United Nations Population Fund (UNFPA)

Afghanistan Country Office

TERMS OF REFERENCE
RFQ/UNFPA/KBL/20/09

For Evaluation of the United Nations Population Fund (UNFPA) Project

"Increasing Access to GBV Response Services in
Eleven Provinces of Afghanistan: Implementing the GBV Health Sector Response Model"

Dec 2017- Dec 2020

17 June 2020

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List of Acronyms/Abbreviations

AfDHS	Afghanistan Demographic and Health Survey
ANDS	Afghanistan National Development Strategy
ANPDF	Afghanistan National Peace and Development Framework
AWP	Annual Work Plans
CPD	Country Program Document
CO	County Office
DEX	Direct Execution
ET	Evaluation Team
EQA	Evaluation of Quality Assessment
GBV	Gender Based Violence
GoIRA	Government of Islamic Republic of Afghanistan
HDI	Human Development Indices
HEWAD	HEWAD Reconstruction, Health and Humanitarian Assistance Committee (HEWAD) National NGO
HNTPO	Health Net TPO, International NGO
IMC	International Medical Corps, AFG
MoI	Ministry of Interior
MoPH	Ministry of Public Health
MoU	Memorandum of Understanding
MOVE	Move Welfare Organization (MOVE), National NGO
MoWA	Ministry of Women Affairs
NEX	National Execution
OECD DAC	Organization for Economic Co-operation and Development's Development
SDG	Sustainable Development Goals
ToR	Terms of Reference
UN	United Nations
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. Introduction

The UNFPA Afghanistan Country Office is planning to conduct an independent evaluation of its project "*Increasing Access to GBV Response Services in Eleven Provinces of Afghanistan: Implementing the GBV Health Sector Response Model*-20-18-2020". The project is supported financially by the Korean International Cooperation Agency (KOICA).

The evaluation will serve three primary purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources, (ii) support evidence-based decision-making, and (iii) contribute important lessons learned to the existing knowledge base on how to accelerate the implementation of the Program of Action of the International Conference on Population and Development (ICPD) and support the achievement of SDGs. The evaluation is aimed at generating an independent assessment of successes, challenges, and lessons learned so that this can feed into the further development of Health Sector Response to GBV in the country.

The evaluation will be an external, independent exercise undertaken by an evaluation consultancy firm and managed by the UNFPA Country Office.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). The evaluation team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG.

The primary users of evaluation will be decision-makers in UNFPA, counterparts in the Government of Afghanistan, and KOICA. Additionally, implementing partners who are directly implementing the health sector response to GBV in the field and NGOs implementing Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) in the provinces and other UN agencies involved in GPV prevention and services delivery, e.g. United Nations Children's Fund [UNICEF], World Health Organization [WHO], UNWOMEN are intended audience for the evaluation results.

The Terms of Reference (ToR) sets out the details of the evaluation process, methodology, outputs, and management arrangements, including quality assurance mechanisms.

2. Context

2.1. Country Situation Analysis

Afghanistan's population, estimated at 31.6 million with 51% men and 49% women in 2019[1], with an annual growth rate of 2.03 per cent, is among the fastest-growing in the world and accounts for an increase of approximately 375,000 people per year. Afghanistan also has one of the highest Total Fertility Rates (TFR) in the world at 5.3 children per woman[2]. At that rate, the Afghan population is expected to double in 24 years[3]. Due to the relatively high fertility, nearly half of Afghanistan's population (47 per cent) is under the age of 15, and 16 per cent is under five years.

The population of Afghanistan is very young. By 2020, the number of school-age children will grow to 5.5 million, by 2.5 million, more than the education system can currently absorb. Unemployment and underemployment are widespread. Afghanistan faces a youth bulge, and there are insufficient jobs for the roughly 300,000 Afghans entering the labour force each year. [4]High dependency ratios undermine savings. 47.5 per cent of the population is aged 15 or below and economically dependent. These means households use their incomes predominantly for consumption and reserve little for

[1] Islamic Republic of Afghanistan. National Statistics and Information Authorities. *Afghanistan Statistical Year Book 2018-2019*. NSIA: Kabul. Issue No. 40, July 2019

[2] Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF. 2017. *Afghanistan Demographic and Health Survey 2015*. Kabul, Afghanistan: Central Statistics Organization.

[3] Islamic Republic of Afghanistan. Ministry of Public Health. United Nations Population Fund. *National Family Planning Summit: Reviewing Commitment to the Family Planning Program*. Feb 2019. Kabul, Afghanistan

[4] World Bank. Preliminary Analysis of Household Data Survey. Washington DC: World Bank. 2018

savings. Lower savings limit Afghanistan's capacity to grow, with fewer resources available to finance investment.[5]

Afghanistan's Human Development Index (HDI) value for 2019 is 0.41 for women, and 0.56 for men and Gender Development index is 0.72 — which put the country in the low human and gender development category—positioning it at 170 out of 189 countries and territories.[6] Education and health outcomes continue to lag in many areas. Nearly 70 per cent of Afghans are illiterate, with negative impacts on productivity and options for economic development;[7]

As of 2019, Afghanistan ranked 143 of 189 countries on the gender inequality index.[8] Violence Against Women and Girls are widely prevalent; 56% of ever-married women experiences at least one form of physical, sexual, or emotional violence, mainly from their spouses- even worse, 16% of women age 15-49 reported that they experienced violence during pregnancy. Women's Participation in Decision-making is widely low: fewer than half of the women (48%) participate in decision making about their health.9 Also, child marriage is prevalent across the country; according to the Afghanistan DHS2015, 35% of women ages 20-24 who were married by the age of 18, which further complicates the GBV situation in the country.

Adverse public health effects of GBV include exposure to sexually transmitted infections, gynaecological fistula, unwanted pregnancy, psychological sequelae, chronic pain, physical disability, and substance abuse. These effects are not only health and wellbeing of women but their dignity and rights to decide about their reproductive health and rights, active participation in their communities and contributing to peacebuilding as citizens.

2.2. UNFPA's Health Sector Response to GBV in Afghanistan

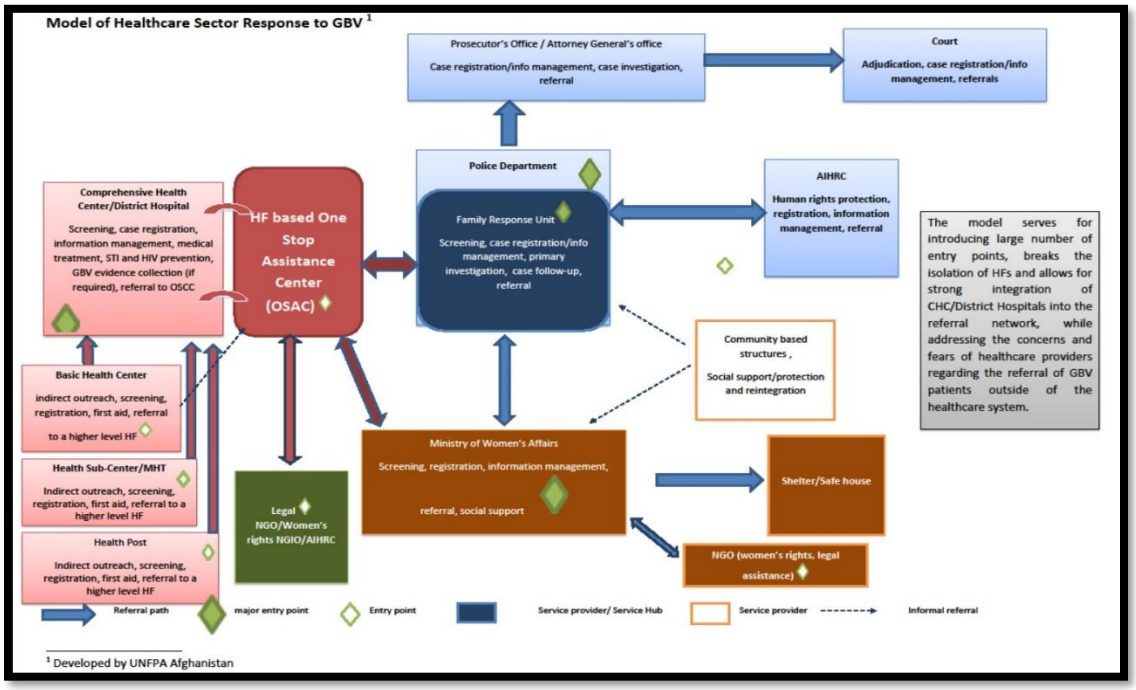
Health Sector Response of GBV is one of the strategic interventions articulated in the fifth output of UNFPA fourth Country Programme 2015-2021 aims to strengthen the capacity of the health sector and law-enforcement bodies for prevention, response, and monitoring of GBV and child marriage in targeted provinces. The health sector response to GBV in UNFPA 4th country programme is aligned with the Afghanistan One UN Programme 2018-2021[10], Afghanistan National Health Policy 2015-2020[11] and National Health Strategy 2016-2020[12], National Gender and Human Rights Strategy and contributes to the achievement of the Sustainable Development Goals (SDGs) 5 by the Government of Afghanistan.

UNFPA, in collaboration with the MoPH, developed the health sector response to GBV model. This strategic response approach on GBV was approved by the Government of Afghanistan and integrated into the National Gender and Human Right Strategy of the MoPH.

The model envisages the introduction of the **Family Protection Centers (FPC)** within both regional and provincial hospitals to enhance the system's capacity to offer more extensive choices and solutions for women and girls subjected to GBV and lessen, if not eliminate, security risks for GBV survivors and service providers. The centres seek to integrate professional assistance (*psychosocial, medical and legal*

[5] Central Statistics Organization (2018), Afghanistan Living Conditions Survey 2016-17. Kabul, CSO.
[6] United Nations Development Program. Human Development Indices and Indicators: 2019 Statistical Update Briefing note for countries on the 2019 Statistical Update Afghanistan. Available: http://hdr.undp.org/en/content/human-development-index-hdi
[7] World Bank. Afghanistan to 2030: Priorities for Economic Development Under Fragility. Washington DC: World Bank.2018
[8] United Nations Development Programme (UNDP). *Human Development Reports: Table 5: Gender Inequality Index*. Available: http://hdr.undp.org/en/content/table-5-gender-inequality-index-gii
[9] Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF. 2017. Afghanistan Demographic and Health Survey 2015. Kabul, Afghanistan: Central Statistics Organization.
[10] United Nations. One UN for Afghanistan 2018-2021. Kabul. UN.2018
[11] Islamic republic of Afghanistan. Ministry of Public Health. National Health Policy 2015-2020. Kabul. MoPH 2015.
[12] Islamic republic of Afghanistan. Ministry of Public Health. National Health Strategy 2016-2020. Kabul. MoPH 2016.

support and referral services into the health sector) and act as a one-stop assistance centre. The following diagram is presenting the Health Sector Response model and its relation with different sectors.



Currently, health sector response with a focus on FPC is established in 22 provinces of the country with active 25 FPC: Kabul, Herat, Bamyan, Balkh, Nangarhar, Laghman, Kunar, Parwan, Kapisa, Daikondi, Kondoz, Jawzjan, Samangan, Kandahar, Khost, Paktya, Farah, Nimroz, Badghis, Faryab and Baghlan).

UNFPA Health sector response to GBV is mainly supported by three donors in the country; DFID, Ministry of Foreign Affairs of the Republic of Korea, and DFAT.

In addition to UNFPA, the World Health Organization (WHO) has been involved in the capacity development of health care providers of BPHS and EPHS in GBV Case Management Protocol, which is complementing to health sector repose to GBV.

3. Project Description

The project "*Increasing Access to GBV Response Services in Eleven Provinces of Afghanistan: Implementing the GBV Health Sector Response Model"*, under the UNFPA's health sector response to GBV has been supported by the Ministry of Foreign Affairs of the Republic of Korea through the Korean Embassy in Kabul for the period between 19 Dec 2017 to 31 Dec 2020.

Geographical Coverage: The project is the continuation of the previous project supported by the Republic of Korea, which covered five FPCs in Kabul, Bamyan, Nangarhar, Baghlan and Balkh. In addition, the project cover expansion of FPCs to six new provinces of Khost Paktya Samangan Ghor Faryab, Badghis. Furthermore, the project was expanded to *Nimroz, Herat and Kunduz* by establishing of three new FPCs in late 2019.

Amendment of the project*:* In Nov 2018, UNFPA submitted a concept note to the donor and proposed an amendment replacing the bassline Knowledge Attitude Practice survey to define the baseline for the project outcome level and was replaced with indicators reported in Afghanistan DHS 2015. In addition, the amendment included Piloting the concept of a Comprehensive Family Protection Centre: Comprehensive FPC model is a modified version of FPC where additional adolescent and youth services of Pre-marriage counselling and provision of Youth Health Corner which provides Adolescent Sexual and Reproductive Health information and counselling in addition to

the standard services of FPC. The proposed amendment was accepted by the donor. However, this model was formerly called Comprehensive Family Protection Centre (Cfpc), was changed the name to Alternative Family Protetcion Center (aFPC) to avoid any confusion or misunderstanding for services being provided and nature of interventiuons taking place.

Budget: The Korean Embassy of Afghanistan is providing Five Million Four Hundred Thirty-Three Thousand Three Hundred Eighty-Two Dollars (USD 5,433,382) from December 2017 to December 2020, which cover supporting of all 14 FPCs in 14 provinces as described above

The situation of GBV in the Targeted Provinces

Afghanistan DHS2015 is the only reliable data presented the prevalence of GBV in the country. Prevalence of physical or sexual violence in the targeted provinces ranges from the minimum of 9.2% in Nimroz to the highest provinces in the country such as Ghor, Herat, Baghlan, Paktya, and Nangarhar with the prevalence of 90.3%, 89.9%, 72%, 67.2%, and 50.5%, respectively. The average prevalence of physical or sexual violence in the country is 46.1%. The bellow table presents the detail indicators of women empowerment and GBV by provinces.

No.	**Province**	**Women Empowerment** Women's participation in decision making by background characteristics				**GBV** Physical or sexual violence	Wealth quintiles	Women Literacy
		Woman's own health care	Making major household purchases	Visits to her family or relatives	All three decisions	Percentage of women who have experienced physical or sexual violence in the past 12 months from any husband	Gini Coefficient	Secondary school or higher
1	Nimroz	51.9	45	62.5	38	9.2	0.17	9
2	Bamyan	69.6	68	73.8	65.9	14.9	0.15	6.8
3	Balkh	62.7	57.6	71.6	49.4	18	0.33	11.2
4	Samangan	47.3	50	72.7	46.5	20	0.24	6.5
5	Khost	63.4	58.4	59.5	55.2	21.4	0.19	0.9
6	Kabul	43.8	40.4	54.9	28.6	36.4	0.15	20.1
7	Kunduz	30.9	31.4	47.1	26.4	37.3	0.24	4.8
8	Faryab	72.1	36.3	68.2	23.9	43.4	0.12	15.5
9	Badghis	48.8	39.2	48.4	34	44	0.33	1.3
10	Nangarhar	29.6	34.1	50	25.9	50.5	0.23	6.6
11	Paktya	31.7	31.8	35.9	21.2	67.2	0.19	1.1
12	Baghlan	62.8	78.6	51.5	48.9	72	0.22	7.5
13	Herat	49.8	28.5	46.8	18.9	89.9	0.3	8.3
14	Ghor	27.9	22.7	61.1	20.3	90.3	0.24	6.7
Afghanistan		**47.6**	**42.1**	**53.7**	**32.6**	**46.1**	**0.14**	**8.6**
	Min	27.9	22.7	35.9	18.9	9.2	0.12	0.9
	Median	49.3	39.8	57.2	31.3	40.35	0.225	6.75
	Max	72.1	78.6	73.8	65.9	90.3	0.33	20.1

Project Beneficiaries:

The direct beneficiaries of the project are 30,000 GBV survivors who are able to seek and receive GBV prevention and response services in FPCs. The indirect beneficiaries of projects are total population of 2,061,601 reside in 14 provinces. Besides, the followings are the critical indirect beneficiaries of the project: FPC staff and health care providers whose providing GBV case management and psychosocial counselling; Government (MoPH, MoWA, MoI) at national and provincial levels; and selected Implementing Partners (MOVE, HEWAD, IMC, HNTPO) whose institutional and management capacities for GBV programming will be enhanced through the various activities. The following table summarizes the beneficiaries of the project.

S/N	Provinces	Number of GBV cases registered in FPCs Jan 2018-April2020)	Indirect Beneficiaries (people sensitized)	# of FPC Staff	NGO staff implementing BPHS/EPHS	Regional/Provincial Hospital Staff as GBV Focal Points	BPHS Staff as GBV Focal Points
1	Bamyan	2,805.00	19635	3	0	0	19
2	Badghis	1,699.00	11893	3	0	0	8
3	Paktia	2,262.00	15834	3	0	0	14
4	Nimroz	718.00	5026	3	0	13	0
5	Nangarhar	2,763.00	19341	3	0	20	0
6	Ghor	1,517.00	10619	3	0	12	0
7	Hirat	527.00	3689	3	0	15	0
8	Khost	1,874.00	13118	3	0	10	0
9	Kabul	3,106.00	21742	3	1 (SDO)	0	0
10	Samangan	1,758.00	12306	3	1 (AHEAD)	0	0
11	Balkh	3,167.00	22169	3	1 (BDN)	0	0
12	Faryab	1,539.00	10773	3	1 (AADA)	0	0
13	Baghlan	3,837.00	26859	3	2 (BDN)	0	0
14	Kunduz	622.00	4354	3	2(JAG)		0
Grand total		**28,194.00**	**197,348**	**42**	8	**70**	**41**

Expected Results of the Project:

The project has three outputs contributing to the one project outcome.

Outcome: Increased access and utilization of GBV prevention and response services in 11 provinces in Afghanistan.

Outcome Indicators

- Per cent of ever-married women and men age 15-49 who agree that a husband is justified in beating
  his wife under certain circumstances experience of Gender-Based Violence
- Per cent of ever-married women age 15-49 who have experienced physical violence
- Per cent of ever-married women age 15-49 who have experienced violence committed by their husband
- Per cent of ever-married women age 15-49 who have ever experienced physical or sexual violence persons committing physical violence

Output 1: Strengthened capacity for GBV response within the health sector in 11 provinces (Health service providers from BPHS and EPHS facilities in 11 provinces trained on GBV SOP/Data collection and PSC)

Key Output Indicator:

- 60% of BPHS and EPHS health facilities in the 11 provinces (five provinces under the current project and six new provinces) with functional capacity for management and referral of GBV survivors:
- 1200 health workers trained in GBV SOP/data collection

- 1200 health workers trained in GBV psychosocial counselling

Output 2: Increased access to GBV information and response services in health, legal, police and protection in each province by GBV survivors (*Provided GBV services through BPHS, EPHS, and FPCs, including referral within the health sector and with other sectors, in 11 provinces of Afghanistan*)

Key Output Indicators
- 11 (five current and six new) FPC units integrated within existing Hospitals providing integrate survivor cantered GBV services.
- 60% of BPHS and EPHS are providing GBV services, including\ clinical case management and psychosocial counselling, and referral.
- 6,000 GBV survivors reached with GBV related services each year, by type of service (from BPHS/EPHS/FPC trained/functional)
- Existence of functional GBV referral networks (referral maps, trained focal points, referral sheet, cases referred) for health, police, legal and Social protection sector within the target provinces.
- Existence of functional GBV Case Management Structures in support (*ToR and minutes of the monthly meeting*) of each FPC and its referral network in each province
- 10 community dialogue sessions conducted per province per year (Total = 330)

Output 3: GBV actors are able to access documented examples of initiatives and studies on GBV for policy-making and improved programming (*Knowledge and evidence on GBV generated for informed decision making of GBV actors at the national and in 14 provinces of Afghanistan*).

Key Output Indicators
- Existence of Baseline Survey (Knowledge, Attitude and Practice) Report covering the new six target provinces.
- Existence of GBV Capacity Assessment Report of the GBV duty bearers in the new 6 provinces.
- 28 monitoring visits conducted per year/province and documented
- One Semi-annual and one annual report prepared and submitted on time to UNFPA/year
- One Annual GBV Programme Reviews conducted and documented
- One case studies/practice examples documented per province
- Existence of GBV End of Project Evaluation Report covering the 6 provinces

Implementation Modality:
The project has two implementation arrangement: direct execution by UNFPA for the overall management, coordination, and technical support while the field activities are implemented by UNFPA Implementing Partners as follows:

Implementing Partners	Provinces
MOVE Welfare Organization	Bamyan
HEWAD	Badghis, Paktia, Nimroz
HNTPO	Nimroz, Nangarhar, Ghor, Hirat, Khost
IMC	Kabul, Samangan, Balkh, Faryab, Baghlan, Kundoz

Key Government Partner:

Ministry of Public Health and Ministry of Women Affairs is the key Government partner to this project.

4. Objectives and Scope of Evaluation

The evaluation will cover the period Dec 2017 up to June of 2020 with the following specific objectives:

Objective 1: Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of project and progress towards the expected outputs and outcomes of the project, challenges, and lessons learned of the project implementation;

Objective 2: To review the design of the project including management, operations, coordination, and partnership arrangements;

Evaluation Criteria and Preliminary Evaluation Questions

The evaluation of programmatic areas will follow the OECD DAC criteria of relevance, effectiveness, efficiency, and sustainability, and additional UNFPA specific criteria of coordination.

The evaluation team will select and further refine a maximum of ten evaluation questions in the design report:

Relevance

a. To what extent is the project (i) adapted to the needs of the population, particularly of the most vulnerable and marginalized (ii) in line with the priorities set by the national policy frameworks?
b. The evaluation will also assess the alignment of with the UNFPA Strategic Plan 2018-2021 and One-UN Mutual Accountability Framework 2018-2021, and Sustainable Development Goals.

Effectiveness

a. To what extent have the project outcomes and outputs been achieved?
b. To what extent the project activities are aligned with the project outputs and activities implemented?
c. To what extent the project contributed to a multisectoral response to GBV at the national and provincial level, including the establishment of an effective referral mechanism within and between health and other sectors?
d. To what extent did the project integrate a gender-responsive and human rights-based approach to program planning, implementation, and monitoring?
e. To what extent the FPCs are implemented as per the FPC Implementation Manual?
f. To what extent the project contributed to the national and provincial institutional development and capacity development of IPs and health providers of BPHS and EPHS?
g. To what extent the GBV survivors reintegrated to the family and society and has not experienced recurrent GBV?
h. To what extent the Implementing Partners have the capacity to implement the project activities in line with the project design, health sector response guidelines?
i. To what extent the GBVIMS effectively managed and used at the national, provincial, and FPC and facility levels?
j. To what extent the GBV cases reported by IPs are verifiable with the FPCs and GBVIMS?
k. To what extent the community dialogues are effectively documented and contributed to the utilization of FPCs?
l. To what extent the case management committee effectively addressed the GBV cases at the provincial level?
m. To what extent the capacity development and GBV Outreach focal points contributed to an effective two referral mechanism?

Efficiency

a. To what extent has the project made good use of its human, financial, technical and administrative resources, and has used an appropriate combination of tools and approaches to pursue the achievement of project outcomes and outputs promptly?
b. To what extent the project was efficient in terms of value for money?
c. What are unit cost and transaction cost of FPC model (overall Unit Cost including all transaction costs, Unit cost excluding the UNFPA transaction cost, Unit cost excluding the IP transaction cost, and FPC Unit cost excluding the outreach cost)?

Sustainability

a. To what extent the FPC is integrated into the structure and management of provincial and regional hospitals?
b. To what extent the GBV data management are integrated into the national Health Management Information System?
c. To what extent has UNFPA been able to support it's the government partners, implementing partners in developing capacities and establishing mechanisms to ensure ownership and durability of effects of project interventions?
d. To what extent has the CO established, maintained, and different leveraged types of partnerships to ensure that UNFPA can make use of its comparative strengths in the achievement of project outcome and outputs?

Coordination

a. To what extent has the UNFPA coordinated the project identification, development, and management with government partners at the national and sub-national level?
b. To what extent UNFPA and Implementing partners coordinated the project activities with the BPHS and EPHS implementing NGOs as key relevant partners?

Added Value

a. What is the main UNFPA added value in the country context in the health sector response to GBV as perceived by national stakeholders?

5. Methodology and Approach

Evaluation approach

The evaluation consultancy firm/team will use a multiple-method approach including (but not limited to) desk review of documents, data analysis and collection, analysis of some primary data and information through key informant interviews, group discussions, observations, and meetings with key partners.

The evaluation will be guided by the following standards, among others: Integrating Human Rights and Gender Equality in Evaluation, UNEG Norms, and Standards for Evaluation in the UN System, and UNEG Ethical Guidelines for Evaluation (http://www.unevaluation.org/document/detail/102). The evaluation will be transparent, inclusive, and participatory, as well as gender and human rights responsive. The evaluation will seek and utilize data disaggregated by age, gender, vulnerable groups, etc., to ensure findings that are gender reflective and targeted. The evaluation will use a mixed-method approach design as appropriate.

Stakeholder Participation: Ministry of Public Health and Ministry of Women Affairs is the key government stakeholders at the national and subnational level where the project is implemented. In addition, Implementing Partners executing the project at the field level, including the provincial staff

and FPC staff are the key stakeholders involved in the implementation of project activities. Provincial Hospital Management and staff where the FPCs are operating, and BPHS facilities and focal points in each province are involved in establishing a referral mechanism between FPC and BPHS and EPHS facilities for compressive management of GBV cases. Moreover, the health sector response is functioning in a multisectoral environment to strengthen multisectoral response to GBV; therefore, Ministry of Interior (MoI) and Afghanistan Independent Human Rights Commission (AIHRC) are crucial stakeholders of the project. Two UN agencies; WHO and UNWOMEN, have a complementary role to health sector response and are considered as a stakeholder of the project as well. WHO is complementing to health sector response to GBV through the capacity building of BPHS and EPHS staff on GBV Cases Management Protocol and UNWOMEN is supporting Shelter for GBV survivors in Kabul and provinces. GBV survivors and their family are also the central stakeholders of the project. Also, donors supporting the health sectors response to GBV, e.g. Embassy of the Republic of Korea, DFID, AICS, and DFAT are among the key donors and supporters of the health sector response to GBV.

The evaluation team consider the stakeholders in the design of the projects as beneficiaries and key informant to collect their opinion about the project.

Sampling strategy. The evaluation team will identify a suitable sampling strategy to reflect the broad geographic coverage of provinces, the wide range of stakeholders, including beneficiaries, and the time available for data collection. The sampling strategy shall form part of the evaluation team's design report. UNFPA Afghanistan will provide necessary inputs such as priority programs, accessibility, and logistical support to collect data.

Data collection

Primary data will be collected through in-depth interview, semi-structured interviews, observations, and focus group discussions with policymakers, partners, and beneficiaries, as appropriate.

Secondary data will be collected through desk reviews of existing literature, policy and program documents, work plans, budgets, progress reports, databases, and various researches conducted by implementing partners.

Validation. All evaluation findings should be supported with evidence. The evaluation team will use a variety of validation mechanisms to ensure the quality of data collected. Data must be triangulated across sources and methods. The evaluation team will validate the data with key stakeholders and ensure that there are no factual errors or errors of interpretation and no missing evidence that could materially change the findings.

Evaluation audience

The primary audience of the evaluation are:

1. The Ministry of Public Health will use the products to help make decisions about embedding gender-based violence response services into government-funded and managed health service delivery mechanisms.
2. UNFPA will use the products to improve programme delivery, learning what works, when and for whom, and refining the programme accordingly.
3. Korea will use the products to inform decisions about current and future work in GBV, mainly in Afghanistan but also beyond, as the evaluation(s) will be public documents.
4. Afghan communities and health service providers in target provinces are also essential audiences for certain areas of the evaluation findings.

5. Evaluation Process

The evaluation will involve the following phases:

a. Preparation Phase

This is the first phase that is managed by the UNFPA CO, which include the followings:

- ✓ Develop the ToR of the evaluation
- ✓ Recruit the required evaluation consultancy firm/team
- ✓ Preparation of documents for review
- ✓ Stakeholder mapping: a map of stakeholders relevant to the evaluation and the strength of the relationship to the program.
- ✓ Coordination with the key stakeholders about the evaluation.

b. Design Phase

This phase will be managed by evaluation consultancy firm/team and include:

- ✓ A desk review of all relevant documents available at UNFPA CO to health sector response to GBV and project-specific
- ✓ Reconstructing the intervention logic of the program – revisit the theory of change and results and resources framework meant to lead from planned activities to the intended results of the program;
- ✓ Developing the Evaluation Matrix: Finalize the list of evaluation questions, identify related assumptions and indicators to be assessed, and data sources (using the template and example provided in the UNFPA Country Program Evaluation Handbook);
- ✓ Developing data collection, sampling, and analysis strategy and data collection tools;
- ✓ Specifying limitations and risks in conducting the evaluation and plan mitigation strategies to overcome these limitations and risks.
- ✓ Developing a concrete work plan for the field phase along with clear delineation of the roles and responsibilities of team members; and
- ✓ Finalizing the design report. A design report will be produced in accordance with the UNFPA CPE Guidance that is quality assured by the UNFPA Country Office before commencing the field phase.
- ✓ The evaluation is targeting human subject; therefore, the Evaluation Team submit the evaluation protocol and tools for ethical and technical review of IRB as a critical milestone before field data collection.
- ✓ To what extent the GBV Sub-cluster structure at the national and sub-national level contributed to the effectiveness of Health Sector Response to GBV?

b. Field Phase

In this phase, the Evaluation Team will conduct a field mission to collect the data and conduct preliminary analyses required to answer the evaluation questions. At the end of the data collection, the team will conduct a debriefing meeting(s)/validation workshop with UNFPA CO, IPs key government ministries to present the preliminary findings and test preliminary conclusions and recommendations.

c. Reporting Phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepares a first draft of the evaluation report, taking into account the comments made by the CO and IPs at the debriefing meeting(s)/validation workshop. The draft evaluation report will be submitted to UNFPA CO for formal review and comments. The comments from the UNFPA CO will be addressed by the evaluation team in revising the draft final report with an audit trail of response to comments provided.

The country office will convene an in-country dissemination workshop attended by the CO as well as key program stakeholders (including key national counterparts, donors, CSOs representing

beneficiaries) to share the findings, conclusions, and recommendations of the report. This workshop will provide an opportunity to validate the factual content of the report and broaden the ownership of the evaluation findings and way forward. The evaluation team will finalize the evaluation report, working closely with the UNFPA CO based on the feedback from this workshop.

The final report will be cleared and approved by the CO. The quality of the report will be assessed based on the criteria set out in the UNFPA Guidance (using the template and example provided in the UNFPA Country Program Evaluation Handbook).

d. Management Response, Dissemination and Follow Up

The Gender Unit of UNFPA in collaboration with the MoPH and MOWA will provide a management response to each evaluation recommendation for further improvement of health sector response to GBV.

A dissemination strategy will be in place to share findings and lessons internally within UNFPA and externally. The evaluation report will be posted on the CO website. The findings will be shared with partners and the public through public websites, national and international meetings, conferences, journals, and media briefs, as per the dissemination strategy.

6. Expected Output and Deliverables

The evaluation team will produce the following deliverables:

a. **The design report** (following the attached outline) including (as a minimum):
- Stakeholder map;
- Evaluation Matrix (including the final list of evaluation questions and indicators); and evaluation tools
- Overall evaluation design and methodology, including a detailed description of the data collection plan for the field phase;
- Roles and responsibilities of the team members and a work plan;

b. **Institutional Review Board (IRB) approval**: The evaluation is targeting human subject; therefore, the Evaluation Team submit the evaluation protocol and tools for ethical and technical review of IRB as a key milestone prior to field data collection.
c. **The debriefing presentation** document synthesizing the main preliminary findings, conclusions, and recommendations of the evaluation, to be presented and discussed with the CO, IPs, government ministries during the debriefing meeting foreseen at the end of the field phase;
d. **The draft evaluation report, with Annexes** (followed by a second draft, taking into account potential comments from the UNFPA CO and key stakeholder);
e. **A presentation of the results of the evaluation** for the dissemination workshop;
f. A final report, based on comments expressed during the dissemination workshop, and
g. **An Evaluation Brief**, a two-page summary of key evaluation findings/ conclusions/ recommendations of the final CPE report.

All deliverables will be drafted in English and shall follow the structure and detailed outlines in the Handbook on How to Design and Conduct a Country Program Evaluation at UNFPA.

7. Tentative Workplan and Indicative Schedule of Deliverables

Phases	Activity/ Milestone	Timeframe								Responsible Unit
		May 2020	Jun 2020	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	
Preparation Phase	• Develop the ToR of the evaluation • Recruit the required evaluation consultancy firm/team • Preparation of documents for review • Stakeholder mapping: a map of stakeholders relevant to the evaluation and the strength of the relationship to the program. • Coordination with the key stakeholders about the evaluation.									M&E Unit, Gender Unit, Procurement Unit
Design	• A desk review • Reconstructing the intervention logic of the program • Developing the Evaluation Matrix: Finalize the list of evaluation questions, • Developing data collection and sampling, and analysis strategy and data collection tools; • Specifying limitations and risks in conducting the evaluation and plan mitigation strategies to overcome these limitations and risks. • Developing a concrete work plan for the field phase • Finalizing the design report • IRB Approval									Evaluation Team
	Approval of the Design Report by UNFPA (including data collection tools and fieldwork plan)									UNFPA

Phases	Activity/ Milestone	Timeframe								Responsible Unit
		May 2020	**Jun 2020**	**July 2020**	**Aug 2020**	**Sept 2020**	**Oct 2020**	**Nov 2020**	Dec 2020	
Field	Data collection from partners/ stakeholders and those from sampled provinces, including preliminary analysis									Evaluation Team
	Coordination and Facilitation									UNFPA
	Debrief at the CO including the IPs and ERG									Evaluation Team
Reporting	Continuation of analytical work initiated during the field phase									Evaluation Team
	Preparation and submission of first draft evaluation report									Evaluation Team
	Quality assurance of the first evaluation draft report									UNFPA
	Preparation and submission of the the second draft evaluation report									Evaluation Team
	Dissemination workshop									Evaluation Team and UNFPA
	Preparation and submission of the final evaluation report based on comments expressed during the validation workshop,									Evaluation Team
	Approval of the final report									UNFPA
Management Response	Management response to evaluation recommendation									UNFPA & MoPH, MoWA
Dissemination	Conducting a dissemination workshop									Evaluation Team and UNFPA

8. Composition, Roles, and Qualification of the Evaluation Team

The evaluation will be conducted by a consultancy firm and core evaluation independent multi-disciplinary team composed of a Team Leader and two Evaluation Consultants.

The **Evaluation Team Leader** will have the overall responsibility during all phases of the evaluation to ensure the timely completion and high quality of the evaluation processes, methodologies, and outputs. In close collaboration with evaluators, she/he will lead the design of the evaluation, guide the methodology and application of the data collection instruments, and lead the consultations with stakeholders. At the reporting phase, she/he is responsible for putting together the draft evaluation report, based on inputs from other evaluation team members, and in finalizing the report based on inputs from UNFPA and stakeholders. To complement the assessment of the program components, she/he will also assess the operational (e.g., financial, administration, procurement) and monitoring mechanism of the project.

She/he will take part in the data collection and analysis work during the design and field phases, and shall be responsible for drafting critical parts of the design report and the final evaluation report.

Qualifications, Experience, and Competencies of the Evaluation Team Leader

- ✓ An advanced degree in evaluation with a focus on public health
- ✓ Significant knowledge of and professional experience (minimum five years) in complex evaluations in the field of development aid for UN agencies and/or other international organizations; led at least five public health project/programme evaluation in Afghanistan
- ✓ Should have demonstrable experience in leading multi-cultural, multi-disciplinary evaluation teams; and familiarity with Afghanistan;
- ✓ Substantive knowledge and experience in one of the programmatic areas covered by the evaluation
- ✓ Familiarity with UNFPA or UN mandates and operations is necessary;
- ✓ Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;
- ✓ Excellent analytical, communication, and reporting skills; and
- ✓ Fluency in English.

Programmatic Evaluation Consultant:

The evaluation consultant will focus on the programmatic aspect of the evaluation and support the evaluation team leader in the design, fieldwork, analysis, report, and dissemination of evaluation.

Qualifications, Experience, and Competencies of the Programmatic Evaluation Consultant

- ✓ An advanced degree in public health,
- ✓ Substantive knowledge of and professional experience (minimum five years) in health systems evaluation in general and gender-based violence project/programme evaluation;
- ✓ Significant knowledge and experience in complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- ✓ Good knowledge of the national development context and fluency in English and Dari/Pashto (knowledge of other significant dialects would be an advantage);
- ✓ Familiarity with UNFPA or UN mandates and operations will be an advantage;
- ✓ Strong interpersonal skills and ability to work with multi-cultural, multi-disciplinary teams;
- ✓ Proven drafting skills in English; and
- ✓ Ability to work in a team.

Economic Evaluation Consultant:

The Economic Evaluation Consultant will focus on efficiency analysis, including financial analysis of the project.

Qualifications, Experience, and Competencies of the Economic Evaluation Consultant

- ✓ An advanced degree in health economics
- ✓ Substantive knowledge of and professional experience (minimum 5 years) health economic analysis
- ✓ Significant knowledge and experience in complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- ✓ Good knowledge of the national development context and fluency in English and Dari/Pashto (knowledge of other significant dialects would be an advantage);
- ✓ Familiarity with UNFPA or UN mandates and operations will be an advantage;
- ✓ Strong interpersonal skills and ability to work with multi-cultural, multi-disciplinary teams;
- ✓ Proven drafting skills in English; and
- ✓ Ability to work in a team.

Indicative Allocation of Working Days per Evaluation Team Member

The consultancy firm shall describe in the bid proposal the details of allocation of workdays per evaluation team members.

Remuneration and Duration of Contract

This section will be indicated in the agreement between UNFPA and Consultancy Firm.

9. List of Documents for Evaluation Team

1) Handbook on How to Design and Conduct a Country Program Evaluation at UNFPA: https://www.unfpa.org/EvaluationHandbook
2) OECD-DAC Evaluation Criteria: https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm
3) Ministry of Public Health Afghanistan: https://moph.gov.af/en
4) Ministry of Women Affairs Afghanistan: https://mowa.gov.af/en
5) Deputy Ministry of Youth Affairs: https://moic.gov.af/en
6) Government National Data, MDG progress reports, and data: https://nsia.gov.af/library
7) Afghanistan SDGs: https://sdgs.gov.af/
8) Afghanistan National Priority Programs: http://policymof.gov.af/home/national-priority-programs/the-new-npps/
9) United Nations Population Fund Afghanistan: https://afghanistan.unfpa.org/
10) Afghanistan UNDAF 2015-2019
11) Afghanistan ONE-UN 2018-202: https://www.af.one.un.org/en/
12) UNFPA Strategic Plan 2018-2021: https://www.unfpa.org/strategic-plan-2018-2021
13) UNFPA Afghanistan 4th CPD (2015-2019) and Extension 2020-2021
14) UNFPA Afghanistan and GoIRA Country Program Action Plan (CPAP-2015 – 2019)
15) Project Agreement with Donor
16) Project Proposal and budget
17) Project Logframe
18) The Stakeholder Map
19) Donor reports
20) Annual Work Plans of Direct Execution (DEX) and National Execution (NEX)
21) The Country Office Resource Mobilization Strategy for implementation of the 4th CPAP
22) Implementing partners Work Plan Progress Reports
23) UNFPA Evaluation Guide (Evaluation Matrix, Evaluation Report)
24) United Nations-Approved editing guidelines

10. Annex: Format Request for Proposal

The interested Consultancy Firm is requested to submit the technical and financial proposal as per the following forms:

Form 1: Organization Background (Max 1Page)

***Guidance**: The applicant shall provide the establishment, registration, and financial statement (annual budget), list of Evaluation Projects the firm has under taken in since 2015. The list shall cover the following fields: Name of project, thematic areas, contracting agency, budget, link to the evaluation report*

Year	Title of evaluation	Thematic field	Funding Agency	Type of evaluation	Scope of evaluation	Budget	Link to evaluation report
2015							

Form 2: Technical Form (Max 4 Pages)

The following sub-headings are required to be included in the technical form:

2.1. Data collection method:

***Guidance**: The consultancy firm is required to provide specific data collection method for each evaluation major criteria and a rational why propose such a method. Detail of data collection shall be provided in the tentative evaluation matrix with focus on what, how, with whom, and who. Please see Evaluation Matrix in Annex 1.*

2.2. Sample Size and Sampling approach:

***Guidance**: The ToR has provided different stakeholders and beneficiaries involved in the project. Therefore, the evaluation firm is expected to provide a sample size for different target population as appropriate.*

2.3. Data management and Analysis:

***Guidance**: The evaluation firm is expected to provide method of managing and analysis of different data.*

2.4. Human Resource:

***Guidance**: The ToR has indicated a core evaluation team to be the overall responsible for the evaluation* **(Team Leader, Programme Consultant, Economic Consultant)**. *Besides, the evaluation firm is expected to provide description of human resources to be involved in this evaluation and rational. Meanwhile, CV of core evaluation team who are going to be assigned to this project shall be annexed; please see the format in Annex 2.*

2.5. Timeline:

Guidance*: The ToR has provided a timeline for the project; the evaluation firm is expected to provide opinion on feasibility of timeline.*

Form 3: Financial Form

The evaluation firm is expected to submit the financial proposal with the following specification

Cost Centre	Activity	Unit Cost (USD)	Number of Units	Total Costs (USD)	Rational for Unit cost
Design					
Data Collection					
Kabul					
Province xxx					
Data Analysis					
Reporting					

TOTAL COST		

Annex 1: Evaluation Matrix

Evaluation Objective	Evaluation Criteria	Evaluation issues	Method of data collection	Target population	Proposed tool	Remarks

Annex 2. CV of Core Evaluation Team (Team Leader, Programme Consultant, Economic Consultant)

Name:

Sex:

Education:

(Name of education major, Degree, University, Completion date)

Education Major	**University** *(Name, City, Country)*	**Degree Obtained**	**Starting-Completion Date**	**Type of programme** *(In campus, Distance, Online)*

Evaluation Course attended:

Education Major	**University** *(Name, City, Country)*	**Degree Obtained**	**Starting-Completion Date**	**Type of programme** *(In campus, Distance, Online)*

Evaluation Experience since 2015:

Title of evaluation	**Agency**	**Type of evaluation**	**Role in Evaluation**	**Link to evaluation report**