



**Evaluation of the UNFPA-UNICEF Joint Programme
on Female Genital Mutilation/Cutting (FGM/C): Accelerating
Change**

TERMS OF REFERENCE

May 2012

Table of Contents

Table of Contents	2
1. Introduction	3
2. Background	3
3. Evaluation purpose, objectives and scope.....	7
3.1 Purpose	7
3.2 Objectives.....	7
3.3 Scope	7
4. Evaluation methodology and approach	8
4.1 Evaluation questions	9
4.2 Data collection and analysis tools.....	10
4.3 Evaluation process	11
5. Users	14
6. Governance and management of the evaluation.....	14
7. Time schedule	17
8. The evaluation team	18
9. Deliverables and cost of the evaluation	19
10. Specification of tender	20
Annex 1: Structure of the inception, country case study and final reports	21
a. Structure of the inception report.....	21
b. Structure of the country case study reports	22
c. Structure of the final report.....	22
d. Guidelines for the cover for all reports.....	24
Annex 2: Bibliography and references	25
Annex 3: Editing rules for reports.....	27
Annex 4 - Ethical code of conduct for UNEG/UNFPA evaluations	28
Annex 5 – Evaluation quality assessment grid.....	29
Annex 6 – Evaluation matrix template.....	32

1. Introduction

Female genital mutilation/cutting (FGM/C) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. It is estimated that approximately 100 to 140 million girls and women have undergone some form of FGM/C, and at least 3 million girls are at risk of undergoing the practice every year. The age at which FGM/C is performed varies. In some areas it is carried out during infancy, in others during childhood, at the time of marriage, during a woman's first pregnancy or after the birth of her first child. The most typical age is 7 - 10 years or just before puberty, although reports suggest that the age is dropping in some areas.¹ FGM/C has both immediate and long-term consequences to the health and well-being of girls and women, negatively impacts maternal and neonatal outcomes, and also increases the risk of HIV/AIDS transmission. The practice is prevalent in 28 countries in Africa and in some countries in Asia and the Middle East. Girls' and women's health, their empowerment, and the realization of their rights are negatively affected by FGM/C as well as the achievement of the Millennium Development Goals related to reducing child mortality, improving maternal health and combating HIV/Aids.²

In 2007, UNFPA and UNICEF launched a joint programme entitled "Female Genital Mutilation/Cutting (FGM/C): Accelerating Change" with the objective of contributing to a forty per cent reduction of the practice among girls aged 0–15 years, with at least one country declared free of FGM/C by 2012. As part of an innovative strategic approach, two UN agencies work in synergy with the leadership of national governments, supporting community-based and national activities that have been identified as leading to positive social change. The main orientation of the programme is to support and accelerate the efforts already being undertaken at country and regional level through on-going programmes and not to be a stand-alone initiative.³

In 2012, on its fifth year of implementation, an evaluation of the UNFPA-UNICEF joint programme on FGM/C will be undertaken in line with the increasing need and demand from donors to strengthen UN cohesion through jointly delivering results. Furthermore, the evaluation will complement the Report of the Secretary-General on ending female genital mutilation⁴ (2012) and provide further evidence of progress towards ending this practice.

This evaluation will be undertaken jointly by the Evaluation Branch/DOS of UNFPA and the Evaluation Office of UNICEF to ensure that an independent and credible exercise is conducted that will inform global and national efforts to promote the abandonment of the practice.

2. Background

The UNFPA-UNICEF joint programme was established as the main UN instrument to promote acceleration in the abandonment of FGM/C. The joint programme aims to build on the successes of past experiences undertaken at country level, to generate additional understanding on the approach for the abandonment of the practice, and to provide additional coordination and support to country offices. Evaluations of past efforts supported by the UN⁵ have provided the basis for a holistic, human rights-based model that applies an understanding of FGM/C as a social norm, while simultaneously providing support to interventions with multiple stakeholders on multiple levels (local, national, and global).

¹ UNFPA and the Report of the Secretary-General on Ending female genital mutilation (E/CN.6/2012/8)

² UNFPA/UNICEF Joint Programme on Female Genital Mutilation-Cutting, Annual Report 2009

³ UNFPA/UNICEF Joint Programme on Female Genital Mutilation-Cutting, Annual Report 2010

⁴ Report of the Secretary-General: ending female genital mutilation E/CN.6/2012/8

⁵ As documented in the Coordinated Strategy to Abandon FGM/C and the Long-Term Evaluation of the Tostan Programme, available here: http://www.childinfo.org/fgmc_resources.html

The programmatic approach is informed by the 2008 Interagency Statement: Eliminating Female Genital Mutilation, signed by 10 UN agencies. It embraces and supports a process for positive change in which a core group in a community enlists others as a way of changing social norms and improving marriage prospects of girls who have not been cut. When the group is large enough to protect the social status of its members, the abandonment of the practice becomes self-sustainable and once it reaches a 'tipping' point, change is expected to be rapid and universal.

The joint programme strategy for FGM/C abandonment is guided by the following principles⁶:

- FGM/C is a significant sexual and reproductive health concern;
- Empowered communities making collective choices;
- Public declarations are a powerful means to persuade others;
- Engaging traditional and religious leaders as agents of change;
- The importance of banning the medicalization of FGM/C;
- Effective media campaigns shape attitudes; and
- A human rights based legal framework accelerates abandonment.

In 2008, eight countries were involved in the joint programme, which increased to 12 countries in 2009. In 2011, three additional countries joined, bringing the total to 15 countries of the 17 originally envisioned in the funding proposal (2007):

Country entry date in the FGM/C joint programme		
2008	2009	2011
1 - Djibouti	9 - Burkina Faso	13 - Eritrea
2 - Egypt	10 - Gambia	14 - Mali
3 - Ethiopia	11 - Uganda	15 - Mauritania
4 - Guinea	12 - Somalia	
5 - Guinea Bissau		
6 - Kenya		
7 - Senegal		
8 - Sudan		

The original estimated budget for the joint programme on FGM/C as per the funding proposal (2007) was 44 million dollars, but funding received did not reached the original estimates. Therefore the **present estimated budget for the six-year period is 32 million dollars**. As of April 2012, approximately 20.6 million dollars have been implemented by both agencies.

⁶ Logical Framework: Operational Guidance

Table 1: Joint Programme on FGM/C: Utilization Rates by country offices, INGOs and HQ 2008-2011

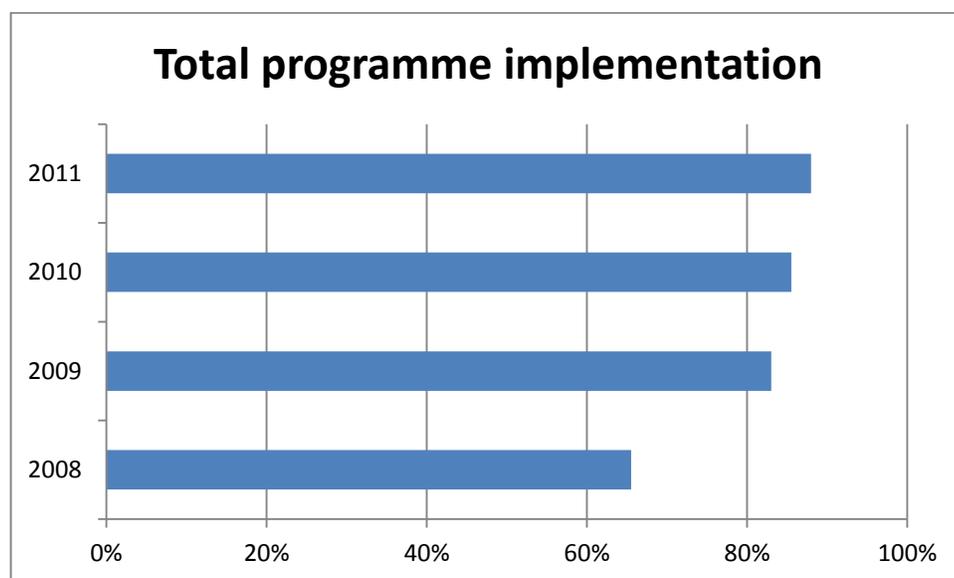
UNFPA & UNICEF Country Offices	2008 [†]	2009	2010	2011
Burkina Faso	n/a	82%	46%*	88%
Djibouti	100%	90%	76%*	85%
Egypt	100%	100%	90%*	98%
Eritrea	n/a	n/a	n/a	99%
Ethiopia	26%	89%	90%	87%
The Gambia	n/a	60%	94%*	90%
Guinea	13%	74%	91%	93%
Guinea-Bissau	81%	94%	84%	92%
Kenya	38%	99%	98%*	93%
Mali	n/a	n/a	n/a	89%
Mauritania	n/a	n/a	n/a	95%
Senegal	64%	78%	86%*	89%
Somalia	100%	73%	85%*	98%
Sudan	100%	98%	85%	87%
Uganda	n/a	71%	95%	45%
INGOs & HQ	33.6%	72%	92%	77%
Total	65.5%	83%	85.5%	88%

Source: UNFPA-UNICEF Joint Programme Financial Reports with ATLAS (UNFPA) and SAP (UNICEF) Financial Data Accessed at the time of the writing of the annual report for the referenced year

[†] Most countries received funds late in 2008 due to administrative delays

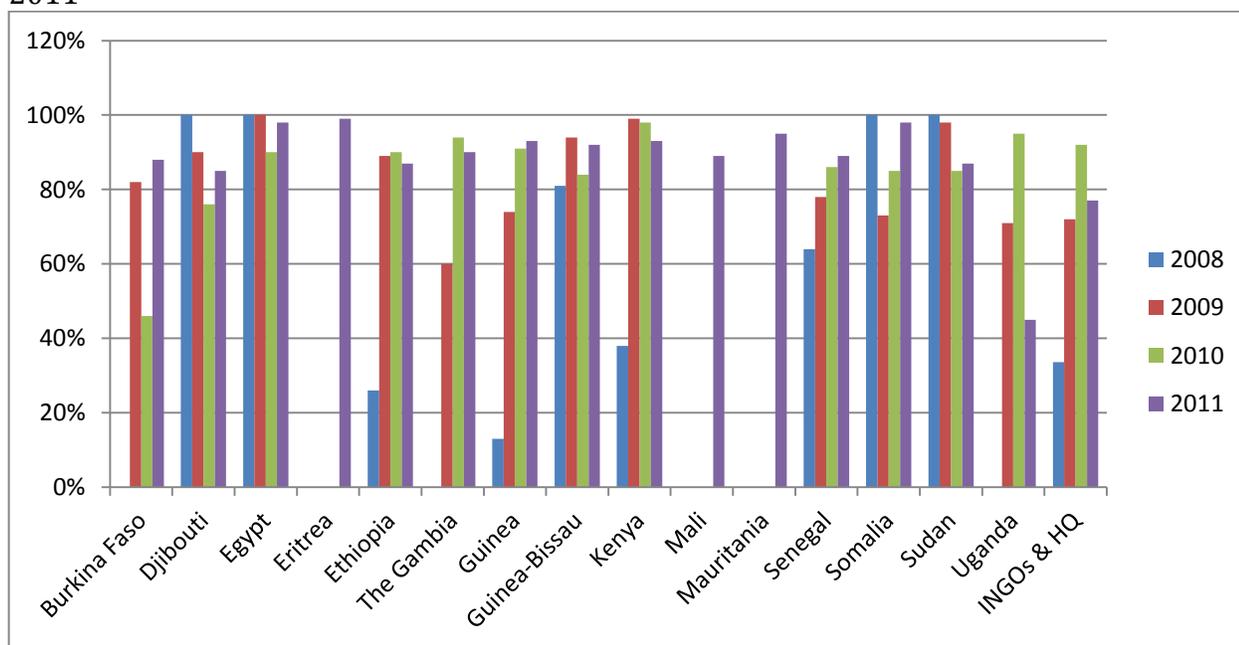
*Received additional allocations on top of yearly amount, but in late November 2010. These funds were carried over to 2011.

Graph 1: Total joint programme implementation 2008-2011



* Includes total implementation by country offices, INGOs and HQ

Graph 2: Joint Programme on FGM/C: Utilization Rates by Country Offices, INGOs and HQ 2008-2011



The original programme logical framework was revised in July 2011 to incorporate indicators and monitoring and evaluation tools that reflect a human rights and culturally sensitive approach. Under the new logical framework some outputs have been edited slightly for clarity, some outputs re-ordered, while other outputs have been added. As a supplementary document to support the activities of the joint programme and use of the logical framework an Operational Guidance was developed. The primary purpose of the Operational Guidance is to provide UNFPA and UNICEF country staff and key stakeholders, who are involved in FGM/C abandonment activities, with information on collecting, measuring, analyzing and reporting on the selected indicators to measure effectiveness of the programmatic response to the presence of FGM/C within the country. These indicators are intended to assist countries in assessing the current state of their national efforts, while also contributing to the global response to end FGM/C.

Programme Structure and Key Stakeholders

The joint programme has been structured with activities at multiple levels and has fostered partnerships with numerous stakeholders. At the global level, UNFPA has acted as the coordinating agency, with UNICEF providing support and guidance to the global level and country level work. Programme coordination and decisions have been made jointly at the global level, including review and approval of joint annual work plans, annual funding allocations, and reports. At the country level, UNFPA and UNICEF offices conduct joint annual work planning, joint and separate implementation of activities, and joint reporting. Several countries have strong national and local government involvement and implementing capacity within ministries. In many countries, the programme has also worked with national and international NGOs to implement, in particular, community-based empowerment programmes, media work, and lobbying for legal reforms. At the country level, the joint programme has worked closely with government authorities both at decentralized and national levels, with community-based organizations, religious authorities and local religious leaders, NGOs, networks, associations, academic institutions and the media.

Within the UN system, the programme has provided technical inputs to the Commission on the Status of Women and treaty bodies such as the CEDAW Committee and the Committee on the Rights of the Child, while collaborating with ongoing policy and programmatic development at agencies such as WHO and UN

Women (formerly UNIFEM). Finally, the joint programme has worked closely with the Donors' Working Group on FGM/C which has brought together, since 2001, major international development agencies of donor countries as well as private foundations that fund programmes on FGM/C.

3. Evaluation purpose, objectives and scope

3.1 Purpose

The purpose of the evaluation is to assess the extent to which and under what circumstances (country context) the UNFPA-UNICEF joint programme has accelerated the abandonment of FGM/C in programme countries over the last four years (2008-2012). The evaluation comes as an opportunity to ensure accountability to donors and other stakeholders and is also conceived as a useful learning exercise. Furthermore, the evaluation will provide UNICEF and UNFPA with insights into the successes and challenges in conducting joint programming and delivering jointly.

3.2 Objectives

The objectives of the evaluation are:

1. To assess the relevance, effectiveness, efficiency, and sustainability of the holistic approach adopted by the UNFPA- UNICEF joint programme for the acceleration of the abandonment of FGM/C.
2. To assess the adequacy and quality of the inter-agency coordination mechanisms that have been established at the global, regional and country levels to maximize the effectiveness of interventions.
3. To provide recommendations, identify lessons learned, capture good practices, and generate knowledge to inform the refinement of the joint programme model and approach at the global, regional and country level as well as to inform the shape of future programming on FGM/C and related programme initiatives.

3.3 Scope

The evaluation will cover the implementation and the results of the UNFPA-UNICEF joint programme during the period 2008-2012

Apart from an assessment of the overall programme detailed country case studies will be conducted in four countries where the joint programme has been implemented.

It is intended that as much as possible the evaluation will provide a comprehensive assessment of the joint programme covering all four levels of the programme scope and their interconnections:

- **Community level** - assessing how the joint programme initiatives, particularly by implementing partners on the ground, have created favourable community-level conditions and led to abandonment of the practice. The central focus is on the effectiveness of the core strategy of changing social norms by empowering community leaders and groups.
- **National level** - analysing achievements over the last 4 years, specifically what have been the successes, missed opportunities, and constraints (covering all 15 programme countries).
- **Regional level** - assessing, the role of the regional component, and the role played by and contributions of regional partners, such as INTACT, AWEPA, IAC, AIDOS, NPWJ; and
- **Global level** - analysing, how UNFPA and UNICEF collaborated in the joint initiative in terms of shared costs, technical support and guidance, communication and global advocacy strategies in order to achieve results set by the joint programme.

4. Evaluation methodology and approach

The evaluation will examine the expected outcomes and outputs outlined in the original and revised logical frameworks, as follows, and review, *inter alia*, the overall coherence of the set of interventions implemented:

Original logical framework

Outcomes
A change in the social convention within the community towards the abandonment of FGM/C. Positive community and national efforts towards social transformation are expanded within and across countries.
Outputs
1. Effective enactment and enforcement of legislation against FGM/C.
2. Knowledge dissemination of socio-cultural dynamics of FGM/C practice.
3. Collaboration with key global development partners on a common framework for the abandonment of FGM/C.
4. Evidence-based data for programming and policies.
5. Consolidation of existing partnerships and forging of new partnerships.
6. Media campaigns emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt.
7. Better integration of the implications of FGM/C practice into reproductive health strategies.
8. Building donor support to pool resources for a global movement towards abandonment of FGM/C.

Revised logical framework

Outcome 1
Change in the social norm towards the abandonment of FGM/C at the national and community levels
Outputs
1. Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C.
2. Local level commitment to FGM/C abandonment.
3. Media campaigns and other forms of communication dissemination are organized and implemented to support and publicize FGM/C abandonment.
4. Use of new and existing data for implementation of evidence-based programming and policies , and for evaluation.
5. FGM/C abandonment integrated and expanded into reproductive health policies , planning and programming.
6. Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered.
7. Tracking of programme benchmarks and achievements to maximize accountability of programme partners.
8. Strengthened regional dynamics for the abandonment of FGM/C.
Outcome 2
Strengthened global movement towards abandonment of FGM/C in one generation.
Outputs
1. Strengthened collaboration with key development partners on the abandonment of FGM/C.
2. Existing theories on the functioning of harmful social norms are further developed and refined with a view to making them applicable to the specific realities of FGM/C.

4.1 Evaluation questions

The joint evaluation management group (EMG) in consultation with the joint evaluation reference group (ERG) developed indicative evaluation questions. The questions are based on five evaluation criteria and are focused on expected outputs from the original and revised logical frameworks (only outputs that have been formulated as such have been considered). The evaluation questions have taken into consideration key cross-cutting issues (including gender equality, and cultural sensitivity and human rights perspective).

***Relevance:** The extent to which the objectives of the joint programme are consistent with national needs (in particular vulnerable group needs) and are aligned with programme country government priorities as well as with UNFPA/UNICEF policies and strategies.*

1. How appropriate are the strategies promoted and used by the joint programme at each level (national, regional, country, community) in support of FGM/C abandonment?
2. To what extent have the strategies and interventions been contextualized at the national level through local-level consultation, national needs (including country government priorities) consideration and capacity assessments?

***Effectiveness:** The degree of achievement of the outputs and the extent to which outputs have contributed or are likely to contribute to the achievement of the outcomes of the joint programme.*

3. To what extent has the programme contributed to the creation of favourable conditions and changes in social norms leading to the abandonment of FGM/C?
4. To what extent have global advocacy interventions, national media campaigns and other forms of communication dissemination as well as partnerships contributed to the acceleration of the abandonment of FGM/C at the country, regional and global level?
5. To what extent has the programme contributed to the enactment and enforcement of national intersectoral plans of action and legislation against FGM/C at the national and decentralized levels in programme countries?
6. To what extent has the programme positioned FGM/C on the national political agendas? To what extent has the programme contributed to the use of evidence-based data on FGM/C for programming and policies in programme countries?

***Efficiency:** The extent to which the outputs of the joint programme have been achieved or are likely to be achieved with the appropriate amount of resources/inputs (funds, expertise, time, administrative costs, etc).*

7. To what extent were the resources available adequate to achieve the expected outputs?
8. To what extent has the mix of strategies and activities implemented in diverse country contexts, including high or low prevalence of FGM/C, differed in terms of efficiency?
9. To what extent has the programme been able to complement implementation at country level with related interventions, initiatives and resources at regional and global levels to maximize its contribution to the abandonment of FGM/C?

10. To what extent have programme benchmarks and achievements been monitored? To what extent has the programme supported and strengthened the M&E system of implementing partners?

Sustainability: The extent to which the benefits from the joint programme are likely to continue, after it has been completed.

11. To what extent has the programme strengthened national ownership, capacity and leadership (at the national and decentralized level) through the participation and inclusion of governments and civil society groups in the joint programming and implementation process in programme countries?
12. To what extent do the strategies used by the programme lend themselves to wider scalability and programme expansion, overall and in specific contexts? To what extent the joint programme has been integrated into other national initiatives aiming at addressing the issue of FGM-C?
13. To what extent have partnerships (governments, UN system, donors, NGOs, civil society organizations, religious leaders, the media) been established to foster sustainability of effects?

Coordination between UNFPA and UNICEF

14. How efficient was programme coordination between UNFPA and UNICEF including clarity of roles and accountabilities; use of data/evidence for decision making; monitoring and reporting; reduction of transaction costs and potential added value?
15. How adequate and responsive was global/regional support in providing necessary guidance and tools, technical support, and capacity development to country offices and global partners?

The evaluation questions and rationale will be further consolidated and refined -- in the evaluation matrix (see annex 6 – evaluation matrix) or in other similar tool -- during the inception phase (when the evaluation team will have a clearer understanding of data availability and methodological feasibility).

4.2 Data collection and analysis tools

The evaluation will follow a mixed methods approach utilizing both quantitative and qualitative data collection and analytical methods. Measures will be taken to ensure data quality, validity and credibility of both primary and secondary data gathered and used in the evaluation. Specific data collection methods will include:

Review of documents and secondary data: A list of relevant documents together with electronic copies of key documents will be shared with the evaluation team by the joint EMG/ERG during the inception phase. The set of documents will include global/regional-level resources that are already available in headquarters such as annual reports, mid-term review reports, strategy papers and related studies and evaluation reports. In addition, each programme country office will be responsible for responding to requests from the EMG/ERG for information (both qualitative and quantitative) on FGM/C programme evolution in the country based on secondary data and information that are readily available. The information shared will be reviewed and analysed during the inception phase to determine the need for additional information and finalisation of the detailed evaluation methodology.

Key informant interviews: Interviews will be conducted at several levels and in phases by the evaluation team. A few key staff from programme countries and global/regional advisors/experts will be

interviewed during the inception phase. In the field phase, interviews will be conducted with additional experts and staff including local level personnel involved in managing and supporting the joint programme. Additional interviews will be conducted with policy makers and programme coordinators in the programme countries, including sub-national level staff, UNFPA and UNICEF Representatives and/or deputies, programme managers and technical advisors at various levels and with beneficiaries. Interviews will also be held with staff of other agencies that contribute to and partner in the programme at global and/or national levels.

Interviews and focus group discussions: with selected UNICEF and UNFPA staff, programme participants/beneficiaries, service providers, and decision/policy makers/NGOs. The specific plans for focus group discussions will be developed during the inception phase. When organising focus group discussions and interviews, attention will be given to ensure gender balance, geographic distribution, cultural sensitivity, representation of population groups and representation of the stakeholders/duty bearers at all levels (policy/service providers/parents/community).

Surveys: An internet based survey to assess programme achievements, adequacy of guidance and technical support, challenges and needs, etc. may be considered to generate additional information for the evaluation. The justification, scope and timing of such a survey will be provided in the inception report.

Country case study approach: the evaluation team will conduct four country case studies. A desk review will inform the selection of case studies. This will involve a consideration of specific country programme contexts including differences in programme commencement date, implementation maturity (programme implementation rate) and any other relevant aspects including geographical and cultural diversity.

The evaluation will utilize a **theory of change approach** for the overall programme as well as a country specific design. It will attempt to assess outcome level changes provided that data are available. Where outcome-level data are lacking, an attempt will be made to assess the extent to which the joint programme is yielding results as planned. The evaluation will consider the use of **outcome and output mapping** and an appropriate **contribution analysis approach** to draw conclusions for the role of the joint programme at various levels.

The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by the UNEG Ethical Guidelines and Code of Conduct and other relevant ethical codes. Ethical considerations (of respondents and data collectors) will be of utmost priority in determining the most appropriate methods and their implementation, and will be documented and included in all reports. To access the UNEG web page please visit: <http://www.uneval.org/index.jsp>

4.3 Evaluation process

The main elements of the evaluation are as follows: (i) a comprehensive inception and desk review phase which includes a pilot country visit to one programme country; (ii) country visits to 3 programme countries and (iii) report preparation resulting in 4 country case study reports and a final evaluation (synthesis) report presenting findings, conclusions and recommendations.

The evaluation will consist of a total of 5 phases in the course of which several methodological stages will be developed, namely:

1 - Preparation phase

During this phase the joint EMG with contributions from the joint ERG will prepare the terms of reference for the evaluation and select the evaluation team via a tender process.

2 - Design and desk review phase

The evaluation team will conduct a desk review (covering all 15 programme countries) collecting and analysing all relevant information and data obtained from headquarters, regional offices and country offices. The purpose of the review is to ensure the efficient use of completed and on-going studies and evaluations, to identify knowledge gaps, to identify key issues and finalize the evaluation questions for the evaluation. The desk review together with the pilot country visit will inform the inception report.

The team leader will present a **first draft inception report** to the joint ERG.

The report will:

- ✓ Present the final set of evaluation questions and rationale (with the respective explanatory comments).
- ✓ Specify the methodological tools that will be used in the field and reporting phases to respond to the evaluation questions;
- ✓ Detail the framework for synthesizing and analyzing data collected;
- ✓ Confirm the selection of countries (proposed in this ToR) for in-depth review and field visits and a precise specification of the scope and design (including data collection methods and analysis) for the country case studies;
- ✓ Present a detailed work plan, specifying the organization and time schedule for the evaluation process and country visits;
- ✓ Present the approach to ensure quality assurance throughout the evaluation including the country case study reports.

The joint ERG will provide substantive comments and feedback to the draft inception report.

The evaluation team and one member of the joint EMG will then conduct a 15 day pilot mission (scoping/case study) to one programme country – tentatively **Burkina Faso or Uganda** -- to test and validate core features such as the evaluation approach, evaluation questions, methodology tools, and identify necessary documentation needed to conduct the evaluation, including the country case studies. The pilot mission will increase the quality and usefulness of the evaluation design and raise the likelihood of formulating well-targeted and useful evaluation questions.

Following the pilot mission, the evaluation team will submit the **second draft inception report** to the joint ERG. The evaluation team will present this draft during a reference group meeting in New York.

The pilot will also constitute one of the four country case studies.

The joint EMG in consultation with the joint ERG will provide substantive comments and feedback to the second draft final inception report. The evaluation team will address these comments and submit a **final inception report** for approval by the joint EMG in consultation with the joint ERG.

Annex 1 provides guidance on the structure of the inception report.

3 - Data collection and field phase

Following the satisfactory completion of the design and desk review phase, the evaluation team will proceed to the country visits (two weeks per country).

Tentatively selected countries for the 3 country visits are: **Kenya, Senegal and Sudan**⁷.

Prior to completion of each country visit the evaluation team will conduct a debriefing session with the country offices presenting the main findings of the field mission, seeking to validate the information gathered.

For each country visited (4 countries) and following completion of the field mission, the evaluation team will submit a country case study report presenting main country specific findings, conclusions, recommendations to the joint EMG. These country case study reports will be stand-alone documents, inform the final evaluation report and will be approved by the joint EMG in consultation with the ERG.

Annex 1 provides guidance on the structure of the country case study reports.

4 - Reporting Phase

The synthesis report will present an overall synthesis of global and country level findings, conclusions, and forward looking recommendations.

The overall length of the final evaluation report should not be greater than 60 pages (including the executive summary but excluding annexes). Additional information on overall context, programme or aspects of methodology and analysis should be confined to the annexes. The Annexes should include the list of people met, documentation reviewed, terms of reference, and any other information which contains factual basis used in the evaluation.

The conclusions and recommendations must be ranked and prioritized according to their relevance to the evaluation and their importance; conclusions should be cross-referenced back to recommendations. In general, the recommendations will be: (i) linked to the conclusions; (ii) prioritized and targeted at specific addressees; (iii) useful and operational.

The draft and final versions of the evaluation report will be quality assessed by the management group (see Annex 5 – Evaluation Quality Assessment Grid). The aim is to ensure that the evaluation report complies with professional standards while meeting the information needs of their intended users. Once completed the EQA grid will be published together with the final evaluation report.

The final report will be formally approved by the joint EMG in consultation with the ERG.

Annex 1 provides guidance on the structure of the final report.

5 - Dissemination and Follow-up Phase

The emphasis of this evaluation is on lesson learning. Hence, it is important that the evaluation is designed in a way that allows maximum feedback to the concerned actors throughout the evaluation process. The organization of a meeting during the reporting phase is a key element of the dissemination and feedback strategy. The evaluation should also be designed and organized to ensure that learning

⁷ Members of the joint EMG will participate in the country visits as appropriate.

opportunities such as workshops in partner countries are exploited as far as possible. Suggestions for communication strategies and feedback to stakeholders should be included in the tender documents.

UNFPA and UNICEF will organize a dissemination event following the completion of the evaluation. The purpose is to disseminate the findings, conclusions of the evaluation and discuss the lessons and recommendations and the management response.

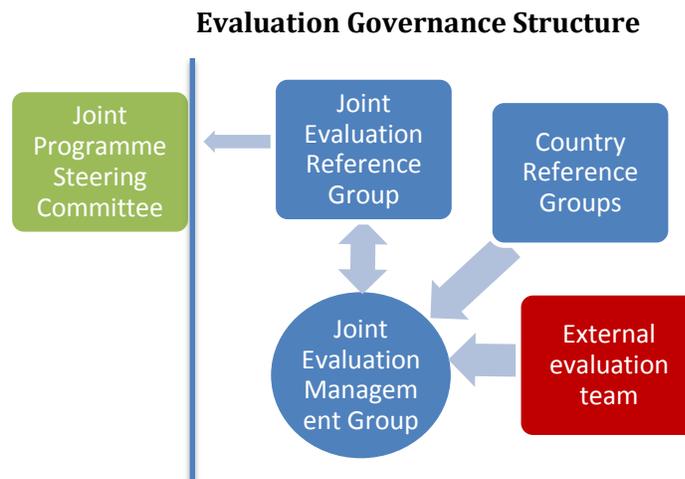
The evaluation team may be requested to assist in dissemination and follow-up activities, participating in, for instance, webinars and conference presentations on the findings and conclusions of the evaluation.

In the dissemination and follow-up phase, relevant units will jointly prepare a management response to the recommendations in the final report which will be received by the joint EMG.

5. Users

As the first comprehensive evaluation of its kind, the evaluation will generate important findings, lessons and recommendations that will be of use to a variety of stakeholders. The main users of the evaluation include the two agencies managing the program (at the global, regional and country level), contributing and interested donors, implementing government departments and NGOs, other stakeholders and partners in each country where the programme is implemented including civil society, and other agencies in the UN system implementing joint programmes or managing programmes on female genital mutilation/cutting and related to addressing social norms that result in violations of human rights, including gender inequality.

6. Governance and management of the evaluation



The evaluation will be conducted jointly by UNFPA and UNICEF. A **joint evaluation management group (EMG)** will be the main decision-making body for the evaluation and have overall responsibility for management of the evaluation process including hiring and managing the team of external consultants. The joint EMG is responsible for ensuring the quality and independence of the evaluation and to guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines.

Key roles and responsibilities of the joint EMG include:

- To prepare the terms of reference for the joint evaluation in coordination with the joint ERG
- To lead the hiring of the team of external consultants with inputs from the joint ERG, reviewing proposals and approving the selection of the evaluation team
- To supervise and guide the evaluation team in each step of the evaluation process
- To review, provide substantive comments and approve the inception report, including the work plan, analytical framework, methodology, and selection of countries for in-depth case studies
- To review and provide substantive feedback on the country reports and the draft and final evaluation reports, for quality assurance purposes
- To approve the final evaluation report in coordination with the joint ERG
- To contribute to learning, knowledge sharing, the dissemination of the evaluation findings and follow-up on the management response
- To liaise with the joint ERG and convene review meetings with the evaluation team
- To identify and ensure the participation of relevant stakeholders in coordination with the joint ERG throughout the evaluation process

The joint evaluation management group includes:

Alexandra Chambel	Chair of the joint EMG, Evaluation Adviser, Evaluation Branch, DOS, UNFPA
Krishna Belbase	Senior Evaluation Specialist, Evaluation Office, UNICEF
Olivia Roberts	Assisting the management group, Evaluation Analyst, Evaluation Branch, UNFPA

A **joint evaluation reference group** (ERG) will be established to support the evaluation at key moments and ensure broad participation in the conceptualization of the exercise, access to information, high technical quality of the evaluation products as well as learning and knowledge generation. The joint ERG will be consulted by the EMG on key aspects of the evaluation process. Technical staff from relevant divisions in the two agencies will be represented in the joint ERG and will provide substantive technical inputs during the evaluation process as well as feedback on the evaluation results. The joint ERG will consist of staff from headquarters, the regional offices and external organizations (names to be confirmed) and will have a balance of expertise in evaluation and FGM/C and other related areas as deemed relevant.

Key roles and responsibilities of joint ERG members include:

- To contribute to the conceptualization, preparation, and design of the evaluation including providing feedback on the terms of reference, participating in the selection of the evaluation team as required, participating in the selection of countries for case studies, and providing feedback and comments on the inception report and on the technical quality of the work of the consultants
- To provide comments and substantive feedback to ensure the quality – from a technical point of view - of the draft and final evaluation reports
- To act as a source of knowledge for the evaluation and coordinate feedback from other UNFPA and UNICEF services from headquarters, the regions and from the field, in particular to facilitate access to information and documentation
- To assist in identifying external stakeholders to be consulted during the process
- To participate in review meetings of the joint EMG and with the evaluation team as required

- To play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the findings of the evaluation and follow-up on the implementation of the management response

The members of the joint evaluation reference group include:

Alexandra Chambel	Co- chair of the RG, Evaluation Adviser, Evaluation Branch, DOS, UNFPA
Krishna Belbase	Co- chair of the RG, Senior Evaluation Specialist, Evaluation Office, UNICEF
Nafissatou Diop	Coordinator, UNFPA-UNICEF joint programme on FGM/C, UNFPA
Idrissa Ouedraogo	Gender Adviser, Sub regional Office for West And Central Africa, UNFPA
Luis Mora	Chief, Gender Human Rights and Culture Branch, UNFPA Gender Adviser, Sub regional Office for West and Central Africa, UNFPA
Elsa Kuntziger	Junior Professional Officer, Gender, Human Rights and Cultural Branch, UNFPA
Francesca Moneti	Senior Child Protection Specialist, Child Protection, Programme Division, UNICEF
Cody Donahue	Child Protection Specialist, Social Norms & Harmful Practices, Programme Division, UNICEF
Judith Diers	Chief Adolescent development and Participation Section, Gender Rights and Civil Engagement Section, Programme Division, UNICEF
Ian Askew	Director, Reproductive Health Services and Research,, Population Council

National reference groups shall be established in countries where field visits will take place; the options for arranging these groups should be discussed and agreed with UNFPA and UNICEF staff in the country offices who will in turn consult with national partners (it is important that broad participation is sought, including civil society).

7. Indicative time schedule

	Deliverables	Dates	Meetings
Design and desk review	Submission of draft inception report (first draft)	October 5, 2012	
	Deadline for Management Group comments	October 11, 2012	
	Submission of draft inception report (second draft)	October 18, 2012	
	Pilot mission to Kenya	November 12 - 23, 2012	Confirmed by both Agencies
	Submission of draft final inception report	November 30, 2012	
	Evaluation Reference Group meeting	December 10, 2012	Meeting with <u>evaluation team</u> to discuss the final draft inception report, in NY
	Submission of final inception report	December 12, 2012	
	Submission of Kenya pilot country case study report (first draft)	Early January, 2013	
	Comments from ERG + COs on draft Kenya pilot country case study report (first draft)	End of January, 2013	
	Submission of final Kenya pilot country case study report	February 28, 2013	
Data collection and field visits	3 field missions to country case studies: Senegal Sudan Burkina Faso	January 21 to Feb 1, 2013 January 21 to Feb 1, 2013 Feb 4 - 15, 2013	
	Submission of Senegal and Sudan country case study reports (first draft)	February 25, 2013	
	Submission of Burkina Faso country case study report (first draft)	March 4, 2013	
	Comments from ERG + COs on 3 draft country case study reports (first draft)	March 13, 2013	
	Submission of 3 draft country case study reports (second draft)	March 22, 2013	
	Evaluation Reference Group meeting	March 27, 2013	Meeting with <u>evaluation team</u> - field phase debriefing, in NY
		March 28 - 29, 2013	Internal team validation workshop + EMG, in NY.
	Submission of 3 final country case study reports	9 April, 2013	
	Submission of the draft final evaluation report (first draft)	29 April, 2013	
	Comments from ERG to draft final evaluation report (first draft)	10 May, 2013	
	Submission of the draft final evaluation report (second draft)	24 May, 2013	
	Evaluation Reference Group meeting	5 June, 2013	Meeting with <u>evaluation team</u> - presentation of draft final evaluation report, in NY.
	Submission of the final evaluation report	19 June, 2013	
Dissemination and follow-up	Management response	September, 2013	
	Dissemination activities and stakeholder workshop	Dates to be confirmed	Stakeholder workshop (including evaluation team)

8. The evaluation team

This evaluation will be carried out by a highly qualified evaluation team with advanced knowledge and experience in development cooperation.

Necessary competencies of the evaluation team include:

- Extensive previous experience in conducting evaluations and specifically programme and joint evaluations for international organizations or development agencies.
- Demonstrated experience in conducting programme evaluations in the field
- Expertise in thematic areas such as FGM/C, gender equality and women's empowerment, human rights, behaviour and social change and community empowerment.
- Previous experience of conducting evaluations for the UN will be considered an asset.
- Fluency in English is required as well as working knowledge of French, especially for the field phase.
- Fluency in French is required either for the team leader or for the gender expert*.
- Excellent analytical, communication and writing skills (in English) and the ability to interact with a wide range of stakeholders.
- Balanced in terms of gender and geographical representation, wherein the inclusion of evaluators/experts from developing countries will be considered an asset.

The team leader must have a proven experience in evaluation methodology. Consultants should possess appropriate training and documented experience in conducting evaluations as well as applying evaluation methods in field situations. In addition, each country team should be led by the team leader or by an experienced member of the team (senior gender expert).

National consultant(s) will participate in each country case study (at least one national consultant per country case study). These consultants will be identified by the bidder and approved by the joint EMG in consultation with the joint ERG.

Preferred composition of the evaluation team:

1. Team leader:

- Extensive previous experience in leading evaluations and specifically programme and joint evaluations for international organizations or development agencies. Previous experience of conducting evaluations for the UN, and specifically for UNFPA and UNICEF, will be considered an asset.
- Demonstrated experience in conducting evaluations in relevant fields, particularly on gender issues and partnerships.
- The team leader shall have considerable experience in conducting evaluations of a similar size and complexity, in particular joint exercises.
- Excellent analytical, communication and writing skills.
- Fluency in English is required as well as and working knowledge of French, especially for the field phase (see necessary competencies on languages of the evaluation team)*.

2. Senior expert in gender issues

- Extensive previous experience in issues of gender and human rights, including FGM/C .
- Fluency in English is required as well as working knowledge of French, especially for the field phase (see necessary competencies on languages of the evaluation team)*.
- Previous experience of conducting evaluations for the UN will be considered an asset.
- Excellent analytical, communication and drafting skills

3. Mid-level expert in knowledge management
 - Extensive previous experience in knowledge management including the implementation of media campaigns, press conferences, activities to stimulate dialogue, and other forms of communication, web dissemination and knowledge management at national and community level.
 - Previous experience on issues of gender and human rights will be considered an asset.
 - Fluency in English is required as well as advanced level of French.
 - Previous experience of conducting evaluations for the UN will be considered an asset.
 - Excellent analytical, communication and drafting skills.
4. Junior/ mid-level expert in research, data collection and analysis
 - Extensive previous experience in research, data collection and analysis
 - Previous experience of conducting evaluations for the UN will be considered an asset.
 - Excellent analytical and communication skills
 - Fluency in English and working knowledge of French.

The agreed team composition may be subsequently adjusted if necessary in the light of the final evaluation questions and countries selected for the field phase once they have been validated by the reference group.

All team members should be knowledgeable of issues pertaining to gender equality, cultural sensitivity and should also be versed on harmful traditional practices and gender based violence.

A declaration of absence of conflict of interest should be signed by each member of the team and annexed to the offer. No team member should have participated at the preparation, programming or implementation phases of the joint programme to be evaluated.

9. Deliverables and cost of the evaluation

The evaluation deliverables are the following:

1. Inception report (including drafts as outlined above)
2. PowerPoint presentation for the field phase debriefing
3. Four country case study reports
4. Final evaluation report
5. PowerPoint presentation for the stakeholder workshop
6. French version of the executive summaries of the final evaluation report and of the four country case study reports

Scheduled meetings and missions

Activity	Purpose
1 Meeting in New York (team leader)	Present the first draft inception report
1 Pilot mission	
2 Meetings in New York (core evaluation team)	Present the second draft inception report
3 Country visits	
1 Meeting in New York (core evaluation team)	Field debriefing
1 Meeting in New York (core evaluation team)	Present the draft final report
1 Workshop (core evaluation team)	Participation in stakeholder workshop in New York

The cost of the evaluation, including the contract of the external consultant team, will be covered by the UNFPA-UNICEF joint programme. The Evaluation Offices of both agencies shall contribute financially to the exercise. Staff time and resources will be provided by both agencies' Evaluation Offices and technical divisions.

No payment will be processed until the deliverables have been fully approved by the joint evaluation management group.

The contract will be awarded to the firm who will provide UNFPA with the most competitive technical and financial proposals. The invoices shall be sent to the Evaluation Branch, Division for Oversight Services, only after the joint EMG confirms in writing the acceptance of the reports.

10. Specification of tender

The bidder should submit a proposal that has two separate components: technical and financial. The proposal will be evaluated by UNFPA-UNICEF joint evaluation management group along with inputs from the joint ERG. The evaluation of the financial proposal will be performed by UNFPA/ PSB (procurement).

The technical proposal should detail the services offered, and respond to all aspects in the Terms of Reference describing at least the following:

- Technical profile of the company (**2 pages**). Information associated with financial stability should be presented in the annexes.
- The bidder's understanding of the ToR (**2 pages max**)
- The approach and Methodology (**7 pages max**)
 - a. Present the approach and methods for the evaluation
 - b. Present how the country case study approach will be combined with desk studies, questionnaires and/or other methods.
 - c. Comment on any challenges or difficulties which might arise in structuring and conducting the evaluation, suggesting any solutions if applicable.
 - d. Quality assurance to be applied in performing the assignment.
- The proposed composition of the evaluation team (**1 page max**). Curriculum vitae of each team member should be annexed to the offer.
- A detailed time and work plan for fulfilment of the assignment including a) the roles, functions and responsibilities of the different team members, b) estimates of the time required for the different tasks of the assignment, and c) a staffing schedule that specifies the tasks performed by and the time allocated to each of the team members (**3 pages max**)

Award criteria

The contract will be awarded to the economically most advantageous offer, taking into account the assessment of the content of the technical offer (see Request for Proposals)

Annex 1: Structure of the inception, country case study and final reports

a. Structure of the inception report

The report should follow the sequence and the names of the chapters as shown below; however, the evaluation team is free to add sections and/or sub sections as deemed relevant given the particular context of the evaluation. The report should be no longer than 30 pages excluding annexes.

The layout of the report is as follows:

Abbreviations

Table of contents (the table of contents should include a list of tables, graphs and diagrams) - 1 page

Key facts table (one-page table summarizing key programme factual data) - 1 page

CHAPTER 1: Introduction – 3 pages

- 1.1 Purpose and objectives of the joint programme evaluation
- 1.2 Scope of the evaluation
- 1.3 Purpose and structure of the inception report

CHAPTER 2: Global, regional and country context of FGM/C – 3 pages

- 2.1 The global response to FGM/C
- 2.3 UNFPA/UNICEF programmatic response to FGM/C as a component of the global response

CHAPTER 3: UNFPA/UNICEF programme – 5 pages

- 3.1 UNFPA/UNICEF programmatic response through the joint FGM/C programme
- 3.2 The programme financial structure

CHAPTER 4: Evaluation methodology and approach – 12 pages

- 4.1 Evaluation questions and overall approach and rationale for answering the evaluation questions
- 4.2 Methods for data collection and analysis (country case studies and main report)
- 4.3 Proposal (including criteria and justification for selection) of countries for 4 field visits
- 4.4 Data and methodological limitations and risks

CHAPTER 5: Evaluation process – 5 pages

- 5.1 Process overview
- 5.2 Team composition and distribution of tasks
- 5.3 Work Plan

List of Annexes

A numbered list of all the annexes to be included at the end of the report as in the example below:

- Annex 1 Terms of reference of the evaluation*
- Annex 2 Evaluation matrix or evaluation protocol*
- Annex 3 Portfolio of interventions in all countries*
- Annex 4 Template for survey*
- Annex 5 Interview guides*
- Annex 6 Guide for focus group discussion*
- Annex 7 Bibliography*
- Annex 8 List of people consulted*
- Annex 9 Minutes of the meetings with the ERG*

Tables, graphs and diagrams should be numbered and include a title.

b. Structure of the country case study reports

Each country case study should be of a maximum 30-page length (excluding annexes).

The country case studies allow the evaluation team to gather and analyse information on the joint programme interventions aiming at accelerating the abandonment of FGM/C at the country level, which together with the design and desk review phase findings should feed the global assessment reported in the Final Report.

The country case studies will be published as part of the overall evaluation exercise as stand-alone documents. These country case studies should be prepared after the field visits, they should respect the agreed structure and they should go further than the oral and powerpoint presentations (exit meeting debriefings) conducted at the end of the missions in the country office premises.

Indicative structure for country case studies:

1. Introduction (including: purpose of the evaluation; purpose of the country case study; reasons for selecting this country as a case study country).
2. Methodology of the country case study (including its limits and possible constraints)
3. Short description of FGM/C programme interventions in the country
4. Findings by evaluation question
5. Conclusions and recommendations at the country level and those that will be used for the synthesis/ final report
6. Annexes (including: list of people interviewed; list of documents consulted; list of the interventions, specifically considered; all questionnaires and instruments used; acronyms and abbreviations).

c. Structure of the final report

The report should follow the sequence and the names of the chapters as shown below; however, the evaluation team is free to add sections and/or sub sections as deemed relevant given the particular context of the evaluation. The report should be no longer than 60 pages (including the executive summary). Additional information on overall context, programme or aspects of methodology and analysis should be confined to the annexes (which however should be restricted to the important information).

Executive Summary (5 pages maximum)

This executive summary must present the following information:

- 1.1 – Purpose of the evaluation;
- 1.2 – Background to the evaluation;
- 1.3 – Methodology;
- 1.4 –Main conclusions;*
- 1.5 –Main recommendations.*

Introduction

- 1.1 Purpose of the evaluation
- 1.2 Scope
2. Methodology and process including limitations and constraints

3. FGM/C global, regional and country context
4. Findings and analysis
5. Conclusions
6. Recommendations

Annex 1 Terms of reference of the evaluation

Annex 2 Evaluation matrix or evaluation protocol

Annex 3 Portfolio of interventions in all countries

Annex 4 List of people consulted

Annex 5 List of documents consulted

Annex 6 Methodological instruments used (survey, focus groups, interviews)

Annex 7 Minutes of the joint evaluation reference group meeting

d. Guidelines for the cover for all reports

Structure of the cover for all reports:

UNFPA/UNICEF logos top, one on each side
Title of the evaluation: Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital
Mutilation/Cutting (FGM/C): Accelerating Change (centered)

Title of the report (example Inception Report)

At the bottom of the page:

Evaluation Branch
Division for Oversight Services, UNFPA
Evaluation Office
UNICEF
New York
Date

Information that should appear on the second page of every report:

- Title of the evaluation
- Title of the report
- Names of the evaluation managers
- Names of the members of the reference group
- Names of the evaluation team

A box with the following information at the bottom of the page:

Any enquiries about this Report should be addressed to:
Evaluation Branch, Division for Oversight Services, United Nations Population Fund
E-mail: evb@unfpa.org Phone number: +1 212 297 2620

UNICEF Evaluation Office
3 UN Plaza, New York, NY 10017
Tel: 1 917 265 4620 Fax: 1 212 735 4427

Footer: Title of the evaluation and page number

Note: There should be no logos/ names of companies on any page of the reports except for the names of the evaluation team that should appear on the second page of every report.

Annex 2: Bibliography and references

Convention on the Elimination of All Forms of Discrimination against Women, 1981

Economic and Social Council, 'Ending female genital mutilation: report of the secretary general', E/CN.6/2012/8, Commission on the Status of Women, United Nations, New York, 2011.

Harvard University Program on International Human Rights, 'UNFPA-UNICEF Joint Programme on FGM/C: country context reports, 2010 (unpublished, available upon request)

Population Council, 'Design considerations for the evaluation of FGM/C initiatives', presentation by Ian Askew, Nairobi, Kenya.

Protocol to the African Charter on human and people's rights on the rights of women in Africa (Maputo Protocol), Mozambique, 2003

UNEG, 'Standards for Evaluation in the UN System', <http://www.uneval.org/index.jsp>

UNEG, 'Norms for Evaluation in the UN System', <http://www.uneval.org/index.jsp>

UNFPA, 'Cameroon Country Programme Evaluation', Evaluation Branch, DOS, New York, 2012.

UNFPA/ UNICEF, 'Evaluation of the UNFPA-UNICEF joint programme on female genital mutilation/cutting: accelerating change: concept note', UNFPA, UNICEF, New York, 2012.

UNFPA Evaluation Branch, DOS, web page: <http://www.unfpa.org/public/home/about/Evaluation>

UNFPA/ UNICEF, 'Female genital mutilation/cutting: accelerating change: Funding proposal', UNFPA, UNICEF, New York, 2007.

UNFPA/ UNICEF, 'Female genital mutilation/cutting: accelerating change: 2008 annual report', UNFPA, UNICEF, New York, 2009.

UNFPA/ UNICEF, 'Female genital mutilation/cutting: accelerating change: 2009 annual report', UNFPA, UNICEF, New York, 2010.

UNFPA/ UNICEF, 'Female genital mutilation/cutting: accelerating change: 2010 annual report', UNFPA, UNICEF, New York, 2011.

UNFPA/ UNICEF, 'Female genital mutilation/cutting: accelerating change: 2011 annual report', UNFPA, UNICEF, New York, 2012.

UNFPA/ UNICEF, 'Joint programme on female genital mutilation/cutting: accelerating change: annual work plan 2012', UNFPA, UNICEF, New York, 2012.

UNFPA/ UNICEF, 'Joint programme on female genital mutilation/cutting: accelerating change: revised logical framework and operational guidance', UNFPA, UNICEF, New York, 2011.

UNFPA, 'Female genital mutilation/cutting (FGM/C)': web page
<http://www.unfpa.org/gender/practices3.html>

UNFPA, 'Handbook on how to conduct a country programme evaluation at UNFPA', Evaluation Branch, DOS, New York, 2012.

UNFPA, 'Strategic Plan: 2008-2011', DP/FPA/2007/17, New York, 2007

UNFPA, 'Thematic evaluation on the UNFPA support to maternal health including the contribution of the Maternal Health Thematic Fund: TOR, inception report, desk report, country case studies', Evaluation Branch, DOS, New York, 2010.

United Nations, 'UN General Assembly Resolution 56/128 on Traditional or Customary Practices Affecting the Health of Women and Girls', New York, 2002

UNICEF, 'Coordinated strategy to abandon female genital mutilation/cutting in one generation', Technical note, New York, 2007

UNICEF, 'Female genital mutilation/cutting: A statistical exploration', New York, 2005

UNICEF, 'Long-term evaluation of the TOSTAN programme in Senegal: Kolda, Thiès and Fatick regions', United Nations Children's Fund (UNICEF), Section of Statistics and Monitoring, Division of Policy and Practice, New York, 2008.

UNICEF, 'Statistics for FGM/C', web page located at http://www.childinfo.org/fgmc_prevalence.php

UNICEF, 'Ethiopia: social dynamics of abandonment of harmful practices. Experiences in four locations', Innocenti Working Paper, New York, 2010.

UNICEF, 'The dynamics of social change: Towards the abandonment of female genital mutilation/cutting in five African countries', Innocenti Research Centre, New York, 2010.

WHO, 'An update on WHO's work on female genital mutilation (FGM): Progress report', WHO, 2011

WHO 'Eliminating Female Genital Mutilation: an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO', 2008

Annex 3: Editing rules for reports

Parts of the report:

The foreword, executive summary, and main report should be treated as stand-alone documents.

Acronyms

Spell out the word(s) in its entirety the first time and include the acronym in parentheses after the word. Acronyms should be spelled out for first-time usage in each section, as the sections are sometimes reviewed independently. Acronyms or abbreviations should be used only if they are used repeatedly throughout the text. Too many acronyms can be confusing to readers. In the case of tables and figures, acronyms may be spelled out in a 'note' section below the table or figure for layout reasons.

Capitalization

- In general, capitalize proper nouns, such as official titles and names. For example, 'Conference for Gender Equity', 'Committee on HIV/AIDS', 'Commission on Regional Development', 'Government of South Africa'.
- Capitalize common nouns when they are used as a shortened title, for example, the 'Conference' (referring to the Conference on Gender Equity) or the 'Committee' (referring to the Committee on HIV/AIDS). However, don't capitalize when used as common nouns. For example, 'there were several regional conferences'.
- Words with acronyms are not necessarily capitalized. For example 'human development index (HDI)' or 'country office (CO)' are not capitalized.

General rules:

- Use lower case for 'headquarters' - 'country office' - country programme - country programme evaluation - headquarters - regional office - programme document - results framework - results-based monitoring framework - monitoring and evaluation system

Numbers

- Number less than 10 should be written out.
- Use % symbol in table and spell it out in the text

Terms

Use *UN organizations* not sister agencies

Do not use possessive for innate objects: do not use UNFPA's, UNDP's, UNICEF's, the Government's, the country's, etc. Such usage does not comply with United Nations editorial guidelines. Instead, use: the UNFPA programme, the government programme, the UNICEF programme, etc.

Presenting references

Government of South Africa, 'Report on HIV/AIDS in Southern Africa', Department of Health, Capetown, South Africa, 2003.

UNDP, 'Evaluation of Gender Mainstreaming in UNDP', UNDP Evaluation Office, New York, NY, 2006.

Presenting the list of people consulted

- This list should include the full name and titles of the people who have been interviewed and the organization to which they belong.
- The list should be ordered in alphabetical order by last name first. (English version)
- The list should be organized by type of organization.

Annex 4 - Ethical code of conduct for UNEG/UNFPA evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business

Evaluation Team /Evaluators:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future.
Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. Should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and: respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover evidence of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

Annex 5 – Evaluation quality assessment grid

OVERALL QUALITY OF REPORT: [Insert overall Assessment Level based on highest score above – see Explanatory Note for further guidance and example]

Overall Assessment: Note that the overall assessment must address, as a minimum, the following issues: *scope of the evaluation; methodological design; findings and analysis; credibility of data; recommendations; conclusion; executive summary.*

Quality Assessment criteria	Assessment Levels			
	Very Good	Good	Poor	Unsatisfactory
<p>1. Structure and Clarity of Reporting <i>To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.</i> Checklist of minimum content and sequence required for structure:</p> <ul style="list-style-type: none"> i) Acronyms; ii) Exec Summary; iii) Introduction; iv) Methodology including Approach and Limitations; v) Context; vi) Findings/Analysis; vii) Conclusions; viii) Recommendations; ix) Transferable Lessons Learned (where applicable) Minimum requirements for Annexes: ToRs; Bibliography List of interviewees; Methodological instruments used. 	Please insert <u>assessment level</u> followed by your main <u>comments</u> .			
<p>2. Executive Summary <i>To provide an overview of the evaluation, written as a stand-alone section and presenting main results of the evaluation.</i> Structure (paragraph equates to half page max):</p> <ul style="list-style-type: none"> i) Purpose, including intended audience(s); ii) Objectives and Brief description of intervention (1 para); iii) Methodology (1 para); iv) Main Conclusions (1 para); v) Recommendations (1 para). Maximum length 3-4 page 				
<p>3. Design and Methodology <i>To provide a clear explanation of the following elements/tools</i> Minimum content and sequence:</p> <ul style="list-style-type: none"> Explanation of methodological choice, including constraints and limitations; Techniques and Tools for data collection provided in a detailed manner; 				

<ul style="list-style-type: none"> • Triangulation systematically applied throughout the evaluation; • Details of participatory stakeholders' consultation process are provided. • Whenever relevant, specific attention to cross-cutting issues (vulnerable groups, youth, gender equality) in the design of the evaluation 	
<p>4. Reliability of Data <i>To clarify data collection processes and data quality</i></p> <ul style="list-style-type: none"> • Sources of qualitative and quantitative data have been identified; • Credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit. 	
<p>5. Findings and Analysis <i>To ensure sound analysis and credible findings</i></p> <p><u>Findings</u></p> <ul style="list-style-type: none"> • Findings stem from rigorous data analysis; • Findings are substantiated by evidence; • Findings are presented in a clear manner <p><u>Analysis</u></p> <ul style="list-style-type: none"> • Interpretations are based on carefully described assumptions; • Contextual factors are identified. • Cause and effect links between an intervention and its end results (including unintended results) are explained. 	
<p>6. Conclusions <i>To assess the validity of conclusions</i></p> <ul style="list-style-type: none"> • Conclusions are based on credible findings; • Conclusions are organized in priority order; • Conclusions must convey evaluators' unbiased judgment of the intervention. 	
<p>7. Recommendations <i>To assess the usefulness and clarity of recommendations</i></p> <ul style="list-style-type: none"> • Recommendations flow logically from conclusions; • Recommendations must be strategic, targeted and operationally-feasible; • Recommendations must take into account stakeholders' consultations whilst remaining impartial; • Recommendations should be presented in priority order 	
<p>8. Meeting Needs <i>To ensure that Evaluation Report responds to requirements (scope & evaluation questions/issues/DAC criteria)</i></p>	

Quality assessment criteria (and Multiplying factor *)	Assessment Levels (*)			
	Unsatisfactory	Poor	Good	Very good
5. Findings and analysis (50)				
6. Conclusions (12)				
7. Recommendations (12)				
8. Meeting needs (12)				
3. Design and methodology (5)				
4. Reliability of data (5)				
1. Structure and clarity of reporting (2)				
2. Executive summary (2)				
TOTAL				

(*) Insert the multiplying factor associated with the criteria in the corresponding column e.g. - if “Finding and Analysis” has been assessed as “good”, please enter the number 50 into the “Good” column. The Assessment level scoring the higher number of points will determine the overall quality of the Report

Annex 6 – Evaluation matrix template

The evaluation matrix summarises the core aspects of the evaluation exercise by specifying what will be evaluated and how. The evaluation matrix is organised on the basis of the evaluation criteria.

Criteria	Evaluation question	What to check	Data sources	Data collection methods
Relevance				
Effectiveness				
Efficiency				
Sustainability				
Coordination				

Evaluation questions

This column will include the evaluation questions.

What to check

This column is an interface between the evaluation question and the data sources. It narrows the evaluation question further by specifying what evaluators should focus upon and what they should check precisely when attempting to answer the question.

Data sources

This column specifies the documents and informants that will provide the data and information that the evaluators will analyze in order to answer the questions.

Data collection methods

This column indicates the tools that will be used to collect data from the sources. The methods usually used are the study of documentation, surveys, individual interviews, group discussions and focus groups.