs. Among the estimated 3.94 million economically active population, women formed only about 27% of paid employees in the formal sector.
	2. Sexual and Gender Based Violence (SGBV) and denial of women’s rights were still highly prevalent at all levels in Sierra Leone.  Harmful traditional practices primarily Female Genital Mutilation (FGM), child marriage, and high teenage pregnancies continued to inhibit women and girls empowerment. Despite the high prevalence of FGM (98% % among women aged 45-49 years and 74% for girls aged 15-19 years (DHS 2013), no related legislation was in place. . Child marriage was an issue with 16 percent of women (aged 15-49) married before the age of 15 while 50 percent (aged 18-49) are married before 18 (MICS 2010).
	3. The Ebola outbreak between 2014 and 2015 further worsened the weak health system and exposed its vulnerabilities in terms of lack of capacity- expertise, finances, time and infrastructure, etc. In the recent past, economic growth has been driven by mining - particularly iron ore, but the Ebola outbreak combined with falling global commodities prices caused a significant contraction of economic activity in all areas[[8]](#footnote-8). While the WHO declared an end to the Ebola outbreak in November 2015, low commodity prices in 2015-2016 contributed to the country’s biggest fiscal shortfall since 2001, thereby constraining domestic investments and budgets in the health sector.
	4. In addressing the issues raised above, the 6th CPD was developed within the framework of the four (4) outcomes of the UNFPA Strategic Plan (2014-2017), namely:
1. 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;
2. 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 services;
3. Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth; and
4. 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.
	1. Based on the above outcomes, the country programme interventions are based on the following eight outputs and the clusters currently responsible for the interventions:
5. **Output 1 (WRH):** Increased national capacity to deliver integrated sexual and reproductive health services, including in humanitarian settings.
6. **Output 2 (AYG):** Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve the quality of family planning services that are free of coercion, discrimination and violence.
7. **Output 3 (WRH):** Increased national capacity to deliver comprehensive high-quality maternal health services, including Ending Mother to Child Transmission of HIV (eMTCT) services.
8. **Output 4:** **(AY)** - Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality.
9. **Output 5:** **(AY)** - Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of child marriage.
10. **Output 6:** (**AYG**) - Strengthened legislative frameworks and national protection systems for promoting reproductive rights, gender equality and addressing gender-based violence.
11. **Output 7: (AYG)** - Increased capacity of organizations and communities to prevent gender-based violence and harmful practices, including female genital mutilation/cutting, and provide delivery of multisectoral services for prevention, care and impact mitigation, including in humanitarian settings.
12. **Output 8 (P&D:** Strengthened national capacity of the statistical system to collect produce, analyse and disseminate high-quality disaggregated population data for evidence-informed planning and monitoring.

# Evaluation Objectives and Scope

**3.1 Objectives:**

The objective of the Sierra Leone Sixth Country Programme Evaluation is twofold:

1. Assess the achievements of the programme, the factors which may have facilitated or constrained the achievements of intended results.
2. Draw lessons learned from design through implementation to inform development of the seventh country programme cycle (2020-2024).

**3.2 Scope:**

***3.2.1 Timeframe:***

Considering that field work may happen during quarter 3 of 2018, the CPE will cover activities implemented from **January 2015 to 31 March 2018**. This will allow for all programmatic data collected through quarter 1 of 2018 to be readily available for use by the evaluation team.

***3.2.2 Geographic coverage****:*

The evaluation will cover all 16 districts[[9]](#footnote-9). Government line ministries/agencies as well as all implementing partners involved in the CP implementation will also be covered taking into consideration the relevant programme components (4 outcomes) and 8 outputs of the CPD 2015-2019 focusing on both development and humanitarian programmes.

# Evaluation Criteria and Evaluation Questions

**4.1 Evaluation criteria:**

The evaluation will be informed by the UNFPA Evaluation Handbook “*How to design and conduct a CPE at UNFPA*” [[10]](#footnote-10) and will cover four out of the five criteria of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD/DAC): Relevance, Effectiveness, Efficiency and Sustainability[[11]](#footnote-11). In addition, two other UN-specific evaluation criteria—coordination and added value will be considered in the evaluation to help address questions related to UNFPA’s strategic positioning.

**4.2 Evaluation questions:**

The evaluation team will put together a final list ***with a maximum of ten (10) evaluation questions at the design phase*** (to be approved by the Evaluation Manager, in consultation with the ERG). The questions shall address the following topics/issues:

***4.2.1 Relevance:***

1. To what extent the Country Programme addressed national priorities and needs of population in relation to UNFPA mandate and comparative advantage?
2. In a dynamic manner, how did UNFPA adapt to changing needs of the target populations in the planning and implementation of program interventions, particularly for the country’s vulnerability to disasters and emergencies?

***4.2.2 Effectiveness:***

1. To what extent did UNFPA-supported interventions, including in the humanitarian context, reached the different categories of beneficiaries and expected targets?
2. To what extent have the different outputs of the 6th program been achieved through the interventions implemented? Have these interventions contributed or likely to contribute to the desired changes?
	1. Has UNFPA’s interventions contributed to improving quality and affordability of SRH services? Access to reproductive health services?
	2. Has UNFPA’s interventions contributed to improving gender equality and women’s empowerment and reduction of gender-based violence especially in rural and difficult-to-reach communities?
	3. e) To what extent has UNFPA ensured that the needs of young people have been considered in the planning and implementation of UNFPA-supported interventions under the country programme?
	4. Has UNFPA’s interventions contributed to improving the use of demographic and socio-economic information and data in evidence-based development planning and management to inform decision making?

***4.2.3 Efficiency:***

* 1. To what extent did the intervention mechanisms (including funds, expertise and timing) were converted to or impede the achievement of the programme outputs?

***4.2.4 Sustainability:***

* 1. To what degree has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of results?

***4.2.5 Coordination:***

* 1. To what extent has the UNFPA country office contributed to the functioning and coordination of UNCT coordination mechanisms?

***4.2.6. Added Value:***

* 1. What are the main comparative advantages of UNFPA in Sierra Leone particularly in relation to other organizations operating in the country?

***4.2.7 UNFPA’s engagement in fragile context:***

* 1. To what extent was (or is) UNFPA, along with its partners, able (or likely) to respond to crises during the period covered by the country programme?

# Evaluation Methodology:

The evaluation of the 6th programme will be conducted in a participatory manner and will include all partners and stakeholders at different levels, particularly line ministries, civil society organizations; UN agencies; decentralized public services as well as programme beneficiaries.

The methodology is guided by the UNFPA’s evaluation handbook as stated above, which provides detailed evaluation’s approach as only key guidelines are provided in these ToRs. Hence, the evaluators will at all times refer to the Handbook which also provides specific templates[[12]](#footnote-12) (e.g. evaluation matrix; proposed evaluation questions; etc.) which can be directly used by the evaluators.

**5.1. Logical Reconstruction of UNFPA Supplies Intervention Logic and Theory of Change**

The evaluation will utilize a **theory based approach**, which means that the evaluation methodology will be based on the careful analysis of the intended outcomes, outputs, activities, and the contextual factors (that may have had an effect on implementation of UNFPA Supplies) and their potential to achieve the desired outcomes. The analysis of the country programme’s theory of change, and the reconstruction of its intervention logic, as necessary, will therefore play a central role in the design of the evaluation, in the analysis of the data collected throughout its course, in the reporting of findings, and in the development of conclusions and of relevant and practical recommendations.

Evaluators will base their assessment on the analysis and interpretation of the logical consistency of the chain of effects: linking programme activities and outputs with changes in higher level outcome areas, based on observations and data collected along the chain. This analysis should serve as the basis of a judgment by the evaluators on how well the programme under way is contributing to the achievement of the intended results foreseen in the country programming documents.

The evaluation team will develop the evaluation methodology in line with the evaluation approach, and design corresponding tools to collect data and information as a foundation for valid, evidence-based answers to the evaluation questions and an overall assessment of the country programme. The methodological design will include: an analytical framework; a strategy for collecting and analyzing data; specifically designed tools; an evaluation matrix; and a detailed work plan.

**5.2 Finalization of the Evaluation Questions and Assumptions**

The finalization of the evaluation questions that will guide the evaluation should clearly reflect the evaluation criteria and indicative evaluations questions listed in the present terms of reference. They should also draw on the findings from the reconstruction of the intervention logic of the country programme. The evaluation questions will be included in the evaluation matrix (see annex …) and must be complemented by sets of assumptions that capture key aspects of the intervention logic associated with the scope of the question. The data collection for each of the assumptions will be guided by clearly formulated quantitative and qualitative indicators also indicated in the matrix.

***5.3.* Data collection**

The evaluation will consider both primary and secondary sources for data collection. For the primary sources, semi-structured interviews with key informants at national and district levels as well as Focus Group Discussions (FGDs) with beneficiaries and field visits observations shall be conducted as appropriate. Secondary sources will be desk reviews primarily focusing on programme annual reviews, progress and monitoring frameworks/reports as well as facility records/registers. Likewise, reports of thematic evaluations and findings of assessments conducted during the current CP shall also be considered.

**5.4 Validation mechanisms**

To ensure the validity of the data collected, the evaluation team will use a variety of methods. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the CO programme managers; technical officers at national and field levels and members of the Evaluation Reference Group.

**5.5 Stakeholders’ participation**

The evaluation team will consider the participation of partners and stakeholders in the evaluation process. This includes direct and indirect partners (including government, NGOs and CBOs) and the programme beneficiaries at national and sub-national levels. This inclusive approach is important to generate diverse views on the programme performance and expected outcomes.

# Evaluation Process[[13]](#footnote-13):

The evaluation process can be categorized under five stages[[14]](#footnote-14) as follows:

**6.1 Preparatory phase:**

This phase will include:

* Nomination of the evaluation manager by the CO
* Constitution of the ERG (cf. section 9.2)
* Drafting of terms of reference for the evaluation;
* Gathering of initial documentation regarding the country programme (including a list of Atlas projects);
* Selection and recruitment of the evaluation team
* Stakeholders mapping: identification of partners and stakeholders to be visited for the purpose of the evaluation.

**6.2 Design phase**:

* Documentary review: all relevant documents (as per UNFPA Evaluation Handbook) shall be made available to the evaluation team for review;
* Configuration of the programme based on the intervention logic and theory of change; are the planned activities relevant to intended results to be achieved?
* Identification of key performance measures and its effectiveness to guide the judgment on the programme performance;
* Development of the evaluation questions based on the evaluation purpose and criteria;
* Identification of appropriate methods and tools for data collection and the development of a concrete work plan for the field phase.

**6.3 Field work phase**

During this phase the evaluation team will collect data from relevant sources based on the pre-set evaluation questions. Following this, the team is expected to provide a debriefing report which is comprised of preliminary findings and results as well as tentative conclusions and recommendations.

**6.4 Analysis and report writing phase**[[15]](#footnote-15)

In this phase, additional inputs from the debriefing together with other information coming from the analysis of the data already collected are expected to feed into the development of the first draft of the final evaluation report. This draft will be submitted to the ERG for review and comments which will then allow the evaluation team to prepare the second final draft. Once satisfied with a version of the draft report, a dissemination workshop will be organized and attended by the CO staff and stakeholders, including the key national partners. Inputs and comments arising from the discussions shall form the basis of the final report. The CO will then perform an EQA of this final report and share with WCARO. The final quality assessment is performed by UNFPA Evaluation Office. The report when shared with the public will be accompanied by the EO EQA to inform of its quality and level of confidence in the evaluation results.

**6.5 Dissemination and follow-up phase**:

During this phase, the country and regional offices as well as the Evaluation Office and other relevant divisions at UNFPA headquarters will be informed of the results of the evaluation. The evaluation report, accompanied by a document listing all recommendations will be communicated to all relevant units within UNFPA, with an invitation to submit their response. Once filled, this document will become the management response to the evaluation. The evaluation report, along with the management response, will be published in the UNFPA evaluation database. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

# Evaluation Deliverables:

The evaluation team will submit the following deliverables:

**7.1 Design report**[[16]](#footnote-16)

A design report (a maximum of 30 pages) will be prepared by the evaluators before going into the field phase (see Annex 5 for report outline). It is intended to reflect why and how each evaluation question will be answered by way of: proposed methods, sources of data, and data collection procedures. The report should include a proposed schedule of tasks, a stakeholder mapping; a reconstruction of the intervention logic; the final list of evaluation questions as well as the evaluation matrix (as an annex); evaluation activities and deliverables. The report enables the Evaluation Reference Group (ERG) and Evaluation Manager to have common understanding about the evaluation objective, expected results and methodology as well as clearly indicating the division of labor among the evaluation team members.

**7.2 Draft final evaluation report**[[17]](#footnote-17) **and power point slides**

The first draft report should be submitted within four (4) weeks after the end of the field phase. The EM, ERG and UNFPA CO staff will review the draft report to ensure that the evaluation meets the required quality standards as per UNFPA evaluation guidelines (see Annex 6 for report specifications on number of pages for entire document, executive summary, etc.). The Evaluation Team will also develop a set of not more than 35 slides[[18]](#footnote-18)[[19]](#footnote-19) to be used for dissemination purposes.

**7.3 Final report**

The required layout/structure is found under Annex 3 of the evaluation handbook or Annex 6 of these Terms of Reference for the current CPE[[20]](#footnote-20). You are also encouraged to read some of our good quality evaluation reports[[21]](#footnote-21) in conjunction with the EQA to give you a clear guide on what is expected from you. Following the dissemination workshop, the final evaluation report (electronic version) is required one week after the approval of the draft report by the ERG.

All deliverables will be drafted in English. The final CPE report (i.e. electronic version) will be disseminated to all partners after submission by the evaluation team. The key deliverables and timing are outlined in Annex 2. As per guidance of the evaluation handbook[[22]](#footnote-22) and quality assessment grid (Annex 10), the length of the final report should not exceed 70 pages with an executive summary of not more than 5 pages.

# Evaluation Quality Assurance:

**8.1** At each stage of the evaluation, data collected and reported will go through a rigorous quality assurance mechanism, both by the evaluation manager who oversees the entire process of the evaluation from its preparation to the dissemination; the Regional M&E Adviser who provides technical assistance and oversight throughout; the ERG that provides comments to the ToRs, the design report and to the evaluation report.

**8.2** During the field and analysis phases, the Evaluation Manager will ensure that the data collection and recording are consistent across the different evaluators and evaluation components. The final evaluation report will be reviewed by the Regional M&E Adviser, the Evaluation Manager and the ERG to ensure the reliability of the data collected and reported as well as the overall credibility of the evaluation findings, the soundness of conclusions, and the alignment of the recommendations to the findings and conclusions as well as their feasibility.

**8.3** The first level of quality assurance of all evaluation deliverables will be conducted by the evaluation team leader prior to submitting the deliverables to the review of the CO. The CO recommends that the evaluation quality assessment checklist (see below) is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report. The main purpose of this checklist is to ensure that the evaluation report complies with evaluation professional standards.

**Evaluation quality assessment checklist:**

|  |
| --- |
| **1. Structure and Clarity of the Report** To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards. |
| **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 choice justified. 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 focus groups) and secondary (e.g. reports) data established and limitations made explicit. |
| **5. Findings and Analysis** 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. EO REVIEW OF ToR FOR SIERRA LEONE CPE 2018 (May 2018) |
| **6. Validity of conclusions** To ensure conclusions are based on credible findings and convey evaluators’ unbiased judgment of the intervention. Ensure conclusions are prioritised and clustered and include: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion. |
| **7. Usefulness and clarity of recommendations** To ensure recommendations flow logically from conclusions; are targeted, realistic and operationally feasible; and are presented in priority order. 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); Operational implications. |
| **8. SWAP - Gender** To ensure the evaluation approach is aligned with SWAP. |

The second level of quality assurance of the evaluation deliverables will be conducted by the CO evaluation manager. Finally, the evaluation report will be subject to assessment by an independent evaluation quality assessment provider. The evaluation quality assessment will be published along with the evaluation deliverables on the Evaluation Office website at:

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

UNFPA Evaluation Office quality assurance system, based on the UNEG norms and standards and good practices of the international evaluation community, defines the quality standards expected from this evaluation. A key element is the evaluation quality assessment grid (EQA),1 which sets out processes with in-built steps for quality assurance and outlines for the evaluation report and the review thereof. The EQA will be systematically applied to this evaluation.

# Evaluation Audience:

Findings, lessons learned and recommendations of the CPE shall be used to assess the achievements of the sixth CP and to inform the development of the next Country Program. For transparency and accountability purposes, the CPE report shall be communicated to all stakeholders including UNFPA corporate managers and the Executive Board, national and district level partners, government, civil society organizations and donors. Most of the program partners especially the government are part of the evaluation process either as sources of data (primary/secondary) or through their representation in the ERG.

# Management of the Evaluation:

The CPE management will be overseen by an evaluation manager; an evaluation reference group and the evaluation team. Their roles and responsibilities are:

**10.1 Evaluation Manager**

Under the overall guidance of the UNFPA Sierra Leone Representative, the Monitoring and Evaluation Specialist will act as the Evaluation Manager to oversee the entire process of the CPE. He will receive technical support from the Assistant Representative and other programme cluster leads and guidance from the Regional M&E Adviser to:

* Prepare the Terms of Reference (ToR) for the evaluation;
* Identify potential evaluators and submit them to the Evaluation Office for prequalification;
* Compile a preliminary list of background information and documentation on both the country context and the UNFPA country programme;
* Constitute an Evaluation Reference Group (ERG);
* Prepare a first stakeholders mapping of the main partners relevant for the CPE and the Atlas project list.

**10.2 Evaluation Reference Group (ERG)**

As per the UNFPA’s Evaluation Handbook, an ERG will be put in place and tasked to provide guidance and constructive feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of the exercise. Throughout the process of the evaluation. Efforts will be made to include M&E colleagues from other UN sister organizations and government representatives as members of the ERG. The ERG will be regularly invited to discuss and comment on notes and reports produced by the evaluation team.

Members of the ERG are also expected to facilitate the evaluation team's access to information sources and documentation on the activities under evaluation. They will specifically:

* Provide inputs to the ToRs;
* Contribute to the selection of the evaluation questions;
* Provide comments on the design report;
* Facilitate access of evaluation team to information sources (documents and interviewees) to support data collection;
* Provide comments on the main deliverables of the evaluation including the draft and final report;
* Advise on the quality of the work done by the evaluation team;
* Ensure that quality standards are reflected in the final evaluation draft;
* Assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.
	1. **Evaluation Team**

The Evaluation Team will consist of 3 technical experts including the team leader, who will be an International Consultant. Considering that the CPE will cover 4 outcomes with additional focus on both development and humanitarian programmes components, the team leader will also act as a technical expert evaluator for a programme component. The other 2 team members will be selected in a way that they can cover other program components. The task distribution will be made in a way to ensure that the humanitarian component is adequately covered during the evaluation:

1. **Team Leader**: The evaluation Team Leader (International consultant), should have extensive experience in the conduct of evaluations (methodology; conduct of field work; analysis and report writing). He/she will cover a thematic component of the CPE, as well as provide overall leadership and guidance in drafting the inception report, field data collection, analysis and evaluation report writing; preparation of the final report as well as brief summary (power point slides) for presentation during the dissemination workshop.
2. **Other evaluation team members:**

The 2 other evaluation team members (National Consultants) will cover specific programme component areas assigned to them on the basis of their qualifications and thematic expertise. They will be responsible for collection, compilation, analysis of data from both primary and secondary sources, and reporting on UNFPA’s support to their areas of assignment under the country programme evaluation— They will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to their programme areas. Our thematic areas of intervention are centred around Sexual Reproductive Health and Right (SRH/R) for both women and youths, gender equality and on Population and Development issues.

**10.4 Competencies for the Team Leader**

* Extensive experience in the conduct of evaluations (methodology; conduct of field work; analysis and report writing);
* Extensive experience in sexual reproductive health, population and development
* Excellent analytical, writing and communication skills
* Leadership and good management skills
* Ability to work with a multi-disciplinary team of experts
* Excellent problem identification and solving skills
* Excellent written and spoken English Language skills.

**10.5 Qualifications and experience of Team Leader:**

* Minimum of Master’s Degree in public health, social sciences, development studies or a related field; A Ph. D will be an added advantage;
* Minimum of 10 years’ experience in conducting/managing programme evaluations, including in humanitarian and fragile contexts.
* Experience in mainstreaming and management of cross cutting themes;
* Experience in conducting evaluations on population and development issues;
* Familiarity with the UNFPA work will be an added advantage.

**10.6 Roles and responsibilities of the Team Leader**:

* Provide overall technical guidance and leadership to the evaluation team;
* Responsible for the assessment of one thematic programme area;
* Provide the inputs for quality aspects of the overall process;
* Compile the design report with the inputs from national consultants
* Compile draft and final reports including his/her inputs on his/her assigned thematic area and deliver them on time, considering the quality assurance aspects. The team leader will have primary responsibility for the timely completion of a high-quality evaluation that addresses all the items required in this TOR.
* Responsible for debriefing the findings when required
* Liaise with Evaluation Manager particularly on issues related to the evaluation design, field work and reporting;

**10.7 Qualifications and experience of thematic consultants (Local/National Consultants):**

Two thematic consultants—. Each should be an expert in the relevant thematic area. Thematic programme area will be assigned following recruitment on the basis of their qualifications and experience. As stated earlier, a consultant will be assigned each to:

* Gender equality and Sexual Reproductive Health and Right (SRH/R) for both women and youths
* Population and Development and data issues.
* Each consultant should have a minimum of five (5) years of experience in conducting/managing programme/project evaluations, including in humanitarian and fragile situation.
* Each consultant should have an experience in conducting evaluations in the relevant thematic area.
	1. **Roles and responsibilities of the thematic consultants** (National Consultants)
* Contribute to the development of the design report in accordance with the UNFPA standards
* Collects and compiles primary and secondary data; verifies and analyzed towards the evaluation of UNFPA’s contribution to the relevant thematic areas of the country programme
* Participate in debriefing meetings
* Deliver quality reports on time

**10.9 Competencies for the thematic consultants:**

* Excellent analytical, writing and communication skills
* Ability to work with a multi-disciplinary team of experts
* Excellent problem identification and solving skills
* Excellent written and spoken English Language skills.

# Indicative Timeframe:

The details of the key phases, deliverables and timeframes of the evaluation are shown in **Annexes 1 & 2**. The key phases and deliverables include:

1. **Preparatory phase**- this will cover the drafting and finalisation of the CPE, setting up of ERG with clear roles and the development and gathering of the initial list of documents and the recruitment of external evaluators. (**Key deliverables**: Approved ToR, consultants hired and the ERG in place)
2. **Design phase**- this covers document review, identification of key performance measures, the ToC, the data collection tools and the preparation of the design/inception report. (**Key deliverable**: data collection tools and the design report)
3. **Field Phase**- this phase is the data collection phase and presentation of the preliminary findings and recommendations. (**Key deliverable**: filed data collected and debriefing report)
4. **Analysis and Reporting phase**- this is basically report writing stage including the first, second and final draft. A stakeholders’ workshop will also be held during this phase. (**Key deliverable**: First draft, second draft, the final report and stakeholders workshop)
5. **Dissemination phase**- this starts with informing the relevant division in the CO for their responses to the recommendations, publication of report on the UNFPA evaluation database by the EO and the submission to the UNFPA executive board for wider distribution. (**Key deliverable**: management response, publication of final report with management response and submission of report to UNFPA executive board)

# Remuneration and Duration of Contract:

To be determined/Discussed

|  |  |
| --- | --- |
| **Evaluation phases** | **LoE/Number of work days** |
| **Team leader/IC****SRH/HR** | **Team member****SRH/AYG**  | **Team member****P&D** |
| **Design report** | 15 | 10 | 4 |
| **Data collection (fieldwork)**  | 21 | 21 | 21 |
| **Analyses and first/second draft report writing** | 25 | 25 | 25 |
| **Stakeholders’ workshop** | 10 | 5 | 3 |
| **Final Report**  | 4 | 4 | 2 |
| **Total** | **75** | **65** | **55** |

The national consultant in-charge of the SRH component has more days of work (65) against (55) for his/her P&D counterpart because of also being in charge of the AYG aspects.

Regarding the International Consultant, he has more days as team lead with oversight responsibilities for the entire assignment. The additional days are spread over the duration of the evaluation to ensure effective coordination, quality, finalization and submission of deliverables.

It should also be noted that the number of days presented in the table above represents a provisional estimate and that consultants will be able to review the distribution of days between components and phases according to the methodological approach they will recommend. However, the evaluation must respect the adopted roadmap.

**12.1 Remuneration**

The remuneration of the consultants will be made according to the grid below and will depend on the various deliverables. The financing of the process is entirely provided by UNFPA Sierra Leone from the regular funds of the Country Office program.

|  |  |
| --- | --- |
| **Remuneration timeframe** | **Percentage by deliverable** |
| Approval of the design report | 20% |
| Approval of the second draft report | 40% |
| Approval of the final report  | 40% |

# Evaluation Ethics:

The work of the evaluation team will be guided by the norms and standards established by the United Nations Evaluation Group (UNEG) available at [www.unevaluation.org/ethicalguidelines](http://www.unevaluation.org/ethicalguidelines). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise (See Annex 7 for sample template).

1. **List of annexes**

The following items have been attached as annexes for your consideration and that may be of help for a quality evaluation of the country program:

1. **Key Phases, Deliverables and Timeframes of the Evaluation-** this is a time for activities at all phases and the expected deliverables at each stage.
2. **Key Evaluation Deliverables and Timing-** this is related to annex one but only looks at the deliverable and the expected time, excluding the activities.
3. **List of documentation for review by the Evaluation Team-** these are proposed populated list for data and other information that may be of help to the research team.
4. **List of ATLAS Projects for the 6th Country Programme (2015-2017)-** the list of projects implemented during the year under review; this includes those agreed on in the CPD and others as a result of humanitarian crises.
5. **Outline of Design Report-** this, basically, is the format of the design report indicating the chapters and number of pages and annexes.
6. **Outline of Final Evaluation Report -** this, basically, is the format of the final evaluation report indicating the chapters and number of pages and annexes attached.
7. **Ethical Code of Conduct for UNEG/UNFPA Evaluation** (**UNEG, March 2008)-** The UNEG Code of Conduct applies to all evaluation staff and consultants in the UN system. The principles behind the Code of Conduct are fully consistent with the Standards of Conduct for the International Civil Service by which all UN staff are bound. UN staff are also subject to any UNEG member specific staff rules and procedures for the procurement of services. It has **Evaluation Staff Agreement Form t**o be signed by all staff engaged full or part time in evaluation at the start of their contract.
8. **Implementing Partners (IPs) and other key stakeholders by areas of intervention:** this includes all IPs used during the period under review. Some of them we are no longer working with and others were recently brought on board as partners.
9. **Evaluation Quality Assessment (EQA) Grid-** this is a template used for the quality assessment of the entire evaluation from planning, content, methodology, field work unto the final report.

**Annexes**

**Annex 1: Key Phases, Deliverables and Timeframes of the Evaluation**

|  |
| --- |
| **Indicative timeframe** |
| **Phases and deliverables** | **Dates** |
| 1. **Preparatory phase:**

**●** Drafting of the CPE work plan● The nomination of the evaluation manager by the CO ● The constitution of the ERG● The drafting of terms of reference for the evaluation,  ● The ToRs and the advert for the Consultants  ● Orientation of local ERG members on the CPE and their roles in it. ● Finalization of ToR sand publication of VA ● Develop a list of the documentation regarding the country programme (including a list of Atlas projects); | 1st Week March-4th Week May |
| ● Selection and recruitment of the external evaluators (International and National Consultants)● The gathering of initial documentation regarding the country programme  | 1st to 3rd Week June |
| **2. Design phase**● Review all relevant documents on the CP made available by the CO.● Development of the evaluation questions based on the evaluation purpose and criteria.●Identification of key performance measures and its effectiveness to guide the judgment of the programme performance.●Configuration of the programme based on the programme logic and theory of change i.e. are the planned activities relevant to the intended results to be achieved?●Development of data collection tools and concrete work plan for the field phase.●Preparation and submission of the Design Report | 4th Week June to 2nd Week July |
| **3. Field Phase**●Data collection from relevant sources●Debriefing report (presentation of preliminary findings and results; tentative conclusions and recommendations). | 3rd Week July to 4th Week Aug. |
| **4. Analysis and Reporting phase**●1st draft final report ● 2nd draft final report ● Stakeholder workshop ● Final report  | 1st week Sept – 2nd Week Oct. |
| **5.** **Dissemination phase**● Informing all relevant divisions at UNFPA of the evaluation results.● Submission of evaluation report, including a document listing all recommendations to the relevant units within UNFPA. ● Requesting all relevant Units in UNFPA to submit their response as basis for management response to the evaluation. ● Publication of the final evaluation report, along with management response in the UNFPA database.● Make report available to the UNFPA Executive Board, wide distribution within and outside UNFPA.  | 1st Week Nov –1st Week Dec. |

**Annex 2: Key Evaluation Deliverables and Timing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Deliverables** | **Contents** | **Timing** | **Responsibility** |
| Design/technical report | Evaluator provides clarifications on methodology, tools, work schedule & evaluation questions | 2nd week July | Team leader with support fromtechnical experts. |
| Field data collection | Data collection from relevant sources including field visits commence. | 3rd week July  | Evaluation team with support from Evaluation manager |
| Debriefingmeeting | Initial findings | 4th week August | Evaluator needs to carry out avalidation session for COpartners and Programme staffimmediately after the field datacollection and before leaving thecountry. |
| First draft of final report. N/B: *this will not be shared outside of UNFPA before it's finalized.* | Full report | 2nd week Sept | Evaluators send the first draft of the final report to the CO. The Evaluation Manager shares the draft report with the ERG for comments. |
| Second draft of final report. N/B: *this will not be shared outside of UNFPA before it's finalized.* | Full report | 3rd week Sept. | Evaluators send the second draft of the final report to the CO. The Evaluation Manager shares the second draft report with the ERG for comments. |
| Stakeholder workshop | Clarification of issues, comments and conclusion, recommendation, and way forward. | 4th week Sept. | Evaluators convene/facilitate stakeholders’ workshop to validate comments and findings. |
| Final Report | Revised report | 2nd week Oct. | The Evaluator submits a final report incorporating UNFPA staff and implementing partners’ comments. |
| Power pointpresentationsummarizing the key findings, conclusions and recommendations | Not more than 20 slides, to besubmitted together with the final report and to be used fordissemination workshop. | Nov.  | Evaluation Manager |

**Annex 3: List of documentation for review by the Evaluation Team**

|  |  |
| --- | --- |
| **No.** | **Documents** |
| 1 | * 6th Country Programme Document (CPD 2015-2019)
 |
| 2 | * Country Programme Action Plan (CPAP 2015–2019)
 |
| 3 | * CCA/UNDAF Concept Note
 |
| 4 | * Performance Monitoring Frameworks (2015-2017)
 |
| 5 | * Country Office Annual Reports (COAR 2015-2017
 |
| 6 | * CO Annual Reports-Publications 2015- 2017
 |
| 7 | * Office Management Plan (OMP 2015 – 2017)
 |
| 8 | * Resource Mobilization Plan/Strategy (2015-2017)
 |
| 9 | * Mid-Year and Annual Review Reports (2015-2017)
 |
| 10 | * Country Programme Mid-Term Review 2017
 |
| 11 | * IPs Annual Work Plans (2015-2019)
 |
| 12 | * IPs Quarterly Progress Reports 2015 - 2017
 |
| 13 | * Facility-Based RHCS Report 2015-2017
 |
| 14 | * CO Annual Budget and Expenditure Reports (2015-2017)
 |
| 15 | * Joint Programme Monitoring Reports (2015-2017)
 |
| 16 | * CPE Concept Note
 |
| 17 | * UNFPA Evaluation Quality Assessment (EQA) Grid
 |
| 18 | * IP Capacity Assessments Reports
 |
|  | **Post-Ebola Recovery Documents** |
| 20 | * UN Ebola Recovery Plan (ERP) 2015-2017
 |
| 21 | * Ebola Recovery Plan and Demographic Dividend
 |
| 22 | * MPTF- Post Ebola (Joint Proposal UNFPA, UNICEF, WHO)
 |
| 23 | * UNFPA priority SRHR interventions for the Ebola recovery period.
 |
| 24 | * Sierra Leone post-Ebola outbreak (World Bank)
 |
| 25 | * Presidential Recovery Priorities (UNCT up
 |
| 26 | * Sierra Leone- One UN Country Results Report- CRR 2016
 |
| 27 | * Ebola Recovery Projects- UNFPA
 |
| 28 | * Sierra Leone- Post-Ebola Presidential Recovery Priorities (12-24 Months)
 |
|  | **Donor Projects and Reports** |
| 29 | * DFID-SLP Project and Logframe
 |
| 30 | * Gates- Child Marriage Project and Results Framework
 |
| 31 | * 2015 Population and Housing Census Project Document
 |
| 32 | * 2015 Population and Housing Census Progress Reports (DFID, Irish Aid; UNDP)
 |
| 33 | * Ebola Response Projects (World Bank; ADB)
 |
| 34 | * Improving Reproductive, Maternal and Newborn Health (DFID)
 |
| 35 | * HOPE for Girls Project- Health, Opportunities, Protection, Empowerment (Irish Aid)
 |
| 36 | * Providing Services to Pregnant Girls Project (Irish Aid)
 |
| 37 | * Reducing Teenage Pregnancy Project (Irish Aid)
 |
| 38 | * Evaluation of Services to Pregnant School Girls Project (Irish Aid
 |
| 39 | * Strengthening Emergency Obstetric Care in Sierra Leone (Japan/JICA)
 |
| 40 | * Saving Lives Project (DFID)
 |

**Annex 4: List of ATLAS Projects for the 6th Country Programme (2015-2017)**

|  |  |
| --- | --- |
| **Project ID Codes** | **Description** |
| FPRHCSLE | * GPRHCS & RMNCH TF in Sierra Leone
 |
| GPECMSLE | * GPECM - Sierra Leone
 |
| SLE06AY4 | * Sexuality Education
 |
| SLE06AY5 | * Adolescent Girls programme
 |
| SLE06EB2 | * Ebola Contact Tracing Scale Up
 |
| SLE06GN6 | * Gender Legal Frameworks
 |
| SLE06GN7 | * Prevent GBV and FGM
 |
| SLE06PCA | * PCA
 |
| SLE06PD8 | * Data for Development
 |
| SLE06RH1 | * RH Policy Advocacy
 |
| SLE06RH2 | * Family Planning Services
 |
| SLE06RH3 | * Maternal Health and eMTCT
 |
| SLEM0809 | * SLE BSB MANAGEMENT
 |
| ZZT06SLE | * Support to delivering integrated SRH services
 |

**Annex 5: Outline of Design Report**

|  |  |  |
| --- | --- | --- |
| **Chapters** | **Sub-Headings** | **Maximum No. of Pages** |
| **Chapter 1:** **Introduction**  | 1.1 Purpose and objectives of the Country Programme Evaluation | 1-2 pages |
| 1.2 Scope of the evaluation  |
| 1.3 Purpose of the design report  |
| **CHAPTER 2:****Country Context**   | 2.1 Development challenges and national strategies  | 4-6 pages |
| 2.2 The role of external assistance |
| **CHAPTER 3:****UNFPA Strategic Response and Programme**  | 3.1 UNFPA strategic response | 5-7 pages |
| 3.2 UNFPA response through the country programme  |
| 3.2.1 The country programme  |
| 3.2.2 The country programme financial structure |
| **CHAPTER 4:** **Evaluation Methodology and Approach**  | 4.1 Evaluation criteria and evaluation questions | 7-10 pages |
| 4.2 Methods for data collection and analysis |
| 4.3 Selection of the sample of stakeholders  |
| 4.4 Evaluability assessment, limitations and risks |
| **CHAPTER 5:** **Evaluation Process**   | 5.1 Process overview | 3-5 pages |
| 5.2 Team composition and distribution of tasks  |
| 5.3 Resource requirements and logistic support  |
| Work plan  |  |
| **Annexes:** | **The design report outline.** | TBD |
| Annex 1 | Terms of Reference |
| Annex 2 | Evaluation matrix  |
| Annex 3 | Interview guides  |
| Annex 4 | List of atlas projects |
| Annex 5 | Stakeholder map  |
| Annex 6 | CPE agenda  |
| Annex 7 | Documents consulted |
| Annex 8 | Final list of evaluation questions |
| Annex 9 | A reconstruction of the intervention logic |

**Annex 6: Outline of Final Evaluation Report**

|  |  |  |
| --- | --- | --- |
| **Chapters** | **Sub-Headings** | **Maximum No. of Pages** |
| **EXECUTIVE SUMMARY**  | Key report summary | 3-4 pages  |
| **CHAPTER 1:****Introduction**   | 1.1 Purpose and objectives or the Country Programme Evaluation  | 5-7 pages |
| 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 |
| 2.2 The role of external assistance |
| **CHAPTER 3:** **UN / UNFPA response and programme strategies**  | 3.1 UN and UNFPA response  | 5-7 pages |
| 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 |
| 4.2 Answer to evaluation question 2 |
| 4.3 Answer to evaluation question 3  |
| 4.4 Answer to evaluation question 4 etc, etc. |
| **CHAPTER 5:****Conclusions**  | 5.1 Strategic level  | 5 pages. |
| 5.2 Programmatic level |
| **CHAPTER 6: Recommandations**  | Recommendations #1, #2, #3, etc. | 4 pages |
| **Annexes** |  | TBD |
| **Annex 1** | Terms of Reference  |
| **Annex 2** | List of persons/institutions met  |
| **Annex 3**  | List of documents consulted  |
| **Annex 4** | The Evaluation Matrix |
| **Annex 5**  | List of Atlas project for the period under evaluation |
| **Annex 6** | Information on main stakeholders by areas of intervention |
| **Annex 7**  | Evaluation quality assessment template |
| **Annex 8** | Management response template |
| **Annex 9**  | Data set pertaining to the CPE meta-analysis |

Note: UNFPA evaluation report, excluding annexes, should not be more than 70 pages and should use the above format:

**Annex 7: Ethical Code of Conduct for UNEG/UNFPA Evaluation** (**UNEG, March 2008)**

|  |
| --- |
| The Code of Conduct was formally approved by UNEG members at the UNEG Annual General Meeting 2008. Further details of the ethical approach to evaluation in the UN system can be found in the *Ethical Guidelines for Evaluation in the UN System* (UNEG/FN/ETH[2008]). **UNEG/FN/CoC(2008)** |

1. The conduct of evaluators in the UN system should be beyond reproach at all times. Any deficiency in their professional conduct may undermine the integrity of the evaluation, and more broadly evaluation in the UN or the UN itself, and raise doubts about the quality and validity of their evaluation work.

2. The UNEG Code of Conduct applies to all evaluation staff and consultants in the UN system. The principles behind the Code of Conduct are fully consistent with the Standards of Conduct for the International Civil Service by which all UN staff are bound. UN staff are also subject to any UNEG member specific staff rules and procedures for the procurement of services.

3. The provisions of the UNEG[[23]](#footnote-23) Code of Conduct apply to all stages of the evaluation process from the conception to the completion of an evaluation and the release and use of the evaluation results.

4. To promote trust and confidence in evaluation in the UN, all UN staff engaged in evaluation and evaluation consultants working for the United Nations system are required to commit themselves in writing to the Code of Conduct for Evaluation[[24]](#footnote-24) (see Annexes 1 and 2), specifically to the following obligations:

**Principal Obligations of Consultants:**

* Independence.
* Impartiality
* Conflict of Interest
* Honesty and Integrity
* Competence
* Accountability
* Obligations to participants
* Confidentiality
* Avoidance of Harm
* Accuracy, Completeness and Reliability
* Transparency
* Omissions and wrongdoing

**Annex 1: United Nations Evaluation Group – Code of Conduct for Evaluation in the UN System**

**Evaluation Staff Agreement Form**

To be signed by all staff engaged full or part time in evaluation at the start of their contract.

**Agreement to abide by the Code of Conduct for Evaluation in the UN System**

Name of Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm that I have received and understood, and will abide by the United Nations Evaluation Group Code of Conduct for Evaluation.**

Signed at (place) on (date)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annex 2: United Nations Evaluation Group Code of Conduct for Evaluation in the UN System**

**Evaluation Consultants Agreement Form**

To be signed by all consultants as individuals (not by or on behalf of a consultancy company) before a contract can be issued.

**Agreement to abide by the Code of Conduct for Evaluation in the UN System**

**Name of Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Consultancy Organisation** (where relevant)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.**

Signed at (place) on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annex 9: Implementing Partners (IPs) and other key stakeholders by areas of intervention**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Implementing Partners (IPs)** | **IPs Focal Point/Alternate in Country Office** | **IPs Key Contact Person** | **Details of IPs Contact Person** **( email, phone etc)**  | **Sector/Areas of Intervention** |
| National School Health Programme | Patricia Bah | Sis. Rugiatu Kanu | **Ministry of Health**, Youyi Building, Brookfields Freetown; rugiat2@yahoo.com; +232-76-635659. | **Health**- Youth-friendly SRH services/Teenage Pregnancy. |
| National School of Midwifery, Freetown | Margaret Mannah Macarthymannah-macarthy@unfpa.org  | Dr Joan Sheperd | **Ministry of Health**, PCM Hospital. Fourah Bay Road; joanheev@yahoo.com; +232-78-509704 | **Health-** Training of midwives. |
| Central Medical Store/National Pharmaceutical Procurement Unit (CMS/NPPU) | Safiatu Fodayfoday@unfpa.org  | Edward Williams | **Ministry of Health**, National Pharmaceutical Procurement Unit, Central Medical Stores. Jomo Kenyetta Road Freetown.+232-76-286625 | **Health-** Reproductive Commodity Security (RHCS); Supply Chain Management. |
| Health Education | Safiatu Fodayfoday@unfpa.org  | Lansana Conteh | **Ministry of Health**, Central Medical Stores. Jomo Kenyetta Road, Freetown. lans592@yahoo.co.uk; +232-76-603674 | **Health-** IEC/BCC Campaigns health care services. |
| Directorate of Policy, Planning and Information (DPPI) | N/A | Dr. S. A. S. Kargbo | **Ministry of Health**, 5th Floor Youyi Building, East Wing, Freetown; saskargbo@yahoo.com; +232-76-603274 | **Health-** Data for health sector policy and planning. |
| Nurse Anesthetists Programme  | Margaret Mannah Macarthymannah-macarthy@unfpa.org  | Dr. Michael Koroma | **Ministry of Health**, PCM Hospital, Fourah Bah Road, Freetown; drmichaelkoroma@yahoo.com; \_232-76-603225 | **Health**- Training of Nurse Anaesthetists. |
| Planned Parenthood Association, Sierra Leone (PPA-SL) | Safiatu Fodayfoday@unfpa.org  | Gladys Aberta Goba076-965006/ 088842990 | gladysgoba@yahoo.com; +232-76-965006; +232-88- 842990 | **Health-** Outreach for family planning services in communities. |
| Marie Stopes Society- Sierra Leone (MSSL) | Safiatu Fodayfoday@unfpa.org  | Sam Juana078-129888 | sam.juana@mariestopes.org.sl; +232-78-129888 | **Health-** Outreach for family planning services in communities. |
| Health for All Coalition (HFAC) | Jusu Squiresquire@unfpa.org  | Alhassan Kamara | 50, Fort Street, Freetown.; hacsl@yahoo.com; +232-76-880885 | **Health-** Free health care advocacy, commodity security and monitoring. |
| Haikal Foundation | Lolade Durotyedurotoye@unfpa.org  | Haja Hawa Turay  | 1C College Road, Congo Cross, Freetown; haikalbo@gmail.com; +232-76-607 815, | **Health-** Advocacy for obstetric fistula and service provision in communities.  |
| Aberdeen Women’s Center (AWC) | Lolade Durotyedurotoye@unfpa.org  | Augustine Kutubu-Kosia | 2G Cape Rd Aberdeen, Freetown; augustino.kosia@aberdeenwomenscentre.org;+232-25-260817;  | **Health-** Fistula repairs, RH/FP and EmONC Services.  |
| Women in Crisis Movement (WICM) | Betty Alphabalpha@unfpa.org  | Juliana Konteh - Director | Tel: 076 614076Email: womenicmsl@gmail.comAddress: 137B Hosp. Road Kissy dockyard, Freetown. | Gender- Women’s empowerment; livelihood skills training for vulnerable girls. |
| Fambul Initiative Network For Equality- Sierra Leone (FINE-SL) | Betty Alphabalpha@unfpa.org  | Rev. Songaye George-Buannie |  078079100 revgeorgeb@gmail.com; finesierraleone@gmail.com | **Gender-** Male involvement in SRH and SGBV in communities.  |
| LAWYERS | Betty Alphabalpha@unfpa.org  | Christiana Davies-Cole | chrisforda86@yahoo.com 078150664, | **Gender-** Access to justice for vulnerable women and girls. |
| Ministry of Social Welfare Gender and Children's Affairs (MSWGCA) | Betty Alphabalpha@unfpa.org  | Ibrahim Kamara  | New England Ville Freetown.ikamara1976@gmail.com; +232-76727719 | **Gender & Children-** Advocacy, policies and programmes for women’s empowerment, children, and vulnerable groups. |
| National HIV/AIDS Secretariat (NAS) | N/A | Abu Bakarr Koroma | 15A Kingharman Road, Freetown; bubockay2005@yahoo.co.uk; +232-76-611450 | **Health-** Comprehensive national HIV/AIDS services. |
| Ministry of Education, Science and Technology. | Dorcas Koromadkoroma@unfpa.org  | Olive Musa (Director Non-formal Education) | New England Ville, Freetown.olivemusa2014@gmail.com; +232-76-755315 | **Education-** Life skills education (non-formal) for in-and-out of schools. |
| Ministry of Youth Affairs | Dorcas Koromadkoroma@unfpa.org  | Adikali Samura (Permanent ecretary) | National Stadium Hostel, Freetownadikali.samura@moya.gov.sl; +232-76709409. | **Youth and Adolescents-** Youth policy and empowerment. |
| Ministry Of Finance and Economic Development (MoFED) | Aiah Sosokoenehsosokoeneh@unfpa.org  | Mohamed K. Lebbie | 6th Floor Ministerial Building, George Street Freetown.; lebbie\_kaitibie@yahoo.com; +232-78-330151 | **National Population Policy-** Planning, formulation and implementation. |
| Statistics Sierra Leone | Aiah Sosokoenehsosokoeneh@unfpa.org  | Peter Bangura | A.J. Momoh Street, Tower Hill, Freetownbangura\_peter@yahoo.co.uk; p.bangura16@gmail.com; +232-76-869801,  | **Data for Development-** Data collection and analysis. |
| Restless Development | Fiona Kaikaikaikai@unfpa.org  | Francis Kaikumba030-467779 | Kingharman Road, Freetown; francis@restlessdevelopment.org; +232-30-467779 | **Youth/Health-** Community engagement of young people on SRH. |
| 4M Solutions* FOCUS 1000
* VSO
* WHI
* CORDAID
 | Lolade Durotypedurotoye@unfpa.org  | Manty Tarawally076-912460 | 17 off KingHarman road Freetown; manty@4m-solutions.org+232-76-912460 | **Health.** Saving lives interventions. |
|  | **Implementing Partners with Programmes in the Provinces (Upcountry)** |  |
| MOHS- School of Midwifery, Makeni (SOMM) | Margaret Mannah-Macarthymannah-macarthy@unfpa.org  | Francess Fornah | Masuba, Makeni, midwiferyschool.makeni@gmail.com; cessfornah@gmail.com; +232-76679424, | **Health-** Training of midwives. |
| Matei Initiative Empowerment Programme For Sustainable Development (MATCOPS) | Betty Alphabalpha@unfpa.org | Mamusu Williams | 51 Krootown Road, Freetown; 19 Bubakarr Lane Off Bulmia Road, Kabala;matcopssl@yahoo.com;+232-76-715103  | **Health-** Reproductive Health/Family Planning services in rural communities. |
| Capacare Surgical Training Programme | Dr Sylvia Fasulukufasuluku@unfpa.org  | Bart Waalewijn | Masanga, Tonkolili, bart.waalewijn@capacare.org - +31626714515/+23288304706 mohamed.john.turay@capacare.org | **Health-** Middle-level surgical skills training (CHOs) |
| Dotors With Africa (CUAMM) | Dr Sylvia Fasulukufasuluku@unfpa.org | Simona Ponte | s.ponte@cuamm.org+23279764880 | **Health-** Reproductive Health |
|  | **UN Partners and Donors** |  |
| WHO  | Dr. Kim Dickson/SMT | Representative, WHO  |  | Joint programming and collaboration on health |
| UNICEF | Dr. Kim Dickson/SMT | Representative, UNICEF |  | Joint programming and collaboration on health |
| UNAIDS | Dr. Kim Dickson/SMT | Representative , UNAIDS |  | Joint programming and collaboration health |
| UN Women | Dr. Kim Dickson/SMT | Representative UN Women |  | Joint programming and collaboration on gender |
| UNDP | Dr. Kim Dickson/SMT | Country Director |  | Joint programming and collaboration. |
| DFID | Dr. Kim Dickson/SMT | Head of Office |  | Funding |
| Irish Aid | Dr. Kim Dickson/SMT | Ambassador |  | Funding |
|  | **Key Government Stakeholders** |  |
| Ministry of Finance and Economic Development | Mr. John Sumailah | Development Secretary | Ministerial Building George Street, Freetown.john.sumailah@gmail.com; john.sumailah@yahoo.com. +232-76 76- 684861; +232-78-287478 | Programme Coordination. |
| Ministry of Health and Sanitation | Dr. Brima Kargbo | Chief Medical Officer | 4th Floor Youyi Building, Brookfields, Freetown.+232-76-960071 | Health Sector Coordination |
| Ministry of Education, Science and Technology | Dr. Alhaji Kamara | Chief Education Officer | Ministry of Education, New England, Freetown. | Education Sector Policy. |
| Ministry of Youth Affairs | Mr. Anthony Koroma, | Commissioner, National Youth Commissioner | Stadium Swimming Pool, Brookfields Freetown. | Youth Empowerment. |
| Ministry of Social Welfare, Gender and Children’s Affairs | Mr. Charles Vandi | Director of Gender | New England Freetown.bondofele@gmail.com; +232-76691205 | Gender Policy and Programmes. |

**Annex 10: Evaluation Quality Assessment (EQA) Grid**

**(Revised Template)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
| **Organizational unit:** |  | **Year of report:** |  |
| **Title of evaluation report:** |  |
| **Overall quality of report:** | **Good** |  | **Date of assessment:** |  |
| **Overall comments:**  | [insert text] |
| **Assessment Levels** |
| **Very good:** | strong, above average, best practice | **Good:** | satisfactory, respectable | **Fair:** | with some weaknesses, still acceptable | **Unsatis-factory:** | 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***To ensure the report is comprehensive and user-friendly*  * Is the report easy to read and understand (i.e. written in an accessible non-technical language appropriate for the intended audience)?
* Is the report focused and to the point (e.g. not too lengthy)?
* Is the report structured in a logical way? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned (where applicable)?
* Do the annexes contain – at a minimum – the ToRs; a bibliography, a list of interviewees, the evaluation matrix and methodological tools used (e.g. interview guides; focus group notes, outline of surveys)?

*Executive summary** Is an executive summary included in the report, written as a stand-alone section and presenting the main results of the evaluation?
* 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)?
* Is the executive summary reasonably concise (e.g. with a maximum length of 5-10 pages)?
 | Assessment Level: | **Fair** |
| Comment: |
| **2. Design and Methodology***To ensure that the evaluation is put within its context** Does the evaluation describe whether the evaluation is for accountability and/or learning purposes?
* Does the evaluation describe the target audience for the evaluation?
* Is the development and institutional context of the evaluation clearly described?
* Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change?
* Does the evaluation explain any constraints and/or general limitations?

*To ensure a rigorous design and methodology** Is the evaluation approach and framework clearly described? Does it establish the evaluation questions, assumptions, indicators, data sources and methods for data collection?
* Were the methods chosen appropriate for addressing the evaluation questions? Are the tools for data collection described and justified?
* Is the methods for analysis clearly described?
* Are methodological limitations acknowledged and their impact on the evaluation described? (Does it discuss how any bias has been overcome?)
* Is the sampling strategy described? Does the design include validation techniques?
* Is there evidence of involvement of stakeholders in the evaluation design? (Is there a comprehensive/credible stakeholder map?)
* Does the methodology enable the collection and analysis of disaggregated data?
* Is the design and methodology appropriate for assessing the cross-cutting issues (equity and vulnerability, gender equality and human rights)?
 | Assessment Level: | **Very good** |
| Comment: |
| **3. Reliability of Data***To ensure quality of data and robust data collection processes* * Did the evaluation triangulate all data collected?
* Did the evaluation clearly identify and make use of qualitative and quantitative data sources?
* Did the evaluation make explicit any possible issues (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues? I.e. did the evaluation make explicit possible limitations of the data collected?
* Is there evidence that data has been collected with a sensitivity to issues of discrimination and other ethical considerations?
* Is there adequate gender disaggregation of data? And if this has not been possible, is it explained?
* Does the evaluation make explicit the level of involvement of different stakeholders in the different phases of the evaluation process?
 | Assessment Level: |  |
| Comment:  |

|  |  |  |
| --- | --- | --- |
| **4. Analysis and Findings***To ensure sound analysis** Is information analysed and interpreted systematically and logically?
* Are the interpretations based on carefully described assumptions?
* Is the analysis presented against the evaluation questions?
* Is the analysis transparent about the sources and quality of data?
* Are possible cause and effect links between an intervention and its end results explained?
* Where possible, is the analysis disaggregated to show different outcomes between different target groups?
* Are unintended results identified?
* Is the analysis presented against contextual factors?
* Does the analysis include reflection of the views of different stakeholders (reflecting diverse interests)? E.g. how were possible divergent opinions treated in the analysis?
* Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights?

*To ensure credible findings** Can evidence be traced through the analysis into findings? E.g. are the findings substantiated by evidence?
* Do findings follow logically from the analysis?
* Is the analysis of cross-cutting issues integrated in the findings?
 | Assessment Level: |  |
| Comment:  |

|  |  |  |
| --- | --- | --- |
| **5. Conclusions***To assess the validity of conclusions** Are conclusions credible and clearly related to the findings?
* Are the conclusions demonstrating an appropriate level of analytical abstraction?
* Are conclusions conveying the evaluators’ unbiased judgment of the intervention?
 | Assessment Level: |  |
| Comment:  |
| **6. Recommendations***To ensure the usefulness and clarity of recommendations* * Do recommendations flow logically from conclusions?
* Are the recommendations sufficiently clear, targeted at the intended users and operationally-feasible?
* Do recommendations reflect stakeholders’ consultations whilst remaining balanced and impartial?
* Is the number of recommendations manageable?
* Are the recommendations prioritized and clearly presented to facilitate appropriate management response and follow up on each specific recommendation?
 | Assessment Level: |  |
| Comment: |
| **7. Gender***To assess the integration of Gender Equality and Empowerment of Women (GEEW)[[25]](#footnote-25)* * Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected?
* Do evaluation criteria and evaluation questions specifically address how GEEW has been integrated into design, planning, implementation of the intervention and the results achieved?
* Have gender-responsive evaluation methodology, methods and tools, and data analysis techniques been selected?
* Do the evaluation findings, conclusions and recommendations reflect a gender analysis?
 | Assessment Level: |  |
| Comment: |

**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** | **7** | **22** | **63** | **7** |
| **Overall assessment level of evaluation report** |  |  | **Fair** |  |
|  | **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 ‘finding and analysis’ 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[[26]](#footnote-26):**  |  |
| * How it can be used?
 |  |  |
| * What aspects to be cautious about?
 |  |  |
|  |  |  |
|  **Where relevant, please explain the overall assessment Very good, Good or Unsatisfactory[[27]](#footnote-27):**  |  |
|  |  |  |
| **Consideration of significant constraints[[28]](#footnote-28)** |  |
| The quality of this evaluation report has been hampered by exceptionally difficult circumstances:  | ⬜ yes | ⬜ no |
| If yes, please explain: |  |  |
|  |  |  |

1. Sierra Leone 2015 Population and Housing Census. [↑](#footnote-ref-1)
2. The President’s Recovery Priorities encompasses thirteen 13 key result areas across 7 sectors- health, social protection, education, private sector development, water, energy and governance. The 24-months program ended in April 2017 and ushered into the existing Agenda for Prosperity for sustainability. [↑](#footnote-ref-2)
3. (a) Accelerating human development (Pillar 3); (b) Strengthening social protection systems (Pillar 6); (c) Gender equality and women’s empowerment (Pillar 8). [↑](#footnote-ref-3)
4. The three transformative results are: zero preventable maternal deaths, zero unmet demand for family planning, and zero gender-based violence and harmful practices by 2030. [↑](#footnote-ref-4)
5. The report and the EQA can be found at: web2.unfpa.org/public/about/oversight/evaluations [↑](#footnote-ref-5)
6. WHO, (2015) Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, *World Bank Group and the United Nations Population Division.* Gtoreneva: World Health Organization; [↑](#footnote-ref-6)
7. National Analytical Report- Sierra Leone 2015 Population and Housing Census. [↑](#footnote-ref-7)
8. Ibid. [↑](#footnote-ref-8)
9. Districts will be considered within their 2015 boundaries. Hence the two newly-created districts and the western area will be covered as part of the initial 16. [↑](#footnote-ref-9)
10. <http://www.unfpa.org/public/home/about/Evaluation/Methodology> [↑](#footnote-ref-10)
11. UNFPA CPEs cover all OECD-DAC evaluation criteria to the exception of the impact. This evaluation will also not assess impact due to the lack of required data for in-depth analysis. [↑](#footnote-ref-11)
12. Handbook, pages 18; 183 [↑](#footnote-ref-12)
13. Handbook, page 14. [↑](#footnote-ref-13)
14. Evaluation Handbook page 17. [↑](#footnote-ref-14)
15. Immediately following the end of the field work, the evaluation team will hold a debriefing meeting with the country office only to share the first findings of the CPE and seek clarifications where needed. At this moment, no conclusions or recommendations are expected at this stage. [↑](#footnote-ref-15)
16. Handbook; page 157 [↑](#footnote-ref-16)
17. Handbook; page 92 [↑](#footnote-ref-17)
18. See examples in: [https://www.unfpa.org/admin-resource-library-listing page/Evaluation%20office%20reports](https://www.unfpa.org/admin-resource-library-listing%20page/Evaluation%20office%20reports) [↑](#footnote-ref-18)
19. A concrete example can be found here <https://www.unfpa.org/admin-resource/evaluation-unfpa-support-family-planning-2008-2013> [↑](#footnote-ref-19)
20. Outline of Final Evaluation Report. [↑](#footnote-ref-20)
21. Good quality CPE reports can be found at: web2.unfpa.org/public/about/oversight/evaluations [↑](#footnote-ref-21)
22. Handbook page 186 [↑](#footnote-ref-22)
23. UNEG is the United Nations Evaluation Group, a professional network that brings together the units responsible for evaluation in the UN system including the specialized agencies, funds, programmes and affiliated organizations. UNEG currently has 43 such members. [↑](#footnote-ref-23)
24. While the provisions of the Code of Conduct apply to all UN staff involved in evaluation, only UN staff who spend a substantial proportion of their time working on evaluation are expected to sign the Code of Conduct, including staff of evaluation, oversight or performance management units directly involved in the management or conduct of evaluations. All evaluation consultants are required to sign when first engaged by a UNEG member. [↑](#footnote-ref-24)
25. This assessment criteria is fully based on the UN-SWAP Scoring Tool, see Annex 7. Each sub-criteria shall be equally weighted (in correlation with the calculation in the tool and totaling the scores 11-12 = very good, 8-10 = good, 4-7 = Fair, 0-3=unsatisfactory). One question is if this criteria should be included in the overall evaluation quality assessment grid, or form a separate column and be assessed on its own. [↑](#footnote-ref-25)
26. The purpose here is to clarify in what way the report can be used. This in order to assist the elaboration of a relevant Management Response and the wider use of the evaluation findings back into programming. When a report has been assessed as Fair, it is obligatory to fill this text box in. [↑](#footnote-ref-26)
27. The purpose is, where relevant, to clarify for example severe unbalances in the report (for example, the report is good overall but recommendations very weak). Is optional to fill in. [↑](#footnote-ref-27)
28. E.g. this should only be used in case of significant events that has severely hampering the evaluation process like natural disasters, evaluators falling sick, unexpected significant travel restrictions, etc. More ‘normal’ limitations should be mentioned under relevant section above. [↑](#footnote-ref-28)