

Template Emergency RFP document



United Nations Population Fund (UNFPA)
Address: UNOCA, Compound, Kabul Jalalabad Road
Kabul, Afghanistan
Tel: + 93 729261300
Website: www.unfpa.org
Date: 16 May 2024

Request for Proposal (RFP) No. UNFPA/AFG/ERFP/24/02

Dear Sir/Madam,

We hereby solicit your best technical and financial offer for the supply of the following services:

EVALUATION OF THE PROJECT BY WOMEN TO WOMEN: PROVISION OF INTEGRATED GENDER-BASED VIOLENCE PREVENTION AND RESPONSE & LIFESAVING MATERNAL AND REPRODUCTIVE HEALTH SERVICES TO SAFEGUARD WOMEN AND ADOLESCENT GIRLS (SEPTEMBER 2023- MARCH 2025)

If you are interested in submitting a bid for these services, kindly fill in the attached submission form and send it to the secure email address indicated below/ not later than 06 June 2024, at 02:00 PM.

Please ensure to mark your email with the RFP reference number and the words “Sealed bid. Do not open before 06 June 2024, at 02:00 PM.

Secure email address for bid submission: bidsafg@unfpa.org

Please remember, that the bid shall consist of two parts: the technical and the financial bid. The technical bid containing the technical specifications for services and the financial bid containing price information shall be submitted separately in two different email with the following subject.

Subject: Technical Proposal UNFPA/AFG/ERFP/24/02 Sealed bid. Do not open before 06 June 2024, at 02:00 PM.

Subject: Financial Proposal UNFPA/AFG/ERFP/24/02 Sealed bid. Do not open before 06 June 2024, at 02:00 PM.

Clarifications of Bidding documents

1.1. Bidders requiring clarification to the Bid process and/or to the Bid documents may be addressed in writing to:

To:	rabbani@unfpa.org
Name:	Hamed Rabbani
Subject	Inquiry- UNFPA/AFG/ERFP/24/02

Bidders should **NOT** submit any Bid to this contact or your Bid will be declared invalid, as UNFPA will not be able to guarantee the confidentiality of the Bidding process.

Bidders may request clarifications no later than **29 May 2024**, at 02:00 am, Kabul time

1.2. UNFPA will respond in writing to any requests for clarification received prior to the deadline and will circulate the answers (including an explanation of the requests without identifying the sources) to all prospective Bidders that have received the Bid documents. A copy of the questions and UNFPA's answers will also be posted on UNGM, (www.ungm.org).

1.3. UNFPA will respond to requests for clarifications as soon as possible. However, delays in UNFPA's response will not oblige UNFPA to extend the Bid submission deadline. UNFPA may extend the deadline in specific cases UNFPA deems justified and necessary.

Documents comprising the bid:

- a. Completed and signed Bid Submission Form
- b. Bidders Identification Form
- c. Bidder's previous experience and clients
- d. Technical bid, including documentation to demonstrate that the bidder meets all requirements. The technical bid should be concisely presented and structured to include but not necessarily be limited to the information listed in the ToR.
- e. Financial bid in a separate email.

Partial bids are not allowed under this RFP.

Evaluation of Proposals:

A two-stage procedure will be utilized in evaluating the proposals, with an evaluation of the technical bids being completed prior to any financial bid being opened and compared. The financial bid will be opened only for those bidders whose technical bids reach 49 points, meeting the requirements for the RFP. The total number of points which a bidder may obtain for technical and financial bids is **100 points**.

Technical Evaluation

The technical bid is evaluated on the basis of its responsiveness to the Terms of Reference shown in the bidding documents and the evaluation criteria. The maximum technical score is **70 points**.

Financial Evaluation

The financial bid will only be evaluated if the technical bid achieves a minimum of 49 points. Proposals failing to obtain this minimum threshold will not be eligible for further consideration. The financial bid is evaluated on the basis of its responsiveness to the Price Schedule Form. The maximum number of points for the price bid is **30**. This maximum number of points will be allocated to the lowest price. All other proposals will receive points in inverse proportion according to the following formula:

$$\text{Points for the Price Bid of a Proposal being evaluated} = \frac{[\text{Maximum number of points for the Price Bid}] \times [\text{Lowest price}]}{[\text{Price of bid being evaluated}]}$$

Total Score

The total score for each bidder will be the sum of the technical score and financial score. The maximum total score is 100 points.

Contract Award

UNFPA shall award the contract to the bidder who obtains the highest combined score of the technical and price evaluation.

Note: Current UNFPA supplier policies apply to this solicitation and can be found at: <http://www.unfpa.org/suppliers>.

Attachments:

- **Bid Submission Form**
- **Bidders Identification Form**
- **Terms of Reference**
- **Technical Bid**
- **Price Schedule Form**

1. **Bid Submission Form**

Name of Bidder: _____

Contact Person: _____

Title: _____

Email Address: _____

Telephone Number: _____

Date of Bid: _____

Bid No: _____

Currency of Bid price: _____

Delivery time (*days from receipt of order till dispatch*): _____

(Note: maximum number of days is: **XX** days)

Expiration of Validity of Bid/Proposal (*The bid shall be valid for a period of at least 3 months after the Closing date.*): _____

Vendor's Comments:

I hereby certify that this company, which I am duly authorized to sign for, accepts the General Terms and Conditions of UNFPA <http://www.unfpa.org/resources/unfpa-general-conditions-contract> and we will abide by this bid/proposal until it expires.

We undertake, if our bid/proposal is accepted, to commence and complete delivery of all items in the contract within the time frame stipulated.

We understand that you are not bound to accept any bid you may receive and that a bidding contract would result only after final negotiations are concluded on the basis of the technical and price bids proposed.

Name and title **Date and Place**

2. Bidders Identification Form
 Bid No. UNFPA/AFG/ERFP/24/02

1. Organization

Company/Institution Name	
Address, City, Country	
Telephone/FAX	
Website	
Date of establishment	
Legal Representative: Name/Surname/Position	
Legal structure: natural person/Co.Ltd, NGO/institution/other (please specify)	
Organizational Type: Manufacturer, Wholesaler, Trader, Service provider, etc.	
Areas of expertise of the organization	
Current Licenses, if any, and permits (with dates, numbers and expiration dates)	
Years supplying to UN organizations	
Years supplying to UNFPA	
Production Capacity	
Subsidiaries in the region (please indicate names of subsidiaries and addresses, if relevant to the bid)	
Commercial Representatives in the country: Name/Address/Phone (for international companies only)	

2. Quality Assurance Certification

International Quality Management System (QMS)	
List of other ISO certificates or equivalent certificates	
Presence and characteristics of in-house quality control laboratory (if relevant to bid)	

3. Expertise of Staff

Total number of staff	
Number of staff involved in similar supply contracts	

4. Client Reference List

Please provide references of main client details.

Name of company	Contact person	Telephone	E-mail
1.			
2.			
3.			

5. Contact details of persons that UNFPA may contact for requests for clarification during bid evaluation

Name/Surname	
Telephone Number (direct)	
Email address (direct)	

P.S.: This person must be available during the next two weeks following receipt of bid

Technical Bid and evaluation criteria

The technical bid should be concisely presented and structured in the following order to include, but not necessarily be limited to the following information listed below.

NO	Description	Assigned score
1	Description of the firm and the firm's qualifications: A brief description of your firm/institution and an outline of recent experience on projects of a similar nature, including experience in the country and language concerned. You should also provide information that will facilitate our evaluation of your firm/institution's substantive reliability, such as catalogues of the firm, and financial and managerial capacity to provide the services such as audited financial statements.	10
2	Understanding of the requirements for services, including assumptions: Include any assumptions as well as comments on the data, support services and facilities to be provided as indicated in the TOR or as you may otherwise believe to be necessary.	20
3	Proposed Approach, Methodology, Timing and Outputs: any comments or suggestions on the TOR, as well as your detailed description of the manner in which your firm/institution would respond to the TOR. You should include the number of person-months in each specialization that you consider necessary to carry out all work required. The level of total professional/personnel inputs required has been estimated to be about ___ person-months.	20
4	Proposed Team Structure: The composition of the team which you would propose to provide in the country of assignment and/or at the home office, and the work tasks (including supervisory) which would be assigned to each. An organogram illustrating the reporting lines, together with a description of such organization of the team structure should support your bid.	10
5	Proposed Project Team Members: Please attach the curriculum vitae of the senior professional member of the team and members of the proposed team.	10
Total Score		70

3. Price Schedule Form

Name of Bidder: _____
Date of Bid: _____
Bid No: _____
Currency of Bid price: _____
Delivery time (days from receipt of order till dispatch): _____
(Note: maximum number of days is: XX days)
Expiration of Validity of Bid/Proposal (The bid shall be valid for a period of at least 03 months after the Closing date.): _____

Item	Description	Number & Description of Staff by Level	Hourly Rate USD	Hours to be Committed	Total USD
1. Steps					
TOTAL PROFESSIONAL FEES					
2. Estimated out-of-pocket expenses					
TOTAL OUT-OF-POCKET EXPENSES					
TOTAL FEES (Professional + out-of-pocket expenses)					

Vendor's Comments:

Name and title

Date and Place



TERMS OF REFERENCE FOR THE EVALUATION OF THE PROJECT

**BY WOMEN TO WOMEN: PROVISION OF INTEGRATED GENDER-BASED VIOLENCE
PREVENTION AND RESPONSE & LIFESAVING MATERNAL AND REPRODUCTIVE HEALTH
SERVICES TO SAFEGUARD WOMEN AND ADOLESCENT GIRLS (SEPTEMBER 2023- MARCH
2025)**

**UNITED NATIONS POPULATION FUND
AFGHANISTAN**

APRIL 2024

Table of Contents

1. INTRODUCTION	4
2. BACKGROUND	4
2.1 Country Context	4
2.2 UNFPA project response	6
3. OBJECTIVES AND SCOPE OF EVALUATION	7
4. EVALUATION CRITERIA AND PRELIMINARY EVALUATION QUESTIONS	8
4.1 Evaluation criteria	8
4.2 Preliminary evaluation questions	9
5. EVALUATION APPROACH AND METHODOLOGY	10
6. EVALUATION PROCESS	13
7. EXPECTED OUTS OF THE EVALUATION	15
8. QUALITY ASSURANCE AND ASSESSMENT	15
9. WORK PLAN/INDICATIVE TIMEFRAMES	15
10. COMPOSITION OF THE TEAM	18
10.1 Evaluation team	18
10.2 Qualifications of the evaluation team	19
11. REMUNERATION AND DURATION OF CONTRACT	21
12. MANAGEMENT AND CONDUCT OF EVALUATION	21
12.1 Evaluation Reference Group (ERG)	21
12.2 Evaluation manager	22
13. BIBLIOGRAPHY AND RESOURCES	22
14. ANNEXES	23

Acronym

AADA	Agency for assistance and development
AFGA	Afghan family guidance association
CO	Country office
CP	Country programme
DfA	De facto authorities
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
FCDO	Foreign, commonwealth & development office, UK
GBViE	Gender-based violence in emergencies
HEWAD	HEWAD reconstruction health
JACK	Just for afghan capacity and knowledge
MHT	Mobile health teams
MCHC	Mother and Child Health Center
MMR	Maternal mortality ratio
M&E	Monitoring and evaluation
MOVE	MOVE welfare organization
OHPM	Organization for health promotion & management
ORCD	Organization for research and community development
PSCC	Psychosocial counseling centers
PSEA	Prevention of sexual exploitation and abuse
PSS-MOT	Psychosocial support-Mobile Outreach Teams
RH	Reproductive health
RMNCAH	Reproductive, maternal, neonatal, child and adolescent health
SDG	Sustainable development goals
SRH	Sexual reproductive health
WHO	World health organization

1. INTRODUCTION

The UNFPA strategic plan, 2022-2025, aims to achieve universal access to sexual and reproductive health and reproductive rights and accelerate the implementation of the ICPD Programme of Action. UNFPA plays a key role within the United Nations system to address population and development issues with an emphasis on sexual reproductive health and rights, within the context of the International Conference on Population and Development (ICPD) Programme of Action, and the Sustainable Development Goals (SDGs) especially Goal 3, Goal 5, and Goal 17.

As per the evaluation policy, project evaluation at United Nations Population Fund (UNFPA) serves three main purposes: (a) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (b) support evidence-based decision-making; (c) contribute key lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD)¹.

The UNFPA Afghanistan Country Office is planning to conduct an independent evaluation of the project title “By Women to Women: Provision of Integrated Gender-based Violence Prevention and Response & Lifesaving Maternal and Reproductive Health services to Safeguard Women and Adolescent Girls in Need of Humanitarian Assistance in Afghanistan”. The evaluation of the project will provide an independent assessment of the extent to which the project achieved its intended outputs and outcomes to account to key stakeholders as well as identify key challenges and lessons learned. Lessons learnt from the evaluation will contribute to the design of future similar projects/programmes.

The intended users of the evaluation are project stakeholders given below:

- *De facto Authorities* (DfA) Ministry of Public Health,
- United Nations Population Fund (Afghanistan Country Office, Regional Office and HQ),
- Donors particularly the Foreign, Commonwealth & Development Office (FCDO) and others supporting the similar initiatives,
- Afghan Midwifery Association (AMA),
- NGO partners (AADA, AFGA, MOVE, HEWAD, JACK, OHPM/ AYSO, ORCD, Care international), and
- Beneficiaries of UNFPA-supported interventions.

The preparation of the terms of reference was based on a document review, initial consultations with key stakeholders and the [UNFPA Evaluation Policy 2024](#), the [UNFPA Evaluation handbook on How to Design and Conduct Evaluations at UNFPA 2019](#) and [FCDO Evaluation Policy 2023](#). The evaluation team will conduct the evaluation in conformity with the terms of reference, under the management of the UNFPA Afghanistan Country Office and guidance of the Evaluation Reference Group.

2. BACKGROUND

2.1 Country Context

Afghanistan’s rich ethnic and culturally diverse population was estimated to stand at around 40 million people in 2020.² The country has one of the youngest populations in the world with 67 per cent below the age of 25

¹ UNFPA Evaluation Policy – DP/FPA/2013/5

² 2020 Afghanistan Population Projection and its impact on development by UNFPA & NSIA, based on Flowminder modeling method and constant fertility scenario of 5.3.

and 47 per cent under the age of 15 years.³ Though most of the population still live in rural areas, the urban population grew at a rate of 4.5 per cent between 2000 and 2010 — one of the fastest recorded in the South Asia region.⁴ Afghanistan has an estimated total fertility rate of 5.4 children per woman,⁵ resulting in an annual population growth rate of nearly 3.3 per cent.⁶ Despite continuing reductions in the fertility rate, the population is expected to reach 55 million by 2030 based on current trends. There are approximately 5.8 million migrants from Afghanistan and diaspora living abroad.⁷

The last two decades have seen increasing healthcare coverage across the country, with public health services having expanded substantially, especially primary healthcare, although health expenditures remain a heavy burden on households. In 2017, Government finances constituted only 5.1 per cent of total healthcare expenditures in the country, with 19.4 percent coming from donor contributions and 75.5 percent from household out-of-pocket spending.⁸

Improvements in health service delivery over the past two decades have resulted in improved health outcomes across a number of areas. Life expectancy at birth has increased from 56 years in 2000 to 65 in 2020.⁹ There have been significant decreases in neonatal, infant, and child mortality rates over the same period.¹⁰

While WHO estimates indicate an improvement in MMR between 2017-2020¹¹ and still remains one of the highest rates in Asia and the Pacific region with 620 deaths per 100,000 live births. With the current collapse of the health system, UNFPA estimates that MMR could potentially increase to 963/100,000 by 2025. This is primarily attributed to improved access to reproductive health care services that include pre- and post-natal care and deliveries attended by skilled birth attendants.

The share of births attended by trained medical personnel rose from 12 per cent in 2000 to 67.5 per cent in 2022-23.¹² Fifty-six percent of deliveries now take place in public hospitals or clinics and private health facilities, ranging from 85 percent in urban areas to 47 percent in rural areas.¹³ The proportion of pregnant women who had at least one ante-natal examination increased from 16 per cent in the early 2000s to 69 per cent by 2020, although only 28 percent had four or more visits by a skilled healthcare provider in 2020, albeit the fourth antenatal care (ANC) is clinically important.¹⁴

An additional positive development was the increased number of women workers in the medical professions, especially the Midwives, as an important factor for increasing women's access to health services and facilities where cultural norms dictate that contact with men be avoided.¹⁵

However, improvements outlined above are currently at-risk with increased mobility restrictions for women and girls' access to essential services and livelihood with negative economic, social, physical and

³ Afghanistan Central Statistics Organization, 2014.

⁴ World Bank, *Leveraging Urbanization in Afghanistan*, 2021.

⁵ A Afghanistan [Multiple Indicators Cluster Survey \(MICS\) 2022-2023, May 2023](#)

⁶ Afghanistan Statistics and Information Authority, *Afghanistan Living Conditions Survey 2016–2017*, May 2017.

⁷ Migration Data Portal, [Remittances to Afghanistan are lifelines: They are needed more than ever in a time of crisis](#), 15 August 2022.

⁸ Ministry of Public Health, *National Health Accounts Report 2019*, December 2021.

⁹ (1) UN Population Division. World Population Prospects: 2019 Revision or derived from male and female life expectancy at birth from sources such as: (2) Census reports and other statistical publications from national statistical offices, (3) Eurostat: Demographic Statistics, (4) UN Statistical Division. Population and Vital Statistics Report (various years), (5) U.S. Census Bureau: International Database, and (6) Secretariat of the Pacific Community: Statistics and Demography Programme.

¹⁰ UN Inter-agency Group for Child Mortality Estimation, 2020.

¹¹ Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023.

¹² Afghanistan [Multiple Indicators Cluster Survey \(MICS\) 2022-2023, May 2023](#)

¹³ KIT Royal Tropical Institute, *Afghanistan Health Survey 2018*, April 2019.

¹⁴ Afghanistan National Statistics and Information Authority, [Income and Labour Force Survey 2020](#), April 2021, (p. 135).

¹⁵ *Ibid.* (Table 8.3).

psychological consequences, which threatens future progress and increases the likelihood of a regression of previous gains. In addition, girls' education is a critical factor in the health and wellbeing of women and girls and for improving maternal, neonatal and child morbidity and mortality rates, however Afghanistan is the only country in the world where women and girls are denied access to education and work. Furthermore, Women humanitarian workers face increasingly restrictive challenges that affect their ability to travel to serve people in need.

Much of the development funding, including for the health sector, was paused following the events of August 2021, threatening fundamental and life-saving health care services. In addition, the *DfA* was not able funding tertiary and hospital care. A full collapse of the health system was averted thanks to donors and international organizations off-budget funding redirected through UN agencies and international NGOs. The resilience of the model of care - whereby services are delivered by a third party — has proven to be resilient, with services rebounding in 2022, following a modest decline in the second half of 2021, once funding was provided.

2.2 UNFPA project response

UNFPA has been a major player in Afghanistan in the area of maternal and reproductive health and prevention and response to gender-based violence and psychosocial support services. Currently, the Country Programme is operating in its fourth cycle (2015-2019) of implementation with subsequent extensions up to year 2025.

Within the framework of the UNFPA Country Programme, this Project aims to ensure that women and adolescent girls have access to lifesaving maternal and reproductive health (MRH) services, as well as prevention and response to gender-based violence (GBV) in the provinces below;

SRH (FHH & MHTs): Kabul, Kapisa, Logar, Kunar, Laghman, Nangarhar, Nuristan, Baghlan, Balkh, Faryab, Jawzjan, Samangan, Ghazni, Paktia, Helmand, Kandahar, Nimroz, Uruzgan, Zabul and Kunduz,

GBViE: Kabul, Nimroz, Panjshir, Badakhshan, Wardak, Parwan, Zabul, Paktika and Khost,

Youth including Youth in Last Mile Assurance: Paktika, Kabul, Herat, and Balkh

PSEA: Nationwide

Through the project, UNFPA, with funding support from FCDO, provides lifesaving maternal and reproductive health services through the establishment of Mobile Health Teams (MHTs), Family Health Houses (FHHs) and distribution of emergency reproductive health supplies and other lifesaving supplies. UNFPA also provides psychosocial support for GBV survivors through various service delivery points such as Psychosocial Support Counseling Centers (PSCCs), Women Friendly Health Spaces (WFHSs) and Psychosocial Mobile Outreach Teams (PSS-MOSt) to improve access to essential psychosocial and protection support.

Project title: By Women to Women: Provision of Integrated Gender-based Violence Prevention and Response & Lifesaving Maternal and Reproductive Health services to Safeguard Women and Adolescent Girls in Need of Humanitarian Assistance in Afghanistan (1 July 2023 to 31 March 2025): This project is supported by FCDO in Afghanistan, and being implemented in various provinces as stated above.

UNFPA, with funding support from FCDO, also implemented the project below;

Project title: Meeting basic reproductive health (RH) and protection needs of women and girls through integrated lifesaving RH and GBV/Psychosocial Support (PSS) interventions (August 2022 to 31 September 2023). The overall aim of the project was to meet the basic RH and protection needs of women and girls through integrated lifesaving RH-GBV/PSS interventions, and implemented in various provinces as stated below:

- *Family Health Houses (FHHs):* 4 provinces (Farah, Paktika, Ghazni and Zabul);

- *Mobile Health Teams (MHTs)*: 18 provinces (Kabul, Daikondi, Bamyan, Nangarhar, Jawzjan, Sar-e-Pul, Badakhshan, Takhar, Kandahar, Nimroz, Uruzgan, Zabul, Ghazni, Paktya, Paktika, Badghis, Farah, and Herat);
- *GBV (WFHS and PSS-MOT)*: 3 provinces (Southern: Nimroz, and Kandahar);
- *Integrated Youth Space*: 1 province (Paktika)
- *Youth and Last Mile Assurance Networks*: 3 provinces (Kabul, Herat, and Balkh)
- *Accountability of Affected Population (AAP)*: Covers above geographical interventions.

2.2.1. Expected Project Results

The Project is expected to contribute and/or deliver the following results below:

Project objective: The overall aim of the project is to ensure that women and adolescent girls have access to lifesaving maternal and reproductive health (MRH) services, as well as prevention and response to gender-based violence (GBV)	
Outcome 1: People in need of humanitarian assistance utilize inclusive and impartial maternal and reproductive health services	
Outcome 2: People in need of humanitarian assistance utilize inclusive and impartial GBV prevention and response services	
Specific objectives	Outputs
1: Provide life-saving MRH services to people in need of humanitarian assistance, especially women and adolescent girls	Output 1: Improved access to lifesaving maternal and reproductive health services to people with humanitarian needs through 106 MHTs in 19 provinces Output 2: Improved access to life saving reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services through 30 FHHs in two provinces
2: Ensure availability of GBV/PSS services to women and girls	Output 3: Increased access for women and girls to PSS services through 10 MCHCs ¹⁶ , four PSCCs and 5 PSS Clinics in nine provinces
3: Support adolescents and youth access to youth-friendly and reliable reproductive health and GBV information and services	Output 4: Increased access for adolescents and youth to youth-friendly health information, services and capacity building via integrated services in humanitarian interventions
4: Ensure protection from sexual exploitation and abuse (PSEA) as well as Community-Based Complaint Mechanisms (CBCMs) in place	Output 5: Women and adolescent girls are safeguarded from the SEA in accessing humanitarian interventions

For each of the outputs, there are corresponding indicators with baselines and targets outlined in a detailed Results Framework. The overall budget for this project is GPB 9 million.

3. OBJECTIVES AND SCOPE OF EVALUATION

The objectives of the evaluation of the project are:

- to provide an independent assessment of the relevance, effectiveness, efficiency, sustainability, coverage and connectedness of Project support as well as the extent to which the project addressed gender equality and environmental sustainability;
- to draw key lessons and provide a set of clear and forward-looking, strategic and actionable recommendations for the new programming/Project design;
- to provide evidence base for the design of the related and/or successor projects.

¹⁶ In January 2024, Women Friendly Health Spaces where upgraded to Mother and Child Health Centers (MCHCs)

- to account to stakeholders (Technical branches of the de facto government, UNFPA, Donors, Implementing partners, beneficiaries) the Project results.

The evaluation will cover the time period (August 1, 2022 to 31 August 2024) and will include all activities planned and/or implemented during two consecutive phases as follows.

The evaluation will focus on the project that started implementation from July 1, 2023, and will also review the progress of the other project implemented from August 2022 to 31 September 2023. The evaluation will recognize recent developments related to the project as well as significant geopolitical developments. Besides the assessment of the intended effects of the project, the evaluation also will identify unintended effects.

4. EVALUATION CRITERIA AND PRELIMINARY EVALUATION QUESTIONS

4.1 Evaluation criteria

The evaluation will be informed by the Organisation for Economic Co-Operation and Development (OECD) Development Assistance Committee (DAC)¹⁷ criteria of relevance, effectiveness, efficiency, and sustainability.

- **Relevance:** The extent to which the project objectives and design respond to beneficiaries’, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
- **Efficiency:** The extent to which the project delivers, or is likely to deliver, results in an economic and timely way (funds, expertise, time, etc.)
- **Effectiveness:** The extent to which a project achieved or is expected to achieve its objectives and results; factors affecting successful implementation and results achievement.
- **Sustainability:** The extent to which the net benefits of the project interventions continue, or are likely to continue.
- **Coverage (UNFPA-specific criteria):** The extent to which major population groups facing life-threatening suffering were reached by humanitarian action by the project/program .
- **Connectedness (UNFPA-specific criteria):** The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

The evaluation will also assess gender equality and human rights with special focus on disability inclusion considerations across all the evaluation scope and project components. This criterion will be used to guide the formulation of evaluation questions in the design report. The evaluation questions will provide a more precise form to the evaluation criteria and articulate the key areas of interest to stakeholders, thereby optimizing the focus and utility of the evaluation.

4.2 Preliminary evaluation questions

Evaluation Criteria	Evaluation Question
---------------------	---------------------

¹⁷ <http://www.oecd.org/dac/evaluation/revised-evaluation-criteria>

Relevance	<ul style="list-style-type: none"> ● To what extent did the project (i) respond to the varied needs of the population, including the needs of marginalized and vulnerable groups, especially women, adolescent girls and youth residing in the remote communities and persons with disabilities; and (ii) in line with the priorities set by relevant policy frameworks of UNFPA and FCDO? ● To what extent has the project been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities or to shifts caused by humanitarian crises?
Effectiveness	<ul style="list-style-type: none"> ● To what extent have the expected outputs of the Project been achieved and to what extent have these outputs contributed to the achievements of the outcomes of the Project? ● To what extent have interventions supported by UNFPA contributed to (or are likely to contribute to) sustainably improved access to and use of quality services in the field of reproductive health, family planning and prevention and response to GBV including for vulnerable and marginalized populations? What was the quality of the response?
Efficiency	<ul style="list-style-type: none"> ● To what extent has the project (i) made good use of its human, financial and administrative resources to pursue the achievement of the results defined in the project (ii) made adjustments in human, financial and administrative resources during the humanitarian crisis?
Sustainability	<ul style="list-style-type: none"> ● To what extent has the Project been able to support the implementing partners and the communities (rights-holders), in developing capacities and establishing mechanisms to ensure ownership and the durability of effects? ● To what extent have interventions supported by the Project contributed to (or are likely to contribute to) sustainability of effect [improved access to lifesaving reproductive health care services, and prevention and response to GBV], in particular for vulnerable groups of the population?
Coverage	<ul style="list-style-type: none"> ● To what extent did the Project support eliminate barriers to access (geographic, economic, and social including cultural, customs etc) to essential RMNCAH and life saving GBV/PSS services for vulnerable and marginalized populations during humanitarian crises?
Connectedness	<ul style="list-style-type: none"> ● To what extent, the initiatives undertaken by UNFPA during a humanitarian situation took longer-term development needs, concerns, and interconnected problems into consideration?

The evaluation questions listed above are only indicative, and the final set of evaluation questions will be finalized during the design phase when the evaluation team will have acquired a clear understanding of the logic/rationale of the project, and discuss with the evaluation reference group and key stakeholders. The evaluation team will also take into account issues raised by key informants. The potential usefulness as well as feasibility of each proposed evaluation question will be assessed in close collaboration with the Evaluation Manager to determine the final set of questions.

5. EVALUATION APPROACH AND METHODOLOGY

The evaluation will follow the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation¹⁸ and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes¹⁹ and FCDO evaluation strategy²⁰. The evaluation will use the following approaches:

5.1 Evaluation approach

Theory-based approach

The evaluation will be theory-based with aspects of an adaptive/developmental approach. The Project Theory of Change (ToC) will be assessed at the initial stage by the evaluation team to ensure its clarity, adequacy and sufficiency, which depicts how the interventions supported by the project are expected to contribute to outputs and outcomes. The analysis of the ToC will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the project was during the period under consideration. The evaluation will aim to enrich knowledge and understanding around change logics, what works/doesn't work, under which conditions and why. The evaluation is utilization focused and should be judged in terms of the ownership of the process and results, and on its usefulness for the organization and future decision-making of the leadership.

Participatory approach

The evaluation will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at the national and sub-national levels. The CO has developed a stakeholders map²¹ to identify stakeholders who have been involved in the preparation and implementation of the project, and those partners who do not work directly with UNFPA and yet play a key role in relevant project component areas. These stakeholders include representatives from the technical branch of the de facto government, civil society organizations, implementing partners, the private sector, academia, sister UN organizations, other multilateral organizations, bilateral donors and, most importantly, beneficiaries (women and adolescents and youth) of the project. They can provide insights and information, as well as referrals to data sources that the evaluators should use to assess the contribution of UNFPA support through this project. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized communities.

Mixed-method approach

The Evaluation will utilize a mixed method approach, using qualitative and quantitative methods as necessary. The qualitative methods will primarily be used for data collection, including document review, in-depth interviews with key stakeholders, focused group discussions and observations through field visits, as appropriate. It will also include feedback provided through Accountability to Affected Population (AAP) as primary responsibility to underserved communities. The qualitative data will be complemented with quantitative data to minimize bias. Quantitative data will be reviewed and compiled through desk review of documents, especially the UNFPA's Management Information System (MIS), websites and online databases to obtain relevant financial data and data on project indicators that measure change at the output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human

¹⁸ <http://www.unevaluation.org/document/detail/102>

¹⁹ See Annex

²⁰ <https://www.gov.uk/government/publications/fcdo-evaluation-strategy>

²¹ See Annex

rights principles throughout the evaluation process, including, to the extent possible, participation and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries (women and girls/adolescents and youth) of UNFPA support through triangulation of collected data.

5.2 Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach. The methodology will build the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of project support in Afghanistan. The methodological design of the evaluation shall include in particular: (i) a critical review of the theory of change; (ii) an evaluation matrix; (iii) a strategy for collecting and analyzing data; (iv) specifically designed tools for data collection and analysis; and (v) a detailed work plan.

Evaluation Matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. The evaluators will develop the evaluation matrix which contains the core elements of the evaluation. It outlines the core elements of the evaluation: (i) what will be evaluated (evaluation questions for all evaluation criteria and key assumptions to be examined as part of the evaluation questions), and (ii) how it will be evaluated (data collection methods, sources of information and analysis methods for each evaluation question and associated key assumptions). By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

Finalization of the evaluation questions and assumptions

Based on the preliminary evaluation questions presented in the present terms of reference, the evaluators are required to finalize the set of questions that will guide the evaluation. The final set of evaluation questions will need to clearly reflect the evaluation criteria and key areas of inquiry (highlighted in the preliminary evaluation questions). The evaluation questions should also draw from the theory of change underlying the project.

Sampling strategy

The evaluation team will identify suitable sampling strategy to select, interventions to scrutinize, field visits as well as stakeholders to interview. Sampled sites and stakeholders should reflect the full range of interventions under the project in terms of themes and contexts across priority geographic areas of work as well as target groups.

The UNFPA Afghanistan CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions.

Based on information gathered through desk review and discussions with the CO staff, the evaluators will refine the initial stakeholders map and develop a comprehensive stakeholders map. From this stakeholders map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA CO will provide the evaluators with information on the accessibility of different locations, including restrictions relating to gender logistical

requirements and security risks and concerns. It is to be noted that female data collectors are essential to visit the project sites especially the MCHC, PSCCs and FHHs. The sample of sites selected for visits should reflect the variety of interventions supported by the project in terms of component focus.

The sampling needs to include the women, girls and youth from the project sites who benefitted from the project. The final sample of stakeholders to be consulted and sites to be visited will be determined in consultation with the Evaluation Manager based on the review of the design report.

Data collection

Primary data will be collected at national and sub-national levels (technical representatives of the de facto government, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders) through semi-structured interviews with key informants, group discussions with service providers and beneficiaries (women, adolescent girls and youth) and direct observation during field site visits as appropriate. It is to be noted that female data collectors are essential to visit the project sites especially the MCHC, PSCCs and FHHs as these are services delivered by women for women and male entrance is not allowed to the facilities.

Secondary data will be collected through desk review, primarily focusing on project reviews and progress reports and monitoring data, human interest stories, case studies, quarterly/annual progress review reports, and other topical studies. Particular attention will be paid to compiling data on key performance indicators of the project. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions (e.g., disability status) to the extent possible.

Data analysis

The evaluation matrix will be the single framework for analysis and synthesis of the data collected. Data will be analysed for each defined item and evaluation question, and triangulation will be used to ensure the robustness and validity of data analysed based on diverse sources. Qualitative data will complement and support the understanding and interpretation of quantitative data.

Qualitative data analysis will include content analysis – including thematic analysis- to discover underlying patterns, and discourse analysis which will help understand how internal and external stakeholders understand, interpret and experience any relevant issues, and the underlying reasons. Patterns and connections will be identified to nourish interpretation and conclusions.

In terms of quantitative data, descriptive analysis will be used to present the state of the art based on specific data sets, including UNFPA's Health Management Information System (HMIS) and desk review of other relevant documents. This includes among others, comparative analysis, calculation of averages, identifications of trends and analysis of changes over time. Inferential analysis will be used whenever possible and relevant, to make predictions based on existing data and trends.

Validation mechanisms

The evaluation team will use a variety of mechanisms to ensure the validity of data collected, including

- Systematic triangulation of data sources and data collection;
- Validate findings with key stakeholders and ensure that there are no factual or interpretive errors or missing evidence that could materially change findings;
- Regular exchange with the Evaluation Manager at the CO;
- Internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence (an important internal validation mechanism will take place when the evaluation team gets together to prepare the debriefing with the CO and the ERG); and

- The debriefing meeting with the CO and the ERG at the end of the field phase where the evaluation team presents the preliminary findings and emerging conclusions.

Additional validation mechanisms may be established, as appropriate. Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of data and verify the robustness of findings at each stage in the evaluation, so they can determine whether they should further pursue specific hypotheses or disregard them when there are indications that these are weak (contradictory findings or lack of evidence).

6. EVALUATION PROCESS

The evaluation will follow structured phases as indicated in the table below.

Phase	Details	Responsibility
Preparatory Phase	<ul style="list-style-type: none"> • Identify and assign the evaluation manager • Design and finalize the TORs in consultation with relevant stakeholders • Recruitment of a team of evaluators through competitive process • Set up the Evaluation Reference Group (ERG) composed of key stakeholders. • Provide/assemble background information and stakeholders map. • Information/orientate key stakeholders and counterparts to the evaluation process. • Develop a communications plan to disseminate the evaluation findings. 	UNFPA
Design Phase	<ul style="list-style-type: none"> • Conduct desk review of all relevant documents regarding the UNFPA country programme and the project • Analysis of the project's theory of change that links planned activities to the intended results of the project, and the participatory validation/update of its intervention logic • Develop the evaluation matrix – finalize the evaluation questions, identify related assumptions and indicators to be assessed, data collection methods and data sources. • Develop a stakeholder map – The evaluation team will prepare a map of stakeholders relevant to the evaluation and strength of relationship to project. The mapping exercise will include state, civil-society stakeholders and other development actors including, sister UN agencies and bilateral donors; • Develop a data collection and analysis strategy, as well as a concrete work plan for the field and reporting phases • Develop data collection methods and tools, assessment of limitations to data collection and development of mitigation measures. • Share the design report with ERG for review, discussion and finalization of the report addressing all comments received. • At the end of the design phase, the evaluation team will produce a final design report that includes the results of the above-listed steps and tasks. The template for the design report is provided in Annex • The design report will be considered final upon approval by the evaluation manager. 	UNFPA and Evaluation company/ Evaluators

Phase	Details	Responsibility
Field Phase	<ul style="list-style-type: none"> ● Collect data involving a series of individual and group interviews, focus group discussions and field visits to answer the evaluation questions identified in the design phase. ● Four weeks will be allocated to this exercise. ● At the end of the field phase, the evaluation team will provide the CO with a debriefing presentation on the preliminary findings testing tentative conclusions and recommendations of the evaluation. 	Evaluation Team
Reporting	<ul style="list-style-type: none"> ● Compile draft report ● Quality Assessment of the Draft Report ● Sharing first draft report with ERG and UNFPA for review and comments ● This second draft report will form the basis for an in-country dissemination workshop, which will be attended by the UNFPA CO as well as all the key programme stakeholders (including key national counterparts). ● Submission of the final evaluation report taking into account comments received from the participants of the workshop 	UNFPA and the Evaluation company/ evaluators
Dissemination and facilitation of use	<ul style="list-style-type: none"> ● Dissemination of evaluation report to key stakeholders ● Preparation of the management response to the recommendations by UNFPA CO ● Implementation of the recommendations and management response actions by UNFPA CO ● Preparation of the Evaluation Quality Assurance and Assessment 	UNFPA

7. EXPECTED OUTPUTS OF THE EVALUATION

The evaluation team will produce the following deliverables:

- an approved design report including (as a minimum) a reconstructed theory of change, stakeholder map, the evaluation matrix (with the final list of evaluation questions and indicators); the overall evaluation design and methodology with a detailed description of the data collection plan and tools for the field phase;
- a debriefing presentation (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the ERG and UNFPA CO during the debriefing meeting foreseen at the end of the field phase;
- a draft final evaluation report (followed by a second draft, taking into account comments from the evaluation reference group and UNFPA);
- a PowerPoint presentation of the results of the evaluation for the validation/dissemination meeting
- an approved final report, with annexes, based on comments expressed during the dissemination meeting
- an evaluation brief, a 2-3 page summary of the key evaluation findings, conclusions and recommendations.

All deliverables will be in *English*.

8. QUALITY ASSURANCE AND ASSESSMENT

The UNFPA [Evaluation Quality Assurance and Assessment \(EQAA\)](#) system aims to monitor the quality of evaluations at UNFPA through two processes: quality assurance and quality assessment. While quality

assurance occurs throughout the evaluation process and covers all deliverables, quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report only.

The EQAA of this evaluation will be undertaken in accordance with the guidance and tools that the UNFPA Evaluation Office developed as part of the EQAA system of the evaluation function at UNFPA. An essential component of the EQAA system is the EQA grid which defines a set of criteria against which draft and final evaluation reports are assessed to ensure the independence, impartiality, credibility and utility of evaluations. The Evaluation Manager is primarily responsible for quality assurance of the key deliverables of the evaluation. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions and that the deliverables submitted to UNFPA comply with the quality assessment criteria outlined in the EQA grid. The evaluation quality assessment checklist, which is based on the EQA grid, is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report.

The Evaluation Manager in coordination with the Evaluation Reference Group and with the technical oversight by the UNFPA APRO Regional M&E advisor will also conduct quality assurance of the evaluation using the Evaluation Quality Assessment Grid.

9. WORK PLAN/INDICATIVE TIMEFRAMES

The table below indicates the specific activities and deliverables and their timelines at all phases of the evaluation.

Phases and Activities	Deliverables	Dates	Handbook/CPE Management Kit
1. Preparatory Phase			
Drafting the evaluation terms of reference (ToR)	Draft ToR	April 12, 2024	CPE Management Kit: Evaluation Office Ready-to-Use ToR (R2U ToR) Template
Establishment of an Evaluation Reference Group (ERG)	ERG formed	April 22, 2024	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Review of the TOR by the ERG		May 5, 2024	
Approval of the ToR	Final ToR	May 10, 2024	
Development and Publication of the call for evaluation consultancy from evaluation institutions/ companies		May 10-20, 2024	CPE Management Kit: https://docs.google.com/document/d/17PUdO-czphmv9nps9xoA0tjAzvv5macK/edit
Compilation of background information and documentations on for desk review by the evaluation team	Creation of a Google Drive folder containing all relevant documents	May 20, 2024	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 CPE Management Kit: Document Repository Checklist
Completion of the annexes to the ToR	Draft ToR annexes	May 20, 2024	Template 4: The Stakeholders Map, p.255 Tool 4: The Stakeholders Mapping Table, p. 166-167
Selection and recruitment of the evaluation institution/company by the CO		July 15, 2024	

Obtaining necessary approvals from MOPH and other stakeholders before commencement of the evaluation	Approval of the evaluation activity	31 July 2024	
Design Phase			
Evaluation kick-off meeting between the evaluation manager, the evaluation company/evaluators and UNFPA Programme Team		Aug 1-7, 2024	
Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)		Aug 8-15, 2023	
Drafting of the design report (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)	Draft design report	Aug 15-20, 2024	<p>Template 8: The Design Report for CPE, pp. 259-261</p> <p>Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169</p> <p>Tool 1: The Evaluation Matrix, pp. 138-160</p> <p>Template 5: The Evaluation Matrix, pp. 256</p> <p>Template 15: Work Plan, p. 278</p> <p>Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187</p> <p>Tool 11: Checklist for Sequencing Interviews, p. 188</p> <p>Template 7: Interview Logbook, p. 258</p> <p>Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187</p> <p>Template 6: The CPE Agenda, p. 257</p> <p>Tool 6: The CPE Agenda, pp. 170-176</p>
Review of the draft design report by the evaluation manager and the UNFPA APRO regional M&E adviser	<i>Consolidated feedback provided by evaluation manager to evaluation team leader</i>	Aug 25-31, 2024	
Presentation of the draft design report to the ERG for comments and feedback	PowerPoint presentation of the draft design report	Aug 25-31, 2024	
Revision of the draft design report and circulation of the final version to the evaluation manager	Final design report	Sep 1-5, 2024	
Field Phase			
Inception meeting for data collection with CO staff		Sep 5-10, 2024	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Data collection (incl. interviews with key informants, site visits for	Entering data/information	Sep 10-Oct 10, 2024	Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202

direct observation, group discussions, desk review, etc.)	into the evaluation matrix		Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262
Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	PowerPoint presentation for debriefing with the CO and the ERG	Oct 10-15, 2024	
Reporting Phase			
Drafting of the evaluation report and submission to the evaluation manager	Draft evaluation report	Oct 15-31, 2024	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288
Review of the draft evaluation report by the evaluation manager, the ERG and the UNFPA APRO regional M&E adviser	<i>EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)</i>	Nov 1-5, 2024	Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209
Presentation of the draft Evaluation Report to the ERG		Nov 5-10, 2024	
Preparing the final evaluation report (incl. annexes) and circulation to the evaluation manager	Final evaluation report (incl. annexes)	Nov 10-20, 2024	
An evaluation brief, a 2-3 page summary of the key evaluation findings, conclusions and recommendations by the evaluation company		Nov 20-30, 2024	
Dissemination and and follow-up phase			
Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from UNFPA CO communications team	<i>Final communication plan</i>	Dec 1-10, 2024	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager		Dec 10-15, 2024	CPE Management Kit: Guidance on Strategic Communication for a CPE
Preparation of the management response by the CO for implementation	<i>Management response</i>	Dec 15-31, 2024	Template 12: Management Response, pp. 266-267

Note that the evaluation company will develop a detailed work plan in close consultation with the Evaluation Manager.

10. COMPOSITION OF THE TEAM

10.1 Evaluation team

The evaluation will be conducted by **an international institution/company** with in-depth knowledge of UNFPA programmatic areas, issues and challenges, including health systems in Afghanistan. The institution/company will have sound knowledge and experience in public health management, prevention and response to gender-based violence, as well as programme/project evaluations.

Qualification of the institution/company

The institution/company will have adequate qualification and experience in the health system, specially maternal and reproductive health, and GBV/psychosocial support (PSS) services to women and girls in humanitarian situations. The institution/company will form an evaluation team consisting of at least four members, including the Team leader, and 3 Team Members (RH/ Midwifery Specialist, GBViE Specialist and Young and emerging evaluator (Adolescent and Youth Expert) who will work under the leadership of the Team Leader. **The institution/company may work together with a local institution to complete the evaluation field work smoothly.**

The institution will be specialized in public health specialist with extensive experience in monitoring and evaluation of development programmes but not limited to:

- At least 10 years' proven experience in conducting evaluations/assessments in the field of development for UN organizations or other international organizations.
- Have diverse developing country experience building and/or strengthening the midwifery profession
- Experience in leading complex programmes and/or country level evaluations/assessments.
- Experience in the Central or South Asia region and preferably in Afghanistan.
- Strong technical and analytical capacities and demonstrated knowledge of evaluation/assessment methods and techniques for data collection and analysis, an understanding of the UNFPA mandate, the ICPD agenda as well as the 2030 Agenda for Sustainable Development.
- Familiarity with the humanitarian-development nexus is desirable
- Excellent leadership, communication ability and excellent writing skills in English
- Expertise in humanitarian programming and vulnerable contexts
- Familiarity with UNFPA or UN systems
- Good knowledge and understanding of the national development context of Afghanistan or similar contexts.
- Ability to lead a diverse team.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise. Furthermore, the UNFPA CPE Handbook 2024 will be released soon. The evaluation team will ensure to make all reference to the new Evaluation Handbook as soon as it is released.

The institution will ensure that the evaluators will have extensive experience as follows;

10.2 Qualifications of the evaluation team (to be formed by the institution/company)

Team leader (Lead Evaluator)

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

- Master's degree in Public Health, Reproductive Health, Midwifery, Social Sciences, Demography or Population Studies, Statistics, Development Studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development
- Extensive experience in leading evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold standards for quality evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate and supervise the work of the evaluation team.
- Experience working with a multidisciplinary team of experts.
- Excellent analytical skills and demonstrated ability to formulate evidence-based conclusions and realistic and actionable recommendations.
- Excellent communication (written and spoken in English), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Afghanistan or similar contexts
- Fluent in written and spoken English

Team member 1: RH/Midwifery Specialist

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

- Master's degree in Public Health, Medicine, Gender, Health Economics and Financing, Epidemiology, Biostatistics or a related field.
- 5-7 years of experience in conducting reproductive health related evaluations, reviews, assessments, research studies or M&E work in the field of international development
- Substantive knowledge of and professional experience in reproductive health, including themes/issues relevant to maternal health as well as cross-cutting themes related to youth and gender, and health systems in general .
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Afghanistan and related contexts
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English, as well as fluent in Pashto or Dari languages are required

Team member 2: GBViE Specialist

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

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting Gender related evaluations, reviews, assessments, research studies or M&E work in the field of international development, including in humanitarian settings.

- Substantive knowledge of and professional experience in reproductive health, including themes/issues relevant to gender, psychosocial support services as well as cross-cutting themes related to youth and gender, and health systems in general.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV, psychosocial support services, issues surrounding gender relationships and sexuality, as well as cross-cutting themes related to youth and gender, and health systems in general.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken in English), facilitation and knowledge-sharing skills.
- Work experience in/good knowledge of the national development context of Afghanistan and related contexts.

Young and emerging evaluator (Adolescent and Youth Expert)

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

- Bachelor's degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline.
- Certificate in evaluation or equivalent qualification is desirable.
- Less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Keen interest to improve as a professionally competent evaluator within the framework of the national evaluation capacity of the country.
- Good knowledge of the national development context of Afghanistan and related contexts
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English, as well as fluent in Pashto or Dari languages are required

The evaluators will be working closely at all stages of the evaluation, especially more closely during the field phase, where continuous exchanges need to take place to ensure data collection is conducted based on the evaluation principles and methodology, and to communicate with the team leader, results of meetings, interviews, etc. in a prompt and efficient manner.

11. REMUNERATION AND DURATION OF CONTRACT

The institution/company is required to submit a detailed and separate budget apart from the technical proposal. The payment schedules will be as below:

- 20% upon submission and approval of a satisfactory design report.
- 50% upon submission and approval of the draft final evaluation report.
- 30% upon submission and approval of the final evaluation report.

12. MANAGEMENT AND CONDUCT OF EVALUATION

The key players and their roles/responsibilities in the management and conduct of the evaluation are listed as follows;

12.1 Evaluation Reference Group (ERG)

The ERG will serve as an entity to ensure the relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and undertake quality assurance from a technical perspective. The ERG will follow closely the progress of the evaluation.

The ERG has the following roles and responsibilities:

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

12.2 Evaluation manager

The manager of the evaluation will be the UNFPAAfghanistan Country Office M&E Specialist, and will oversee the entire process of the evaluation, from its preparation to the dissemination of the final evaluation report. S/he will closely work with the Programme team in the following tasks:







- To ensure consistency throughout the evaluation process (from ToR to dissemination of results and follow-up of recommendations) and assumes day-to-day responsibility for managing the evaluation;
- Prepares the terms of reference of the evaluation.
- Constitutes the evaluation reference group;
- Manages the interaction between the team of evaluators and the reference group; serving as an interlocutor between both parties;
- Launches the selection process for the team of evaluators, leading the selection of and preparing the contract for the consultants; in consultation relevant authorities
- Sets up the initial meeting for the evaluation, and provides the team of evaluators with a first set of background documents and other materials;
- Ensures the quality control of deliverables submitted by the evaluators throughout the evaluation process;
- Assists the evaluators with logistical support in setting up the data collection arrangements -- e.g., for project visits, focus groups, interviews with key informants;
- Prevents any attempts to compromise the independence of the team of evaluators during the evaluation process
- Approves the deliverables of the evaluators, including the final evaluation report;
- Ensures Evaluation Quality Assurance for the design report, and the draft/final evaluation report in consultation with authorities
- Leads the preparations for the management response
- Submits final evaluation report, EQA and management response to the regional M&E advisor.
- Ensures the dissemination of the final evaluation report and the main findings, conclusions and recommendations.

13. BIBLIOGRAPHY AND RESOURCES

The following documents will be used during the course of the evaluation.

Category	List of documents and links
General Project Documents	Project proposal
	Project Implementation Plan (PIP) of the project
	Assessment report of the project
	Project maps
Standard Project Reports/Work Plans	WPs of all years
	Quarterly reports by IPs
	Annual reports to donors
	UNFPA CO annual SIS report (2022-2023)
	Situation reports (SitRep)
Technical Reports/Strategies/ Plans	HMIS data/reports
Policies/ Guidelines/ Curriculum/ Manuals	Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) BPHS, and Integrated Package of Essential health Services (IPEHS)
	National Health Policy and National Health Strategy
	RMNCAH Strategy, State of Midwifery Report, 2022-2023. UNFPA Strategic plan 2022-2025
	State of World Population Report 2022-2023
Toolkits/ Publications/ Others	FHH Concepts that include all guidelines and manual for implementation
	Policy brief: Evidence of Life-saving impact - December 2021 (UNFPA)
Surveys and Reports	AFDHS Survey 2015, AHS Survey 2018, NRVS,
	SEDS Survey
	MICS 2022-2023 preliminary findings
	Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023.
IP Reports and documents	Quarterly Progress Reports (2022-2023)
	Progress review meeting documents (and minutes)
Minutes, ToRs and Reports from Meetings	Minutes of the National Program Steering Committee (NPSC) meeting
Field Visits and partnerships	Monitoring Missions reports and recommendations, including tracker
	Review Meetings' minutes
Equipment, materials and supplies	Equipment and Supplies list, including other relevant documents
National and UNFPA Planning documents	Country Programme Document (CPD) and Country Programme Action Plans
	CPD Extension-related documents
	Humanitarian Response Plans

14. ANNEXES

1.	Annex 1: Ethical Code of Conduct of UNEG/ UNFPA Evaluations	 Ethical Code of Conduct for UNEG.do
2.	Annex 2: Evaluation Matrix Template	 Evaluation matrix template.docx
3.	Annex 3: Information on main stakeholders by areas of interventions	 Tool 4 - Stakeholders Mapping Table.docx
4.	Annex 4: Evaluation Quality Assessment template and explanatory note	LINK
5.	Annex 5: Management response template	 Team Central Management Respon
6	Annex 6: Structure of the Design and Final Evaluation Report	 Structure of Design and Evluation Report
7	Annex 7: UNFPA Evaluation Editorial Guidelines	 UNFPA Evaluation Office Editorial Guide
8	Annex 8: Stakeholders' Map	Please see below

Outcome 1: People in need of humanitarian assistance utilize inclusive and impartial maternal and reproductive health services

Outcome 2: People in need of humanitarian assistance utilize inclusive and impartial GBV prevention and response services

Stakeholders map

	Implementing partners	Other Partners
--	-----------------------	----------------

Donor	Local NGO	Int NGO	Gov	Other UN	Other
	Strategic Plan (2022-2025) Outcome 1: Outcome 1: By 2025, the reduction of preventable maternal deaths has accelerated.				
	Strategic Plan (2022-2025) Outcome 2: By 2025, the reduction in the unmet need for family planning has accelerate				
	CPD Output 2: Increased national institutional capacity to deliver comprehensive maternal health services				
	CPD Output 3: Increased national capacity to provide sexual and reproductive health services in humanitarian settings				
	CPD Output 4: Strengthened capacities for prevention of and response to gender-based violence and child marriage in targeted provinces				
Project Outcome 1: People in need of humanitarian assistance utilize inclusive and impartial maternal and reproductive health services					
FCDO	AADA		DfA MOPH	UNICEF	Communities
	AFGA		Provincial Health Departments	WHO	AMA
	ORCD				
	OHPM				
Project Outcome 2: People in need of humanitarian assistance utilize inclusive and impartial GBV prevention and response services					
FCDO	HEWAD	Care International	DfA MOPH	UNICEF	Communities
	MOVE		Provincial Health Departments	WHO	