



Terms of Reference

United Nations Population Fund (UNFPA) Sierra Leone 7th Country Programme (2020-2023)

Country Programme Evaluation

February 2022

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Acronyms

ANC	Ante Natal Care
CCA	Common country assessment/analysis
CO	Country Office
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPEs	Country Programme Evaluations
CSE	Comprehensive Sexuality Education
DSA	Daily Subsistence Allowance
EmONC	Emergency Obstetric and Neonatal Care
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
FGM	Female Genital Mutilation
GBV	Gender-based violence
HCT	Humanitarian Country Team
HIV	Human Immunodeficiency Virus
HQ	Headquarter
ICPD	International Conference on Population and Development
LGBTQ	Lesbian, Gay, Bisexual, Transgendered
MAPEs	Male Advocacy Peer Educators
MBSSE	Ministry of Basic and Secondary School Education
MDSR	Maternal Death Surveillance Report
M&E	Monitoring and Evaluation
MT-NDP	Medium Term National Development Plan
NaCOVERC	National COVID -19 Emergency Response Center
RMNCAH	Reproductive Maternal, Newborn Child and Adolescent Health
SDGs	Sustainable Development Goals
SIS	Strategic Information System
SLDHS	Sierra Leone Demographic and Health Survey
SRH	Sexual and Reproductive Health
SRHR	Sexual and reproductive health and rights
SWAP	System Wide Action Plan
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
WCARO	UNFPA West and Central Africa Regional Office
WHO	World Health Organization

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality.”¹ In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including 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 is left behind and that the furthest behind are reached first.

UNFPA has been operating in Sierra Leone since 1971. The support that the UNFPA Sierra Leone Country Office (CO) provides to the Government of Sierra Leone under the framework of the 7th Country Programme (CP) (2020-2023) builds on national development needs and priorities articulated in the following documents:

Sierra Leone Medium Term National Development Plan: MT-NDP (2019-2023), which has an overarching theme; education for development. It also contributes to achieving the SDGs and the unfinished agenda of the International Conference on Population and Development.

- United Nations Sustainable Development Cooperation Framework (UNSDCF 2020-2023), which is the strategic plan of the United Nations Country Team (UNCT), contributing to the national development priorities and strategies of the Government of Sierra Leone as established in the medium term national development plan (2019-2023).
- United Nations Common Country Analysis (CCA) 2020.
- Sierra Leone National Health Sector Strategic Plan (2017-2021)
- Sierra Leone National Reproductive, Maternal, Newborn Child and Adolescent Health (RMNCAH) Strategy (2017-2021)
- National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (2019-2020)
- National Male Involvement Strategy for the Prevention of Sexual and Gender Based Violence in Sierra Leone 2020

¹ UNFPA Strategic Plan 2018-2021, p. 3. The document is available at: https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf.

- Sierra Leone National Strategic HIV Plan (2016-2020)
- Sierra Leone Basic Package of Essential Health Services (2015-2020)
- Sierra Leone Demographic and Health Survey 2019

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated at least 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.”² The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 7th CP (2020-2023) in Sierra Leone, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions 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 a Country Programme Evaluation 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 United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers a step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the evaluation manager perform during the different evaluation phases.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Sierra Leone CO; (ii) the Government of Sierra Leone; (iii) implementing partners of the UNFPA Sierra Leone CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) West and Central Africa Regional Office (WCARO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the evaluation manager within the UNFPA Sierra Leone CO, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the WCARO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

² UNFPA Evaluation Policy 2019, p. 20. The document is available at <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>.

2. Country Context

The population of Sierra Leone is estimated at 7.1 million (49.2 per cent male and 50.8 per cent female) with a growth rate of 3.2 per cent per annum (2015). The population is generally young with 40.8 per cent below 15 years of age.

Maternal mortality in Sierra Leone is among the highest in the world. According to the World Health Organization (WHO) estimates from 1990 to 2015, there was a decline from 2,630 to 1,360 deaths per 100,000 live births. The 2019 Sierra Leone Demographic Health Survey (SLDHS) has shown improvement in maternal mortality ratio from 1,160 deaths per 100,000 live births to 717 deaths per 100,000 live births (SLDHS, 2019) - which is still unacceptably high. According to the 2015 census, maternal mortality accounted for 36 per cent of all deaths to women aged 15-49. A substantial proportion (46.8%) of this statistics occurred amongst teenagers between the ages 15-19. The common causes of the deaths were attributed to hemorrhage, sepsis, hypertensive disorders, and unsafe abortions. The 2019 SLDHS also showed significant improvement in other key SRH indicators such as institutional deliveries, skilled birth attendance from 42% in 2008 to 87% in 2019. Access to skilled birth attendance has increased by about 90.5 per cent in ten years, from 25% in 2008 to 83% in 2019, whilst births attended by traditional birth attendants dramatically decreased from 45 per cent in 2008 to 10 per cent in 2019. Women who received ANC from a skilled attendant increased from 95% in 2008 to 98% in 2019, with the percentage of women who had at least four ANC visits increasing from 56% in 2008 to 79% in 2019 and women who had ANC in the first trimester increasing from 30% in 2008 to 44% in 2019. Postnatal care services have also shown positive trajectory. The 2019 SLDHS revealed that 86% of mothers received a postnatal check within the first 2 days after birth compared to 44% in 2008. Despite these improvements in coverage indicators, the country still has a lot of gaps in quality of care. The 2017 emergency obstetric and neonatal care (EmONC) assessment report reveals that most institutional maternal deaths result from poor quality of care, with 41 per cent of total facilities missing one or two basic EmONC signal functions. Critical shortages in skilled health workforce are prevalent, with staffing gaps for higher-skilled cadres such as doctors, specialist nurses and midwives. The 2017 EmONC assessment revealed that the country required a weighted total of 716 midwives, but only 477 were available in government facilities, with a deficit of 33 per cent. Although data on obstetric fistula is not available, the country still records more than 100 fistula survivors per year.

There has been a steady decline in the birth rate in Sierra Leone. On average, in 2008 women had 5.1 children, 4.9 children in 2013 and 4.2 children in 2019. The percentage of teenagers (15–19) who have given birth or are pregnant with their first child decreased from 28 per cent in 2013 to 21 per cent in 2019. The proportion of demand satisfied for family planning remains low at 46 per cent. Steady progress has been made on comprehensive sexuality education throughout the 7th Country Programme. In 2020, UNFPA in Sierra Leone supported the Ministry of Basic Education's Delivery Unit to integrate CSE into the Basic Education Curriculum Framework. Seven subject area syllabi were updated to fully incorporate concepts of CSE. The new Basic Education Curriculum Framework and revised syllabi were formally launched in May 2021. UNFPA is currently working with the Ministry of Basic and Secondary School Education (MBSSE) to develop teaching and learning materials on CSE.

Early childbearing is still common in Sierra Leone and in 2019, the median age at first birth among women aged 25–49 was 19.5 years. The median age at first marriage among women aged 20-49 is 19.8 years. Women generally marry earlier than men. About 76% of women age 25-49 were married by age 25, as compared with 47% of men. Similarly, 51% of women age 20-49 were married by age 20, compared with 16% of men. This is compounded by a high unmet need for family planning with twenty-five per cent of women and girls of reproductive age who want to plan their families having no access to modern family planning services. For adolescents, the unmet need for family planning is even higher at 31%

According to the 2019 SLDHS 1.7% of women and men aged 15-49 in Sierra Leone are living with HIV compared to 1.5% in 2008. The HIV prevalence is higher among women than men (2.2% versus 1.1%) and is higher in urban areas compared to rural areas (2.3% versus 1.2%). Overall, 1.0% of young women and men aged 15-24 are HIV positive. HIV prevalence is higher among young women than young men (1.5% versus 0.5%).

Gender-based violence is prevalent with 61% of women aged 15-49 having experienced physical violence by anyone since age 15 (up from 56% in 2013), and 7% having experienced sexual violence (down from 11% in 2013). Overall, 61% of ever-married women have experienced physical, sexual, or emotional violence by their current or most recent husband/partner, up from 51% in 2013. The 2019 DHS shows that female genital mutilation (FGM) is also prevalent with 83 per cent of women aged 15-49 affected, which is among the highest rates in the sub-region. The percentage of women who have undergone FGM is higher in rural areas than in urban areas (89% and 76%, respectively) and is highest in the North-West province (93%) and lowest in the Southern province (74%). Challenges remain in the implementation of policies and frameworks for the protection of women and girls particularly in the adoption of a national anti FGM strategy. Efforts to improve the policy and legal frameworks to address FGM are ongoing, for example inclusion of reference to the review of the National Strategy for the Reduction of FGM/C in the Gender Equality and Women's Empowerment Policy and to amend the Child Rights Act to include explicit prohibition of FGM for under 18. However, there is a lack of political prioritization on this topic as well as strong vocal support from pro-FGM groups at the community level. 57% of women aged 15-49 who have heard of female circumcision believe that the practice of circumcision should be continued.

Despite improvements in strengthening the national statistical system, high quality data collection, analysis and use is still a challenge, particularly at the decentralized district levels. There remains a compelling need to strengthen data collection and management at the National Statistics Office – Statistics Sierra Leone.

Sierra Leone confirmed its first COVID-19 case on 31 March 2020, but prior to this index case, the government declared a 12- month state of emergency with immediate effect on 24 March 2020. The declaration was made in an effort to contain the spread of the epidemic and a National COVID-19 Emergency Response Centre (NaCoVERC) was established. Sierra Leone's infrastructure remains a challenge to emergency responses and the health care sector is debilitated by years of neglect. By all international standards, Sierra Leone's health care system is amongst the worst in the world, from maternal to infant mortality to medical equipment and personnel capacity. Several factors of vulnerability and socio-economic fragility exacerbate the effects of any health crisis and the COVID-19 is taking its toll

on the Sierra Leone's impoverished population. As of 21 February 2022, there were 7,664 confirmed COVID-19 cases, with 125 deaths and 4,806 recoveries.

Sierra Leone has experienced several humanitarian crises including the Ebola Virus Disease outbreak (2014), Fuel tanker explosions (2021), flash floods (almost annually: July-September) and landslides (a major one in 2017), resulting in displacement of people and deaths. These unfortunate occurrences placed a huge burden on an already overstretched and weak health system, and thus required a robust humanitarian action plan. The country has experienced a relatively lower number of COVID-19 cases with a total number of positive cases at 7,611 and 125 deaths since the pandemic started up to 27th January 2021.

3. UNFPA Country Programme

UNFPA has been working with the Government of Sierra Leone since 1971 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 Sierra Leone.

The 7th CP (2020-2023) is aligned with the Sierra Leone Medium Term National Development Plan (2019-2023) and the UNSDCF (2020-2023): Outcome 3 – access to basic services and Outcome 4 – protection and empowerment of the most vulnerable, particularly women, adolescents, youth and persons with disabilities. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Sierra Leone CO delivers its CP 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 Sierra Leone 7th CP (2020-2023) is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality through achievement of the three zeros: zero maternal deaths, zero unmet need for family planning, and zero gender based violence and harmful cultural practices**, 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.*

The UNFPA Sierra Leone 7th CP (2020-2023) has three thematic areas of programming with distinct **outputs** that are structured according to the three outcomes in the Strategic Plan 2018-2021 to which they contribute.

Outcome 1: Sexual and reproductive health and rights: **Every woman, adolescent and youth everywhere, especially those farthest behind has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence**

Output 1. National health systems strengthened to provide high quality, integrated, sexual and reproductive health and family planning services, including in humanitarian settings. This has been delivered through: a) establishing regional centers of excellence for maternal and newborn care, and supporting the scaling up of quality improvement and assurance processes for maternal and newborn services; b) supporting the establishment of a network of comprehensive and basic emergency obstetrics and newborn care (EmONC) facilities linked with referral system.

Output 2. Communities especially women and girls have increased abilities to demand sexual and reproductive health, family planning and gender-based violence responsive services. This has been delivered through: (a) fostering socio-cultural and behavior change strategies to create demand for family planning, sexual and reproductive health services and gender-based violence response services, especially among young people; (b) using technologies to create demand for family planning and sexual reproductive health (SRH) services among adolescents and young people; (c) strengthening capacity of community-based organizations to create demand for SRH, family planning and gender based violence response services; (d) mobilizing and empowering communities to raise awareness and demand for SRH, family planning and gender-based violence response services

Outcome 2: Adolescents and youth: **Every adolescent and youth, in particular adolescent girls is empowered to have access to reproductive health and reproductive rights in all contexts**

Output 1: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and well-being, including in humanitarian settings. This has been delivered through: (a) conducting advocacy for policies that address adolescent and youth health and well-being and child marriage; (b) building capacity for implementation of comprehensive sexuality education and life skills for in- and out-of-school adolescents and young people; (c) supporting the empowerment of young people, particularly adolescent girls to have skills and capabilities to make informed choices in relation to their sexual and reproductive health and rights and HIV prevention; (d) strengthening systems and partnerships to generate and use evidence on adolescents and youth to contribute to harnessing the demographic dividend; and (e) building capacity for implementation of the national youth service.

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

Output 1: Government, human rights organizations, civil society organizations and communities have improved capacities to promote gender equality, prevent and respond to gender-based violence and other harmful practices, including in humanitarian settings. This has been delivered through: (a) supporting development of policy, legal and accountability frameworks for gender equality; (b) building

capacity of national institutions and civil society to prevent gender-based violence and eliminate harmful practices such as child marriage and female genital mutilation; (c) supporting the provision of services and strengthening referral mechanisms to respond to victims and survivors of gender-based violence; (d) engaging communities and networks, particularly men and boys to promote empowerment of women and to address gender-based violence, harmful practices and promote women's empowerment; (e) producing and using disaggregated data on gender, including gender-based violence and other harmful practices.

The UNFPA Sierra Leone CO also takes part in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. Beyond the UNCT, the UNFPA [Sierra Leone] CO participates in the UN Emergency Preparedness and Response Group to ensure that inter-agency humanitarian action is well-coordinated, timely, principled and effective, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crisis.

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 CP theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in depth review of the CP theory of change. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection (the evaluation matrix – see section 6.2 and Annex C) analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change by the BP.

The UNFPA Sierra Leone 7th CP (2020-2023) is based on the following results framework presented below:

Sierra Leone/UNFPA 7th Country Programme (2020-2023) Results Framework

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 and Reproductive Health	II. Adolescent and Youth	III. Gender Equality and Women Empowerment
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UNFPA Strategic Plan Outcomes

<p>Outcome 1: Sexual and Reproductive Health Every woman, adolescent and youth everywhere, especially those furthest behind has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence</p>	<p>Outcome 2: Adolescents and Youth Every adolescent and youth in particular adolescent girls, is empowered to have access to reproductive health and reproductive rights, in all contexts</p>	<p>Outcome 3: Gender Equality and Women's Empowerment Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p>
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UNFPA Sierra Leone 7th CP Outputs

<p>Output 1: National health system strengthened to provide high-quality, integrated sexual and reproductive health and family planning services, including in humanitarian settings.</p> <p>Output 2: Communities especially women and girls have increased abilities to demand sexual reproductive health, family planning and gender-based violence response services</p>	<p>Output 1: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and well-being, including in humanitarian settings</p>	<p>Output 1: Government, human rights organizations, civil society organizations and communities have improved capacities to promote gender equality, prevent and respond to gender-based violence and other harmful practices, including in humanitarian settings</p>
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UNFPA Sierra Leone 7th CP Intervention Areas

<p>Activities planned and implemented</p> <p>a) establishing regional centers of excellence for maternal and newborn care, and supporting the scaling up of quality improvement and assurance processes for maternal and newborn services: - Health facilities established as RH centers of excellence; High dependency units established at three referral hospitals</p>	<p>Activities planned and implemented</p> <p>(a) Conduct advocacy for policies that address adolescent and youth health and well-being and child marriage: Provided technical support to the review of the child rights Act to incorporate explicit reference to child marriage and FGM</p> <p>(b) Build capacity for implementation of comprehensive sexuality education and life skills for in- and out-of-school adolescents and young people: - Support the review of the curriculum framework to incorporate</p>	<p>Activities Planned and Implemented</p> <p>(a) Support the development of policy, legal and accountability frameworks for gender equality: Provide technical support to a variety of policies and strategic documents, including the gender equality and women's empowerment (GEWE) policy and the national male involvement strategy for the prevention of GBV(b)Build capacity of national institutions and civil society to prevent</p>
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b) supporting the establishment of a network of comprehensive and basic emergency obstetrics and newborn care (EmONC) facilities linked with referral system: - National EmONC facility networks identified across all 16 districts and assessment done to ascertain functionality; Some targeted RH centers supported to provide quality EmONC services

(a) Supporting the establishment of EmONC monitoring centers: -Activity is in progress and is part of the EmONC assessment process; - (b) Strengthening maternal death surveillance and response at national and district levels: - In collaboration with WHO, annual MDSR reports produced; Review of the MDSR system conducted; Targeted support for MDSR processes in Bo, Makeni and PCMH (c) supporting interventions for obstetric fistula prevention and management: - 713 women screened and 313 surgeries conducted; 65 fistula survivors rehabilitated and socially reintegrated into society; Various community engagement events conducted. (d) Galvanizing multi-stakeholder support and partnership for the implementation of the family planning costed implementation plan (2018-2022) and the reproductive health commodity security strategy: - National supply chain strategy developed; Technical supported provided to the review of the family planning costed plan; Technical support provided to monitoring progress on FP2020 commitment and the development of the FP2030 commitment.

Activities not planned but implemented

- (a) Introduction of cervical cancer services at RH centers and development of cervical cancer documents**
- (b) Documentation of the evolution of midwifery program in Sierra Leone**
- (c) Implementation of quality of care methodologies**

CSE; Revise applicable syllabi to incorporate CSE; Develop teaching and learning materials
 (c) Support the empowerment of young people, particularly adolescent girls to have skills and capabilities to make informed choices in relation to their sexual and reproductive health and rights and HIV prevention: - Map communities to target the most vulnerable adolescent girls; set up and operate girls' clubs
 (d) Strengthen systems and partnerships to generate and use evidence on adolescents and youth to contribute to harnessing the demographic dividend: - Set up a demographic dividend observatory tracker at Statistics Sierra Leone; Monitor and report country achievements on the ICPD commitments.
 (e) Build capacity for implementation of the national youth service: - Orient youth corps; train youth corps on SRHR, GBV and the Demographic Dividend

GBV and eliminate harmful practices such as child marriage and female genital mutilation: - Build the capacity of the national secretariat for the reduction of teenage pregnancy and child marriage
 (c) Support the provision of services and strengthening referral mechanisms to respond to victims and survivors of gender-based violence: - Support the establishment of one stop centers; Develop clinical guidelines for care of GBV survivors.
 (d) engaging communities and networks, particularly men and boys to promote empowerment of women and to address GBV, harmful practices and promote women's empowerment: - Recruit Male Advocacy Peer Educators (MAPEs); Operate Boys' clubs; Set up Husbands' schools.
 (e) Produce and using disaggregated data on gender including gender-based violence and other harmful practices: - Pilot gender-based violence information management system

Nota Bene: "CP intervention areas" boxes: In bold: Activities that were not initially planned, yet were implemented;

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following three main purposes, as 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 based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Sierra Leone CO, national stakeholders and rights-holders, the UNFPA WCARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Sierra Leone 7th CP (2020-2023).
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- iii. To provide an assessment of the role played by the UNFPA Sierra Leone CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Sierra Leone CO in the coordination mechanisms of the HCT, with a view to improving humanitarian response and ensuring contribution to longer-term recovery.
- iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover the national level interventions with a sharp focus on districts where UNFPA interventions are implemented: Western Urban and Rural Districts, including, health facilities in Freetown, Regent, Jui. The coverage will also include Kambia, Koinadugu, Pujehun, Bo, Bombali-Makeni and Tonkolili-Masanga.

Thematic Scope

The evaluation will cover the following thematic areas of the 7th CP: sexual and reproductive health; adolescents and youth, gender equality and women’s empowerment. In addition, the evaluation will cover cross-cutting issues, such as human rights and disability and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2020-2023.

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.³ It will also use the evaluation criterion of coordination to assess the extent to which the UNFPA Sierra Leone CO harmonized interventions with other actors, promoted synergy and avoided duplication under the framework of the UNCT. Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across the humanitarian-peace-development nexus and contribute to building resilience.

Relevance	The extent to which the objectives of the 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.

³ The full set of OECD/DAC evaluation criteria, their adapted definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>.

Coordination	The extent to which UNFPA has been an active member of and contributor to existing coordination mechanisms of the UNCT. This also includes UNFPA membership of, and contributions to humanitarian coordination mechanisms of the HCT, where applicable.
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 evaluation of the CP will provide answers to the evaluation questions (related to the above criteria), which determine the thematic scope of the CPE.

The evaluation questions presented below are indicative and preliminary. Based on these examples, the country office staff is expected to develop a set of questions directly relevant to the CP under evaluation and insert them in this section. At the design phase, the evaluators are expected to develop a final set of evaluation questions, in consultation with the evaluation manager at the UNFPA Sierra Leone CO and the ERG.

Relevance

1. To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. pregnant women, young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs, (v) the New Way of Working⁴ ?
2. To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, and those imposed by the socio-economic impacts of COVID-19?
3. To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth and those with disabilities, have been adequately taken into account in both planning and implementation of all UNFPA supported interventions under the country programme?

Effectiveness

4. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the 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

⁴ For more information, please see: <https://www.agendaforhumanity.org/sites/default/files/20170228%20NWoW%2013%20high%20res.pdf>.

and reproductive health services and exercise their sexual and reproductive rights, (iii) advancement of gender equality and the empowerment of all women and girls; (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

5. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion⁵ in the design, implementation and monitoring of the country programme?

Efficiency

6. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme, ensuring quality assurance, risk mitigation and accountability of resources?

Sustainability

7. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects, with special emphasis on SRHR, GBV and other harmful practices?

Coordination

8. To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT and to the technical results groups, including the COVID-19 socio-economic response plan?

Coverage

9. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside?
10. To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; those of racial, LGBTQ populations, etc.)

Connectedness

11. To what extent has UNFPA contributed to developing the capacity of local and national stakeholders (state institutions, youth and women organizations, health facilities, communities and civil society organizations) to better prepare, respond, build back better and recover from humanitarian crisis?
12. To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crisis?

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

⁵ See [Guidance on disability inclusion in UNFPA evaluations](#)

6. Approach and Methodology

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 Sierra Leone CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Sierra Leone 7th CP (2020-2023) (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 Sierra Leone CO 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 Sierra Leone 7th CP (2020-2023) 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 Sierra Leone CO has developed an initial stakeholder map (see 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, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include CO personnel, government representatives, civil society organizations, implementing partners, the private sector, academia, media, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth). They can provide information and data that the

evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the CP. Particular attention will be paid to ensuring participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.).

The evaluation manager in the UNFPA Sierra Leone CO has established an ERG comprised of key stakeholders of the CP, including: national and non-governmental counterparts, representatives of academia and civil society, UNFPA country office programme staff & the regional M&E adviser in UNFPA WCARO. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. Sierra Leone has been recording fewer cases of COVID-19, since the start of 2022 (16 February – s new cases and the 7-day average is 3), which may warrant a “normal” CPE, but should the situation deteriorate, the exercise will be adapted to nationally instituted COVID-19 regulations. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on 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 human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, 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 Sierra Leone CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA.

The CPE will be conducted in accordance with the *UNEG Norms and Standards for Evaluation*,⁶ *Ethical Guidelines for Evaluation*,⁷ *Code of Conduct for Evaluation in the UN System*⁸, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.⁹ When contracted by the UNFPA Sierra Leone CO, the evaluators will be requested to sign the *UNEG Code of Conduct*¹⁰ 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 Sierra Leone. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed evaluation work plan and agenda for the field phase.

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

The evaluation matrix

The evaluation matrix is centerpiece to the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 as well as the evaluation matrix template in Annex C). The matrix contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions for all evaluation criteria and key assumptions to be examined; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated key assumptions. By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. In the design phase, the evaluation team must enter in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that data and information are systematically collected (for each evaluation question) and is presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The evaluation manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and

⁶ Document available at: <http://www.unevaluation.org/document/detail/1914>.

⁷ Document available at: <http://www.unevaluation.org/document/detail/102>.

⁸ Document available at: <http://www.unevaluation.org/document/detail/100>.

⁹ Document available at: <http://www.unevaluation.org/document/detail/980>.

¹⁰ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

information is properly compiled. S/he will alert the evaluator team in the event of gaps that require additional data collection or if the data/information entered in the matrix is sufficiently clear and precise.

- In the reporting phase, At the end of the field phase, the matrix is useful to ensure that sufficient evidence has been collected to answer all evaluation questions or, on the contrary, to identify gaps that require additional data collection. In the reporting phase, the evaluator should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question the evaluators should use the data and information presented in the evaluation matrix to support their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the evaluation manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the evaluation manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes of the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the CP (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. 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 the evaluators to assess whether the preconditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions and related assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Sierra Leone 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 Sierra Leone CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should

also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Sierra Leone CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the evaluation manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and rights-holders (notably women, adolescents and youth) and direct observation during visits to selected sites.

Secondary data will be collected through document review, primarily focusing on annual work plans, quarterly work plan progress reports, monitoring data and donor reports for projects of the CO, evaluations and research studies (incl. previous CPEs, mid-term reviews of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations, etc.), housing census and population data, and records and data repositories of the CP and its implementing partners, such as health clinics/centres. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Sierra Leone CO during the period of the 7th CP (2020-2023).

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

The evaluation team is expected to dedicate a total of 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, checklists for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

Data analysis

The evaluation matrix will be the major framework for analyzing data. The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and each assumption. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help to answer the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, sections 5.1 and 5.2, pp. 115-117).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77). These mechanisms include (but are not limited to):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2, pp. 94-95);
- Regular exchange with the evaluation manager at the CO;
- Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and
- The debriefing meeting with the CO and the ERG at the end of the field phase, when the evaluation team present the emerging findings of the evaluation.

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).

The validation mechanisms will be presented in the design report.

7. Evaluation Process

The 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 phase of dissemination and facilitation of use. The evaluation manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

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

The evaluation manager at the UNFPA Sierra Leone CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase.
- Drafting the terms of reference (ToR) for the CPE with support from the regional M&E adviser in UNFPA WCARO and in consultation with the ERG, and submission of the draft ToR (without annexes) to the UNFPA Evaluation Office for review and approval.
- Publication of the call for the evaluation consultancy.
- Completion of the annexes to the ToR with support of the CO staff, and submission of the draft annexes to the UNFPA Evaluation Office for review and approval.
- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.

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

In the design phase, the evaluation manager will lay the foundation for communications around the CPE. All other activities will be carried out by the evaluation team, in close consultation with the evaluation manager and the ERG. This phase includes:

- Evaluation kick-off meeting between the evaluation manager and the evaluation team, with the participation of the regional M&E adviser.
- Development of an initial communication plan (see Template 16 in the Handbook, p. 279) by the evaluation manager, in consultation with the communication officer in the UNFPA Sierra Leone CO to support the dissemination and facilitation of use of the evaluation results. The initial communication plan will be updated during each phase of the evaluation, as appropriate, and finalized for implementation during the dissemination and facilitation of use phase.
- Desk review of background information and documentation on the country context and CP, as well as other relevant documentation.
- Detailed review of the theory of change underlying the CP (see Annex A). This includes and analysis of: assumptions on which the theory of change is based; contextual factors in which the CP is implemented (how it affects activities and results); indicators of progress in achieving results; links where the actual causal chains seems to break or are not well established; how results are expected to be sustained after the interventions end, etc.
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a final stakeholder map and a sampling strategy to select sites to be visited and stakeholders to be consulted in Sierra Leone through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete and feasible evaluation work plan and agenda for the field phase (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, related assumptions, indicators, data collection methods and sources of information). The data and information collected through the documentary review must be inserted in the evaluation matrix. The matrix is placed in a Google drive so it is accessible to all evaluation team members and to the evaluation manager for his/her supervision and quality assurance.

At the end of the design phase, the evaluation team will develop a **design report** that presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the evaluation manager and the ERG and submit it to the regional M&E adviser in UNFPA WCARO for review. The template for the design report is provided in Annex E.

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

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 3 weeks for data collection is planned for this evaluation. However, the evaluation manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Meeting with the UNFPA Sierra Leone CO staff to launch the data collection.
- Meeting of the evaluation team with relevant programme officers at the UNFPA Sierra Leone 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 emerging findings from the data collection. The meeting will serve as a mechanism for the validation of collected data and information and the exchange of views between the evaluators and important stakeholders. It will enable the evaluation team to refine the findings, which is necessary so they can then formulate their conclusions and develop credible and relevant recommendations.

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

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, taking into account the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

Prior to the submission of the draft report to the evaluation manager, the evaluation team must perform an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (see Annex F). The evaluation manager and the regional M&E adviser in UNFPA WCARO will subsequently review the draft evaluation report, using the same criteria (defined in the EQA grid). If the quality of the report is satisfactory (in form and substance), the draft report will be circulated to the ERG members for review. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a second draft.

The evaluation manager will perform his/her review of the draft final report against the completed evaluation matrix (to ensure that the analysis – responses to the evaluation questions – rests on credible data and information and is, in fact, evidence based). S/he will also collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the evaluation manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the evaluation manager in the UNFPA Sierra Leone CO.

At the end of the reporting phase, the evaluation manager and the regional M&E adviser will jointly prepare an internal EQA of the final evaluation report. The Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

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

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

The evaluation manager will finalize the **communication plan** together with the communication officer in the UNFPA Sierra Leone CO. Overall, the communication plan should include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a Powerpoint presentation of the evaluation results (prepared by the evaluation team) and an evaluation brief (prepared by the evaluation manager).

Based on the final communication plan, the evaluation manager will share the evaluation results with the CO staff (incl. senior management), implementing partners, WCARO, the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final **management response** document. In a last step, The UNFPA Sierra Leone CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

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

The final evaluation report, along with the management response and the final EQA will be included in the UNFPA evaluation database.¹¹ The final evaluation report will also be circulated to the UNFPA Executive Board. Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA Sierra Leone CO website.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); and (v) a detailed evaluation work plan and agenda for the field phase. For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The PowerPoint 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 the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Sierra Leone CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present findings, conclusions and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.
- **Final evaluation report.** The final evaluation report (*maximum 70 pages, excluding annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information)
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

¹¹ The UNFPA evaluation database can be accessed at the following link: <https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa>.

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

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in the English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation reports are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation manager is primarily responsible for quality assurance of the deliverables of the evaluation in each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid (Annex F)¹² before submission to the evaluation manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

¹² 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.

<p>1. Structure and Clarity of the Report</p> <p>Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office (see Annex I).</p>
<p>2. Executive Summary</p> <p>Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main conclusions; and recommendations.</p>
<p>3. Design and Methodology</p> <p>Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)</p>
<p>4. Reliability of Data</p> <p>Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. documents) data collected and make limitations explicit.</p>
<p>5. Analysis and Findings</p> <p>Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.</p>
<p>6. Validity of Conclusions</p> <p>Ensure conclusions are based on credible findings and convey the evaluators' unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance,</p>

see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.

7. Usefulness and Clarity of Recommendations

Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).

8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality

Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women¹³ and UNEG guidance on integrating human rights and gender perspectives in evaluation.¹⁴

Using the grid in Annex F, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the evaluation manager in the UNFPA Sierra Leone CO, (iii) the regional M&E adviser in UNFPA WCARO, and (iv) the UNFPA Evaluation Office, whose roles and responsibilities are described in section 11.

10. Indicative Timeframe and Work Plan

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

Nota Bene: Column “Deliverables”: In italics: The deliverables are the responsibility of the CO/evaluation manager; **in bold:** The deliverables are the responsibility of the evaluation team.

¹³ Guidance on the SWAP Evaluation Performance Indicator and its application to evaluation is available at: <http://www.unevaluation.org/document/detail/1452>.

¹⁴ The UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations is available at <http://www.uneval.org/document/detail/980>.

Evaluation Phases and Activities ¹⁵	Deliverables	Dates/Duration	Handbook/CPE Management Kit
Preparatory Phase			
Preparation of letter for Government and other key stakeholders to inform them about the upcoming CPE	<i>Letter from the UNFPA Country Representative</i>	04/02/2022	
Establishment of the evaluation reference group (ERG)		<i>February 2 -7</i>	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Compilation of background information and documentation on the country context and the CP for desk review by the evaluation team	<i>Creation of a Google Drive folder containing all relevant documents on country context and CP</i>	<i>February 2 - 27</i>	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 CPE Management Kit: Document Repository Checklist
Drafting the terms of reference (ToR) based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG)	<i>Draft ToR</i>	<i>February 10 - 23</i>	CPE Management Kit: Evaluation Office Ready-to-Use ToR (R2U ToR) Template
Review and approval of the ToR by the UNFPA Evaluation Office	<i>Final ToR</i>	<i>February 21-25</i>	
Publication of the call for the evaluation consultancy		<i>February 28 – March 11</i>	CPE Management Kit: Call for Evaluation Consultancy Template
Completion of the annexes to the ToR (in consultation with the regional	<i>Draft ToR annexes</i>	<i>March 1 - 15</i>	Template 4: The Stakeholders Map, p. 255

¹⁵ The activities of the different evaluation phases noted in this table do not necessarily follow the presentation of activities in the UNFPA Evaluation Handbook because they are ordered chronologically and include some additional activities, based on best practices within UNFPA.

M&E adviser and with input from CO staff)			<p>Tool 4: The Stakeholders Mapping Table, p. 166-167</p> <p>Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254</p> <p>Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165</p> <p>Template 15: Work Plan, p. 278</p> <p>CPE Management Kit: Establishing the list of UNFPA interventions (Atlas projects)</p>
Pre-selection of consultants by the CO	<i>Consultant pre-selections scorecard</i>	<i>March 11 - 21</i>	CPE Management Kit: Consultant Pre-selection Scorecard
Review and approval of the annexes to the ToR by the UNFPA Evaluation Office	<i>Final ToR annexes</i>	<i>March 14 - 18</i>	
Pre-qualification of consultants by the UNFPA Evaluation Office		<i>March 21 – 25</i>	
Recruitment of the evaluation team by the CO		<i>March 26 – 31</i>	
Design Phase			
Evaluation kick-off meeting between the evaluation manager, the evaluation team and the regional M&E adviser		<i>April 4 - 8</i>	
Development of an initial communication plan by the evaluation manager (in consultation	<i>Initial communication plan</i>	<i>April 8 - 15</i>	Template 16: Communication Plan for Sharing Evaluation Results, p. 279

with the communication officer in the CO)			CPE Management Kit: Guidance on Strategic Communication for a CPE
Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)		<i>April 8 - 21</i>	
Drafting of the design report (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)	Draft design report	<i>April 21 – May 30</i>	<p>Template 8: The Design Report for CPE, pp. 259-261</p> <p>Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169</p> <p>Tool 1: The Evaluation Matrix, pp. 138-160</p> <p>Template 5: The Evaluation Matrix, pp. 256</p> <p>Template 15: Work Plan, p. 278</p> <p>Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187</p> <p>Tool 11: Checklist for Sequencing Interviews, p. 188</p> <p>Template 7: Interview Logbook, p. 258</p> <p>Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187</p>

			<p>Template 6: The CPE Agenda, p. 257</p> <p>Tool 6: The CPE Agenda, pp. 170-176</p> <p>CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)</p>
Review of the draft design report by the evaluation manager and the regional M&E adviser	<i>Consolidated feedback provided by evaluation manager to evaluation team leader</i>	<i>May 31 – June 15</i>	
Presentation of the draft design report to the ERG for comments and feedback	PowerPoint presentation of the draft design report	<i>June 15 - 21</i>	
Revision of the draft design report and circulation of the final version to the evaluation manager for approval	Final design report	<i>June 21 - 28</i>	
Update of the communication plan by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report)	<i>Updated communication plan</i>	<i>June 28 – July 5</i>	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>
Field Phase			
Inception meeting for data collection with CO staff	<i>Meeting between evaluation team/CO staff</i>	<i>June 28 – July 5</i>	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Individual meetings with relevant CO programme officers	<i>Meeting of evaluators/CO programme officers</i>	<i>July 5 - 12</i>	

Data collection (incl. interviews with key informants, site visits for direct observation, group discussions, document review, etc.)	Entering data/information into the evaluation matrix	<i>July 17 – August 7</i>	<p>Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202</p> <p>Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205</p> <p>Template 9: Note of the Results of the Focus Group, p. 262</p> <p>CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)</p>
Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	PowerPoint presentation for debriefing with the CO and the ERG	<i>August 8 - 12</i>	
Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	<i>August 8 - 12</i>	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>
Reporting Phase			
Drafting of the evaluation report and circulation to the evaluation manager	Draft evaluation report	<i>August 8 - 31</i>	<p>Template 10: The Structure of the Final Report, pp. 253-264</p> <p>Template 11: Abstract of the Evaluation Report, p. 265</p> <p>Template 18: Basic Graphs and Tables in Excel, p. 288</p>
Review of the draft evaluation report by the evaluation manager,	<i>Consolidated feedback provided by evaluation</i>	<i>September 1 - 21</i>	

the ERG and the regional M&E adviser	<i>manager to evaluation team leader</i>		
Drafting of the final evaluation report (incl. annexes) and circulation to the evaluation manager	Final evaluation report (incl. annexes)	September 21 - 27	
Joint development of the EQA of the final evaluation report by the evaluation manager and the regional M&E adviser	<i>EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)</i>	September 21 - 30	<p>Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276</p> <p>Tool 14: Summary Checklist for Human Rights and Gender Equality in the Evaluation Process, pp. 206-207</p> <p>Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209</p>
Circulation of the final evaluation report to the UNFPA Evaluation Office		September 30 – October 6	
Preparation of the independent EQA of the final evaluation report by the UNFPA Evaluation Office	<i>Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)</i>	October 6 - 21	
Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	September 30 – October 6	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Guidance on Strategic Communication for a CPE</p>
Dissemination and Facilitation of Use Phase			
Preparation of the management response by the CO and submission to the Policy and Strategy Division	<i>Management response</i>	October 6 - 21	Template 12: Management Response, pp. 266-267
Finalization of the communication plan and preparation for its	<i>Final communication plan</i>	October 9 - 21	Template 16: Communication Plan for Sharing Evaluation Results, p. 279

implementation by the evaluation manager, with support from the communication officer in the CO			CPE Management Kit: Guidance on Strategic Communication for a CPE
Development of the presentation on the evaluation results	PowerPoint presentation of the evaluation results	<i>October 21 - 26</i>	Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Loing_version.pdf
Development of the evaluation brief by the evaluation manager, with support from the communication officer in the CO	<i>Evaluation brief</i>	<i>October 26 - 31</i>	Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf
Announcement of CPE completion in M&E Net Community	<i>Blog post on the M&E Net Community</i>	<i>October 31 – November 4</i>	CPE Management Kit: Guidance on How to Blog on The CPE Process
Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office		<i>October 31 – November 4</i>	
Publication of the final evaluation report, the evaluation brief and the management response on the CO website		<i>October 31 – November 4</i>	
Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager	<i>Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.</i>	<i>November 15 – December 15</i>	CPE Management Kit: Guidance on Strategic Communication for a CPE

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

11. Management of the Evaluation

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

- Establish the ERG.
- Compile background information and documentation on both the country context and the UNFPA CP and file them in a Google Drive to be shared with the evaluation team upon recruitment.
- Prepare the ToR (incl. annexes) for the evaluation, with support from the regional M&E adviser, and submit the ToR and annexes to the Evaluation Office for review and approval.
- 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 Pre-selection Scorecard](#) to assess their respective qualifications, and propose a final selection of evaluators with support from the regional M&E adviser, to be submitted to the UNFPA Evaluation Office for pre-qualification.
- Share the annexes of the ToR with the final selected evaluators and hold an evaluation kick-off meeting with the evaluation team and the regional M&E adviser.
- Provide evaluators with logistical support for data collection (site visits, interviews, group discussions, etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process; notably the design report (focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection), as well as the draft and final evaluation report.
- Coordinate feedback and comments of the ERG on the evaluation deliverables and ensure that feedback and comments of the ERG are adequately addressed.
- Undertake quality assurance of the draft evaluation report in collaboration with the regional M&E adviser, according to the criteria specified in the EQA grid.
- Develop an initial communication plan (in coordination with the CO communication officer) and update it throughout the evaluation process, as required, to guide the dissemination and facilitation of use of the evaluation results.
- Prepare the EQA of the final evaluation report in collaboration with the regional M&E adviser, using the EQA grid and its explanatory note.
- 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, the Evaluation Office and the Policy and Strategy Division at UNFPA headquarters.

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

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

The progress of the evaluation will be followed closely by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Sierra Leone CO, WCARO, representatives of the national Government of Sierra Leone, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (e.g. persons with disabilities, etc.) (see Handbook, section 2.3, p.37). The ERG will serve as a body to ensure the relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and key informants and undertake quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the evaluation manager in the development of the ToR, including the selection of preliminary evaluation questions.
- Provide feedback and comments on the design report.
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report.
- Participate in meetings with the evaluation team.
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response.

The **regional M&E adviser** in UNFPA WCARO will provide guidance and backstopping support to the evaluation manager at all stages of the evaluation process. The responsibilities of the regional M&E adviser are:

- Provide feedback and comments on the draft ToR (incl. annexes) in accordance with the UNFPA Evaluation Handbook, and submit the final draft version to the UNFPA Evaluation Office for review and approval.

- Support the evaluation manager in identifying potential candidates and assessing whether they have the appropriate level of qualifications and experience.
- Liaise with the UNFPA Evaluation Office on the completion of the ToR and the selection of the evaluation team.
- Review the design report and provide comments to the evaluation manager, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report and provide comments to the evaluation manager.
- Support the evaluation manager in reviewing the final evaluation report.
- Prepare the EQA of the final evaluation report in collaboration with the evaluation manager, using the EQA grid and its explanatory note.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The responsibilities of the Evaluation Office are as follows:

- Review and approve the ToR (incl. annexes).
- Review and pre-qualification of the consultants.
- Commission the independent EQA of the final evaluation report.
- Publish the final evaluation report, independent EQA and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process. In addition to his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 7th UNFPA CP in Sierra Leone.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The evaluation manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the evaluation manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the CP described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, family planning and obstetric fistula. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Sierra Leone CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Adolescents and youth expert

The adolescents 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. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Sierra Leone CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment 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 GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of

contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Sierra Leone CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Young and emerging evaluator

The young and emerging evaluator will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will also participate in data collection (site visits, interviews, group discussions and document review) and contribute to data analysis and the drafting of the evaluation report, as agreed with the evaluation team leader. In addition, s/he will provide administrative support throughout the evaluation process and participate in meetings with the evaluation manager, UNFPA Sierra Leone CO staff and the ERG.

The modalities for the participation of the evaluation team members (incl. the young and emerging evaluator) in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- PhD or 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 and/or humanitarian settings.
- **Demonstrated expertise in one of the thematic areas of the CP covered by the evaluation (see expert profiles below).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the International architecture and coordination mechanism.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Sierra Leone.
- Fluent in written and spoken English Language.

SRHR expert

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

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning & obstetric fistula.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanism.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Sierra Leone.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Adolescents and youth expert

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

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.

- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge of adolescent and youth issues, in particular SRHR of adolescents and youth.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the humanitarian architecture and coordination mechanism.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Sierra Leone.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Gender equality and women's empowerment expert

The competencies, skills and experience of the gender equality and women's empowerment 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 and/or humanitarian assistance.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanism.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Sierra Leone.

- Familiarity with UNFPA or other United Nations organizations’ mandates and activities will be an advantage.
- Fluent in written and spoken English.

Young and emerging evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor’s degree in public health, demography or population studies, social sciences, statistics, development studies or a related field.
- Certificate in evaluation or equivalent qualification.
- Up to five years of work experience in conducting evaluation or M&E in the field of international development.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage.
- Fluent in written and spoken English.

13. Budget and Payment Modalities

The evaluators (incl. the young and emerging evaluator) will receive a daily fee according to the UNFPA consultancy scale based on educational qualifications and work experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon satisfactory delivery and approval of the design report	20%
Upon satisfactory submission of the evaluation matrix	20%
Upon satisfactory delivery of the draft final evaluation report	30%

Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%
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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	Thematic experts	Young and emerging evaluator
Design phase	7	3	3
Field phase	21	21	21
Reporting phase	21	10	10
Dissemination and facilitation of use phase	1	1	1
TOTAL (days)	<i>50</i>	<i>35</i>	<i>35</i>

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the evaluation manager.

14. Bibliography and Resources

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

UNFPA documents

1. UNFPA Strategic Plan (2014-2017) (incl. annexes)
<https://www.unfpa.org/resources/strategic-plan-2014-2017>
2. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
3. UNFPA Strategic Plan (2022-2025) (incl. annexes)
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
4. UNFPA Evaluation Policy (2019)
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>
5. *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA* (2019)
<https://www.unfpa.org/EvaluationHandbook>
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